

Bilaga 2 Tabell över systematiska översikter från litteratursökning

Behandling: Depression - Läkemedel och psykosociala insatser

System id	År	Insatser	Design	Resultat	Slutsats	RoB
712904417 Achieving abstinence by treating depression in the presence of substance-use disorders	2004	Läkemedel och psykosociala insatser; psychotherapy	meta-analysis, 11 studier	Studies using cognitive-behavioral therapy (CBT) found no medication effect, whereas with no intervention, medication was superior to placebo, manualized counselling falling in between.	There is no evidence that antidepressant medication is more efficacious in reducing drug use with conjunctive psychosocial treatment. Antidepressant medication and psychotherapy may both be useful in the treatment of substance-dependent depressed patients but combining psychotherapy and medication may only be useful in patients failing to respond to one treatment.	
712904444 Adolescent treatment outcomes for comorbid depression and substance misuse: A systematic review and synthesis of the literature	2016	KBT, MET, FFT	SÖ 15 studies		Although there is empirical evidence linking Cognitive-Behavioral Therapy (CBT), Motivational Enhancement Therapy (MET), and Family-Focused Therapy (FFT) to depression and SUD symptom reduction in adolescents, few studies have provided data on mechanisms that may account for this effect.	
712904597 Behavioral Interventions Targeting Chronic Pain, Depression, and Substance Use Disorder in Primary Care	2016	MORE, ACT, IPT-P and KBT	SÖ 6 studier	Mindfulness Oriented Recovery Enhancement (MORE), Acceptance and Commitment Therapy (ACT), Interpersonal Psychotherapy adapted for pain (IPT-P), and Cognitive Behavioral Therapy (CBT) showed promising improvements across all studies, albeit with small to moderate effects.	Integrated delivery of behavioral interventions via group sessions, computers, and smart phones may increase patient access to treatment; save time and cost; reduce stigma, patient distress, family burden, and healthcare fragmentation; and provide a ray of hope to amplify conventional treatments.	
712904899 Digital Interventions for People with Co-Occurring Depression and Problematic Alcohol Use: A Systematic Review and Meta-Analysis	2021	digital interventions (?)	SÖ (8 studier) and Meta-Analysis 6 studier)	The pooled effect of digital interventions compared to their comparators was in favour of digital interventions. Small but significant effects on depressive symptoms at 3-month follow-up were found ($g = 0.34$, 95% confidence interval (CI): 0.06-0.62, $P = 0.02$, $k = 6$) and non-significant effects at 6-month follow-up ($g = 0.29$, 95% CI: -0.16 to 0.73, $P = 0.15$, $k = 5$). For alcohol use, the pooled effect of digital interventions was small and non-significant at 3-month follow-up ($g = 0.14$, 95% CI: -0.02 to 0.30, $P = 0.07$, $k = 6$) and significant at 6-month follow-up ($g = 0.14$, 95% CI: 0.07-0.20, $P = 0.005$, $k = 5$).	Based on the literature, digital interventions are effective in reducing depressive symptoms at 3-month follow-up and alcohol use at 6-month follow-up among people with comorbid depression and problematic alcohol use. More high-quality trials are needed to confirm the current findings.	Quality of evidence was moderate, except for depressive symptoms at 6-month follow-up for which it was low
712906215 A systematic review of technology-assisted interventions for co-morbid depression and substance use	2019	Mental health interventions disseminated via, or accessed using, digital technologies	SÖ, 6 studier	Quality ratings demonstrated high internal validity, although external validity was low. Effect size data revealed medium to large and short-term improvements in severity of depression and substance use symptoms in addition to global improvement in social, occupational and psychological functioning. Longer-term treatment effectiveness could not	Mobile phone devices and the Internet can help to increase access to care for those with mental health co-morbidity. Large-scale and longitudinal research is, however, needed before digital mental healthcare becomes standard practice. This includes establishing critical therapeutic factors including optimum levels of assistance from clinicians.	Reporting quality was evaluated and Hedges' g effect sizes (with 95% confidence intervals and p-values) were calculated to determine treatment effectiveness.

				be established, due to the limited available data. Preliminary findings suggest that there was high client satisfaction, therapeutic alliance and client engagement		Process outcomes (e.g. treatment satisfaction, attrition rates) were also examined
712904741 Cognitive behavior therapy (CBT) for the treatment of co-occurring depression and substance use: Current evidence and directions for future research	2010	KBT	SÖ, 12 studier	Key Findings. There is only a limited evidence for the effectiveness of CBT either alone or in combination with antidepressant medication for the treatment of co-occurring depression and substance use. While there is support for the efficacy of CBT over no treatment control conditions, there is little evidence that CBT is more efficacious than other psychotherapies. There is, however, consistent evidence of improvements in both depression and substance use outcomes, regardless of the type of treatment provided and there is growing evidence that the effects of CBT are durable and increase over time during follow up.	Conclusions. Rather than declaring the 'dodo bird verdict' that CBT and all other psychotherapies are equally efficacious, it would be more beneficial to develop more potent forms of CBT by identifying variables that mediate treatment outcomes.	
712904864 Depression and Outcomes of Methadone and Buprenorphine Treatment Among People with Opioid Use Disorders: A Literature Review	2020	methadone or buprenorphine treatment +?	SÖ, 18 studier	six studies reported reduced opioid use and seven reported increased opioid use during methadone or buprenorphine treatment. In addition, three studies reported an increased retention rate and four documented a decreased retention rate during methadone or buprenorphine treatment. The remaining studies did not find any significant association between depression and opioid use or treatment retention. Overall, the evidence did not demonstrate a consistent association between depression and outcomes of methadone or buprenorphine treatment.	Conclusions: Although the inconsistent nature of the current evidence prohibited us from drawing definitive conclusions, we posit that the presence of depression among OUDs patients may not always predict negative outcomes related to retention and drug use during the course of OAT.	
712905337 Management of mood and anxiety disorders in patients receiving opioid agonist therapy: Review and meta-analysis [mood= depression]	2017	pharmacotherapy/psychotherapy BTDD, behavioral therapy for depression in drug dependence. CBT, cognitive behavioral therapy; ACT, acceptance-commitment therapy	SÖ (22) & meta-analys (8)	Seven studies evaluated antidepressants in patients already maintained on OAT; two studies reported significant results for antidepressant effects versus placebo. Similarly, two of the seven studies that initiated antidepressants with OAT had advantages over placebo. Meta-analysis of grouped data revealed that tricyclic antidepressants (TCAs) (n = 235) significantly improved mean depression scores (SMD = -2.35, 95%CI: [-4.35, -0.34], z = -2.29, p = .022) while Selective Serotonin Reuptake Inhibitors (SSRIs) (n = 311) were not significantly different than placebo (SMD = 0.47, 95%CI: [-0.35, 1.30], z = 1.12, p = .263). Four out of five studies that implemented psychotherapeutic approaches reported a	CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE: To date, psychotherapy has the most documented evidence for efficacy. TCAs appears effective but with more adverse effects than SSRIs. Further studies of OAT and adjunct antidepressant treatments for dual diagnosis patients are warranted.	

				greater reduction of depressive symptoms than the comparison group.		
712904974 Effects of Mindfulness-Based Interventions on Depressive Symptoms and Alcohol Craving in Individuals with Comorbid Alcohol Use Disorder and Depression: A Systematic Review	2021	Mindfulness-Based Interventions	SÖ, 7 studier	Mindfulness-Based Interventions improved depression and alcohol craving among individuals with comorbid AUD and depression.	Health care professionals can use Mindfulness-Based Interventions as adjunctive treatment for decreasing depression and alcohol craving.	
712905101 Finding the optimal treatment model: A systematic review of treatment for co-occurring alcohol misuse and depression	2018	KBT (olika varianter, vissa anpassade för depression, KBT-D)	SÖ, 7 studier	The studies (3) examining the parallel model and two out of four studies examining the effectiveness of an integrated model demonstrated greater improvement for alcohol or depression outcomes compared to control conditions.	Evidence for the psychosocial treatment of co-occurring alcohol misuse and depression is limited to a handful of studies. The evidence has several methodological limitations, which impact the interpretation of the findings. Therefore, while international guidelines recommend integrated dual-focused treatment for co-occurring conditions, there is little evidence supporting the superiority of this treatment format for co-occurring alcohol misuse and depression.	None were categorized as low risk on the risk of bias criteria.
712905106 Four Decades of Outcome Research on Psychotherapies for Adult Depression: An Overview of a Series of Meta-Analyses	2017	KBT, MI	Meta-analysis (X studier)	Delresultat innehåller utfall för personer med samsjuklighet: In one meta-analysis we examined trials combining CBT and motivational interviewing to treat comorbid depression and alcohol use disorder. We found that the effects of this intervention on depression were small but significant (g 0.27; 95% CI: 0.13 0.41; NNT 7), as were the effects on alcohol (g 0.17; 95% CI: 0.07 0.28; Riper et al., 2014).	[All therapies are effective and there are no significant differences between treatments. Psychotherapies are about equally effective as pharmacotherapy, and combined treatments are more effective than either of these alone. Therapies may be somewhat less effective in patients with comorbid substance use disorders. Treatments are effective when delivered in individual, group, and guided self-help format. The effects of psychotherapies have been overestimated because of the low quality of many trials and due to publication bias.] Future research should focus on relapse prevention, and scaling up treatments, for example by using more guided self-help interventions.	
712905240 Integrated psychological treatment for substance use and co-morbid anxiety or depression vs. treatment for substance use alone. A systematic review of the published literature	2009		SÖ, 9 studier, delvis meta-analys	Integrated treatment for depression and substance abuse produced significant effects on percent days abstinent at follow-up. Differences in retention and symptoms were non-significant but favored the experimental condition. Several studies of integrated treatment for anxiety and substance use disorders reported that patients assigned to substance use treatment only fared better	Psychotherapeutic treatment for co-morbid depression and substance use disorders is a promising approach but is not sufficiently empirically supported at this point. Psychotherapeutic treatment for co-morbid anxiety and substance use disorders is not empirically supported. There is a need for more trials to replicate the findings from studies of integrated treatment for depression and substance use disorders, and for the development of new treatment options for co-morbid anxiety and substance use disorders.	
712905287 Is behavioral activation an effective and acceptable treatment for co-occurring depression and substance use disorders? A meta-analysis of randomized controlled trials	2021	Behavioral activation (BA) The central aim of BA treatment in an AUD context is therefore to increase behavioral engagement in rewarding and valued activities, and to decrease engagement in maladaptive (e.g., avoidance or addictive)	Meta-analysis, 5 studier	The analysis found no significant differences between BA and controls with regard to depression (Post-treatment: k = 5; N = 195; SMD: 0.19, CI -0.10 to 0.49; p = 0.20; GRADE = Low; Follow-up: k = 5; N = 195; SMD: -0.10, CI -0.51 to -0.30; p = 0.62; GRADE = Low) or substance use (post-treatment: k = 4; N = 151; SMD: 0.14, CI -0.33 to -0.6; p = 0.57, GRADE = Low; Follow-up: k = 4; N = 151; SMD: 0.17, CI -0.34 to 0.69; p =	BA does not emerge as a differentially efficacious treatment for comorbid depression and substance use disorders, although it does appear to be an acceptable treatment option. Our confidence in the results are limited by the number and quality of the original studies and the possibility of the effect of small study bias. For both depression and substance use outcomes, results indicated that a further 10 trials would need to be conducted to find any significant effect of BA in this population.	GRADE: Low

		behaviors, to jointly alleviate depression symptoms and to reduce dependence on substances (Daughters, Magidson, Lejuez, & Chen, 2016).		0.51, GRADE = Low) and there was little evidence of publication bias. The average session attendance rate for BA was 72%. An average dropout rate of 35% was reported for both BA and comparator conditions ¹ .		
712905821 Psychological interventions for alcohol misuse among people with co-occurring depression or anxiety disorders: a systematic review	2012	MI, BI (KBT)	SÖ, 8 studier	Motivational interviewing and cognitive-behavioral interventions were associated with significant reductions in alcohol consumption and depressive and/or anxiety symptoms. Although brief interventions were associated with significant improvements in both mental health and alcohol use variables, longer interventions produced even better outcomes.	There is accumulating evidence for the effectiveness of motivational interviewing and cognitive behavior therapy for people with co-occurring alcohol and depressive or anxiety disorders.	
712905822 Psychological interventions for co-occurring depression and substance use disorders Cochrane Database Syst Rev	2019	Integrated Cognitive Behavioral Therapy (ICBT) with Twelve Step Facilitation (TSF), another two studies compared Interpersonal Psychotherapy for Depression (IPT-D) with other treatment (Brief Supportive Therapy (BST) or Psychoeducation).	SÖ, 6 studier	Very low-quality evidence revealed that while the TSF group had lower depression scores than the ICBT group at post-treatment (mean difference (MD) 4.05, 95% confidence interval (CI) 1.43 to 6.66; 212 participants), there was no difference between groups in depression symptoms (MD 1.53, 95% CI -1.73 to 4.79; 181 participants) at six- to 12-month follow-up. At post-treatment there was no difference between groups in proportion of days abstinent (MD -2.84, 95% CI -8.04 to 2.35; 220 participants), however, the ICBT group had a greater proportion of days abstinent than the TSF group at the six- to 12-month follow-up (MD 10.76, 95% CI 3.10 to 18.42; 189 participants). There were no differences between the groups in treatment attendance (MD -1.27, 95% CI -6.10 to 3.56; 270 participants) or treatment retention (RR 0.95, 95% CI 0.72 to 1.25; 296 participants). The second meta-analysis was conducted with two studies (64 participants) comparing IPT-D with other treatment (Brief Supportive Psychotherapy/Psychoeducation). Very low-quality evidence indicated IPT-D resulted in significantly lower depressive symptoms at post-treatment (MD -0.54, 95% CI -1.04 to -0.04; 64		All studies were at high risk of performance bias, other main sources were selection, outcome detection and attrition bias.

¹ CBT tends to produce moderate-to-large effect sizes for depression outcomes in non-substance-dependent samples (e.g., $g = 0.71$; Cuijpers et al., 2013) and smaller effect sizes when employed as a standalone treatment for people with SUDs (e.g., $g = 0.18$; Magill et al., 2019). A possible explanation for this difference is that substance using populations may find it hard to grasp and utilize the cognitive components of CBT. Indeed, patients accessing treatment for SUDs are more likely to have cognitive impairments (Bruijnen et al., 2019; Vik et al., 2004) and low literacy (Beitchman et al., 2001), which could make understanding and adhering to CBT treatment concepts more difficult. A less complex treatment that may be well-suited to people with co-occurring depression and substance use problems is behavioral activation (BA). BA is based on behavior modification and reinforcement theory (e.g. Lewinsohn & Shaffer, 1971), which posits that depression develops when people have reduced access to contingent reward from their environment for non-depressive and functional behaviors.

				participants), but this effect was not maintained at three-month follow-up (MD 3.80, 95% CI -3.83 to 11.43) in the one study reporting follow-up outcomes (38 participants; IPT-D versus Psychoeducation)		
712905952 A Review of Treatment Options for Co-Occurring Methamphetamine Use Disorders and Depression	2015	Läkemedel och/eller psykosociala insatser; MI, KBT, BI, CM	SÖ, 13 studier	Psychological and combination of psychological with pharmacological approaches have not been shown to be effective in treating these co-occurring conditions. Antidepressants have been determined to be ineffective and/or to introduce side effects. Gender differences with response to treatment were examined in only one of the published studies.	There is a large gap in knowledge regarding treatment of co-occurring methamphetamine use disorders and depression. Considering that female methamphetamine users experience higher rates of depression than men, a focus on gender-specific treatment approaches is warranted.	
712906293 Treatment of comorbid alcohol use disorders and depression with cognitive-behavioural therapy and motivational interviewing: a meta-analysis	2014	effectiveness of combining cognitive-behavioural therapy (CBT) and motivational interviewing (MI) to treat comorbid clinical and subclinical alcohol use disorder (AUD) and major depression (MDD) and estimate the effect of this compared with usual care.	SÖ, 12 studier	CBT/MI proved effective for treating subclinical and clinical AUD and MDD compared with controls, with small overall effect sizes at post-treatment [$g=0.17$, confidence interval (CI)= $0.07-0.28$, $P<0.001$ for decrease of alcohol consumption and $g=0.27$, CI: $0.13-0.41$, $P<0.001$ for decrease of symptoms of depression, respectively. Subgroup analyses revealed no significant differences for both AUD and MDD. However, digital interventions showed a higher effect size for depression than face-to-face interventions ($g=0.73$ and $g=0.23$, respectively).	Combined cognitive-behavioural therapy and motivational interviewing for clinical or subclinical depressive and alcohol use disorders has a small but clinically significant effect in treatment outcomes compared with treatment as usual.	The studies had sufficient statistical power to detect small effect sizes.
712906321 Treatments for co-occurring depression and substance use in young people: a systematic review	2014	60% utilized a pharmacotherapy component – in combination with psychological therapy in all but one study. KBT/MET was used in eight of the nine studies utilizing a psychological component. 1 study failed to report explicitly what constituted the psychological component of therapy [109]. In addition to CBT, 5 studies also included a motivational enhancement component [108, 111-114] and one utilized a family and coping skills component [87]. One study included an additional mindfulness	SÖ, 10 studier	The majority (60%) utilized a pharmacotherapy component but found it to be generally no better than placebo when both groups received adjunct counselling. “CBT/MET therapy was associated greater improvement in depressive symptoms and alcohol related symptoms at the two-year follow-up compared to naturalistic care”. “CBT/MI in combination with SC may accelerate short-term treatment gains”. “The role of CBT effects is unclear” “Preliminary evidence for the feasibility and effectiveness of the integrated CBT intervention.”	There is a dearth of trials of interventions for co-occurring depression and substance use disorders in young people. The limited data available is promising regarding the overall effectiveness of a psychological counselling approach	Methodological quality of studies varied. A meta-analytic approach was explored, but deemed inappropriate, given the small number of studies and the heterogeneity of study quality and design, outcome measures, and follow-up rates. For this reason, we chose to report the results in a systematic review.

		component to the intervention [108].				
712906325 Treatments for patients with dual diagnosis: a review	2007		SÖ, 59 studies (36 RCT)	This review did not find treatments that had been replicated and consistently showed clear advantages over comparison condition for both substance-related and other psychiatric outcomes.	Although no treatment was identified as efficacious for both psychiatric disorders and substance-related disorder, this review finds: (1) existing efficacious treatments for reducing psychiatric symptoms (e.g., TCA for depressive symptoms) also tend to work in dual-diagnosis patients, (2) existing efficacious treatments for reducing substance use (e.g., relapse prevention) also decrease substance use in dually diagnosed patients, and (3) the efficacy of integrated treatment is still unclear, with only weak evidence currently suggesting that integrated treatment is better than "treatment as usual.	

Behandling: Psychosis

System id	År	Insatser	Design	Resultat	Slusats	RoB
712904907 Does change in cannabis use in established psychosis affect clinical outcome?	2013	Psykosociala; MI, KBT	PRIMAÄR STUDIE	Does change in cannabis use affects symptoms and functioning, in a large sample of people with established nonaffective psychosis and comorbid substance misuse? RESULTS: Cannabis users showed cross-sectional differences from other substances users but not in terms of positive symptoms. Second, cannabis dose was not associated with subsequent severity of positive symptoms and change in cannabis dose did not predict change in positive symptom severity, even when patients became abstinent. However,	We did not find evidence of an association between cannabis dose and psychotic symptoms, although greater cannabis exposure was associated with worse functioning, albeit with a small effect size. It would seem that within this population, not everyone will demonstrate durable symptomatic improvements from reducing cannabis.	
712905259 Intervention efficacy in trials targeting cannabis use disorders in patients with comorbid psychosis systematic review and meta-analysis	2014	Psychosocial interventions (MI, KBT)	SÖ, Meta-analys	There was no evidence of an effect on frequency of cannabis use, but intervention effects of motivational intervention with or without cognitive behavior therapy were observed on quantity of use and on positive symptoms of schizophrenia. Psychosocial intervention did not have an appreciable effect on negative symptoms. Longer interventions appear to be more efficacious, and efficacy may be better in trials with comparatively few women.	CONCLUSION: Psychosocial interventions appear moderately efficacious in reducing quantity of cannabis-use and positive symptoms.	
712905407 Meta-Analysis on the Effect of Contingency Management for Patients with Both Psychotic Disorders and Substance Use Disorders	2021	Contingency management (CM)	meta-analysis	Five controlled trials involving 892 patients were included. CM is effective on abstinence rates, measured by the number of self-reported days of using after intervention (95% CI -0.98 to -0.06) and by the number of negative breath or urine samples after intervention (OR 2.13; 95% CI 0.97 to 4.69) and follow-up (OR 1.47; 95% CI 1.04 to 2.08).	CONCLUSIONS: Our meta-analysis shows a potential effect of CM on abstinence for patients with SUD and (severe) psychotic disorders, although the number of studies is limited. Additional longitudinal studies are needed to confirm the sustained effectiveness of CM and give support for a larger clinical implementation of CM within services targeting these vulnerable co-morbid patients.	
712905919 Treatment of cannabis use disorders in people with schizophrenia spectrum disorders - A systematic review	2009	CM, MI, KBT	SÖ, 41 studier	The aim of this study was to review literature on treatments of CUD in schizophrenia spectrum disorder patients. Contingency management was only effective while active. Pharmacological interventions appeared effective but lacked randomized controlled trials (RCTs). Psychosocial interventions, e.g. motivational interviewing and cognitive behavior therapy (CBT), were ineffective in most studies with cannabis as a separate outcome, but effective in studies that grouped cannabis together with other substance use disorders.	Insufficient evidence exists on treating this form of dual-diagnosis patients. Studies grouping several types of substances as a single outcome may overlook differential effects. Future RCTs should investigate combinations of psychosocial, pharmacological, and contingency management.	
712906125 Substance use disorder among people with first-episode psychosis: a systematic review of course and treatment	2011	Education and relapse prevention, workshop for families, KBT, relapse prevention therapy, a	SÖ, 14 studier	Many clients (approximately half) became abstinent or significantly reduced their alcohol and drug use after a first episode of psychosis. The few available studies of specialized substance abuse treatments did not find better rates of abstinence or reduction.	Experience, education, treatment, or other factors led many clients to curtail their substance use disorders after a first episode of psychosis. Specialized interventions for others need to be developed and tested.	

		multimodal individual and family cognitive-behavioral therapy for relapse prevention, MI				
712906207 A systematic review of psychological interventions for excessive alcohol consumption among people with psychotic disorders	2012	Assessment interviews, brief motivational interventions, and lengthier cognitive behavior therapy	SÖ, 7 studier	Assessment interviews, brief motivational interventions, and lengthier cognitive behavior therapy have been associated with reductions in alcohol consumption among people with psychosis. While brief interventions (i.e. 1-2 sessions) were generally as effective as longer duration psychological interventions (i.e. 10 sessions) for reducing alcohol consumption, longer interventions provided additional benefits for depression, functioning, and other alcohol outcomes.	Excessive alcohol consumption among people with psychotic disorders is responsive to psychological interventions. It is imperative that such approaches are integrated within standard care for people with psychosis.	
712906281 Treatment for outpatients with comorbid schizophrenia and substance use disorders: A review	2014	KBT, MI, family interventions	SÖ, 14 RCT	Despite the studies' heterogeneity, we can conclude that certain programs (e.g. Behavioral Treatment for Substance Abuse in Severe and Persistent Mental Illness) and specific interventions (e.g. motivational interviewing, family interventions) seem to be effective. Moreover, programs integrating multiple interventions are more likely to be positively related to better outcomes than single interventions. Finally, the lack of difference between effect sizes of assertive community treatment compared to case management suggests that a lower caseload is not necessary for positive treatment outcomes.	Integrated treatment seems advantageous, although effect sizes are mostly modest. More homogeneous and qualitative sound studies are needed.	
712906288 Treatment of cannabis use among people with psychotic or depressive disorders: a systematic review	2010	pharmacologic and psychological approaches to the treatment of cannabis use (bla MI KBT)	SÖ, 7 RCT-studier	While few RCTs have been conducted, there is evidence that pharmacologic and psychological interventions are effective for reducing cannabis use in the short-term among people with psychotic disorders or depression.	Although it is difficult to make evidence-based treatment recommendations due to the paucity of research in this area, available studies indicate that effectively treating the mental health disorder with standard pharmacotherapy may be associated with a reduction in cannabis use and that longer or more intensive psychological interventions rather than brief interventions may be required, particularly among heavier users of cannabis and those with more chronic mental disorders. Specific recommendations regarding the type and length of specific psychological treatments cannot be made at this time, although motivational interviewing and cognitive-behavioral therapy approaches appear most promising.	

Behandling: Borderline (Emotionellt instabil personlighetssyndrom, EIPS)						
System id	År	Insatser	Design	Resultat	Slusats	RoB
712906197 A systematic review of interventions for co-occurring substance use and borderline personality disorders	2015	DBT, DDP, DFST	SÖ, 10 studier	There were four studies that examined dialectical behaviour therapy (DBT), three studies that examined dynamic deconstructive psychotherapy (DDP) and three studies that examined dual-focused schema therapy (DFST). Both DBT and DDP demonstrated reductions in substance use, suicidal/self-harm behaviours and improved treatment retention. DBT also improved global and social functioning. DFST reduced substance use and both DFST and DPP improved treatment utilisation, but no other significant positive changes were noted.	Overall, there were a small number of studies with small sample sizes, so further research is required. However, in the absence of a strong evidence base, there is a critical need to respond to this group with co-occurring borderline personality disorder and substance use., CONCLUSION: Both DBT and DDP showed some benefit in reducing symptoms, with DBT the preferred option given its superior evidence base with women in particular.	

Behandling: Bipolar disorder

System id	År	Insatser	Design	Resultat	Slusats	RoB
712904976 Effects of psychotherapy on comorbid bipolar disorder and substance use disorder: A systematic review	2021	Intensive case management (ICM) Interpersonal and social rhythm therapy (IPSRT) Intensive psychotherapy vs collaborative care IPSRT vs specialist supportive care Psychoeducation KBT	SÖ, 5+2 studier	This review aim was to examine whether psychotherapy is more or less effective in patients with SUD, compared to those without, whether there is a differential effect of a particular psychotherapy in patients with SUD. Five studies provided a sub-analysis of the effect of SUD on overall outcomes with only one finding an overall detrimental effect. The results indicated equal, if not better outcomes for individuals with comorbid BD and SUD.	CONCLUSION: There was little evidence that interventions targeted at both BD and SUD may be more efficacious.	
712905333 Management of comorbid bipolar disorder and substance use disorders	2017	Early recovery adherence therapy (ERAT) (57) ²	narrative review, 16 studier; 3 psychotherapy, and 13 pharmacotherapy	Integrated psychosocial interventions are helpful in decreasing substance abuse. Valproate and naltrexone may decrease alcohol use and citicoline may decrease cocaine use and enhance cognition. "Evidence from psychotherapy studies for this comorbidity, although limited, indicate that a therapy that integrates the attention to both disorders is more effective at decreasing alcohol or substance abuse compared to an intervention	There is a very limited number of pharmacotherapy and an even smaller number of psychosocial interventions. Our review highlights the need for more research in this area and for larger, multisite studies with generalizable samples to provide more definite guidance for clinical practice.	

² Specifically designed to help patients with bipolar disorder and comorbid SUD. This integrated individual therapy was designed to address bipolar disorder with comorbid alcoholism and other addictions during the early phases of recovery from an acute episode. It integrated principles and techniques from motivational enhancement therapy, relapse prevention, and from educational and disease management approaches of bipolar disorder and of alcoholism. ERAT had shown significant advantage over 12-step facilitation therapy on decreasing alcohol use and depressive symptoms in a randomized pilot study of patients with bipolar disorder and comorbid alcoholism.

				that only addresses the addictive disorder (54–56).”		
712905946 Review of the efficacy of treatments for bipolar disorder and substance abuse	2017	Läkemedel och psykoterapi inklusive ÅP och familjekomponent	SÖ (?) 30 studier; pharmacological 19; psychological 11	<p>Quetiapine and valproate have demonstrated superiority on psychiatric symptoms and a reduction in alcohol consumption, respectively.</p> <p>Group psychological therapies with education, relapse prevention and family inclusion have also been shown to reduce the symptomatology and prevent alcohol consumption and dropouts.</p>	Although there seems to be some recommended interventions, the multicomponent base, the lack of information related to participants during treatment, experimental control or the number of dropouts of these studies suggest that it would be irresponsible to assume that there are well established treatments.	
712906124 Substance use comorbidity in bipolar disorder: A qualitative review of treatment strategies and outcomes	2018	psychosocial interventions; (integrated group therapy (KBT), Family focused treatment, psychoeducation	SÖ, 8 studier	None of the randomized trials provided consistent evidence for management of both mood symptoms and substance use though integrated group therapy (IGT) demonstrated consistent beneficial effects on substance use outcomes. Other treatments showed benefit for mood symptoms without benefits for alcohol or illicit substance use.	At present, IGT is the most-well validated and efficacious approach if substance use is targeted in an initial treatment phase. For a subsequent phase, additional psychosocial BD treatments may be needed for mood and functioning benefits.	

Behandling: Anxiety or trauma or PTSD						
System id	År	Insatser	Design	Resultat	Slutsats	RoB
712905071 Exclusion of participants based on substance use status: Findings from randomized controlled trials of treatments for PTSD	2017	Brief eclectic psychotherapy, KBT	meta-analysis	we examined PTSD treatment effects, with and without co-morbid SUD. Almost three-quarters of RCT designs excluded participants based on substance use status. Only 29.5% reported descriptive statistics characterizing substance use within the study sample and only 7.7% reported substance use-related outcomes. There was no clear relationship between exclusion criteria based on substance use and PTSD outcome or participant retention, suggesting either that SUD does not impede treatment effects, or that available studies lack sufficient data for these analyses.	Importantly, no studies reported significant increases in substance use in the course of PTSD treatment. We conclude that patients with PTSD and co-morbid SUD have been largely neglected in PTSD RCTs.	
712905823 Psychological interventions for post-traumatic stress disorder and comorbid substance use disorder: A systematic review and meta-analysis	2015		systematic review and meta-analysis, 14 studier	individual trauma-focused cognitive-behavioral intervention, delivered alongside SUD intervention, was more effective than treatment as usual (TAU)/minimal intervention for PTSD severity post-treatment, and at subsequent follow-up. There was no evidence of an effect for level of drug/alcohol use post-treatment but there was an effect at 5-7 months. Fewer participants completed trauma-focused intervention than TAU. We found little evidence to support the use of individual or group-based non-trauma-focused interventions.	We concluded that there is evidence that individual trauma-focused psychological intervention delivered alongside SUD intervention can reduce PTSD severity, and drug/alcohol use.	All findings were judged as being of low/very low quality
712905825 Psychological therapies for post-traumatic stress disorder and comorbid substance use disorder The Cochrane database of systematic reviews	2016	KBT, Seeking Safety – “All active interventions were based on cognitive behavioural therapy”	SÖ, 14 studier	Individual-based psychological therapies with a trauma-focused component plus adjunctive SUD intervention was more effective than treatment as usual (TAU)/minimal intervention for PTSD severity post-treatment (standardised mean difference (SMD) -0.41; 95% confidence interval (CI) -0.72 to -0.10; 4 studies; n = 405; very low-quality evidence) and at 3 to 4 and 5 to 7 months' follow-up. There was no evidence of an effect for level of drug/alcohol use post-treatment (SMD -0.13; 95% CI -0.41 to 0.15; 3 studies; n = 388; very low-quality evidence), but there was a small effect in favour of individual psychological therapy at 5 to 7 months (SMD -0.28; 95% CI -0.48 to -0.07; 3 studies; n = 388) when compared against TAU. There was no evidence of an effect on the level of drug/alcohol use for group-based therapy (SMD -0.03; 95% CI -0.37 to 0.31; 4 studies; n = 414; very low-quality evidence). A post-hoc analysis for full dose of a widely established group therapy called Seeking Safety showed reduced drug/alcohol use post-treatment (SMD -0.67; 95% CI -1.14 to -0.19; 2 studies; n = 111), but not at subsequent follow-ups.	We assessed the evidence in this review as mostly low to very low quality. Evidence showed that individual trauma-focused psychological therapy delivered alongside SUD therapy did better than TAU/minimal intervention in reducing PTSD severity post-treatment and at long-term follow-up, but only reduced SUD at long-term follow-up. All effects were small, and follow-up periods were generally quite short. There was evidence that fewer participants receiving trauma-focused therapy completed treatment. There was very little evidence to support use of non-trauma-focused individual- or group-based integrated therapies. Individuals with more severe and complex presentations (e.g. serious mental illness, individuals with cognitive impairment, and suicidal individuals) were excluded from most studies in this review, and so the findings from this review are not generalisable to such individuals. Some studies suffered from significant methodological problems and some were underpowered, limiting the conclusions that can be drawn.	mostly low to very low-quality evidence
712905831 Psychological treatments for concurrent posttraumatic stress disorder and substance	2012	Seeking Safety Therapy; CC = standard Community Care; RP = relapse	SÖ, 17 studier	In general, the studies showed pre-post reductions for PTSD and/or SUD symptoms. Although most treatments for concurrent PTSD and SUD did not prove to be superior to regular SUD treatments, there are some promising preliminary results suggesting that some patients might benefit from trauma-focused interventions.		

use disorder: A systematic review		prevention; TAU = treatment as usual; WHE = Women's Health Education; CBT-P in add = CBT for PTSD in addiction treatment programs		However, the lack of methodologically sound treatment trials makes it difficult to draw firm conclusions. Methodological limitations are discussed, along with recommendations for future research.	
712906216 A systematic review of technology-based interventions for co-occurring substance use and trauma symptoms	2017	Technology-based mental health interventions	SÖ, 14 studier	Seven of these studies provided preliminary evidence that technology-based interventions are likely to be efficacious in reducing either trauma symptoms or substance use. The seven remaining studies demonstrated that technology-based interventions for co-occurring trauma symptoms and substance use are feasible.	This review suggests that technology-based interventions for co-occurring trauma symptoms and substance use are feasible, but more work is needed to assess efficacy using scientifically rigorous studies.
712906285 Treatment of alcohol use disorder and co-occurring PTSD	2017	pharmacotherapy, psychotherapy, or both.	SÖ, 16 studier	Pharmacological interventions with either AUD or PTSD agents were mainly effective in reducing drinking outcomes; only one study using sertraline found that the active study medication was superior to placebo in reducing PTSD symptoms. Psychotherapies were not superior to a comparative treatment in reducing drinking outcomes. Only 1 study showed reduction in PTSD symptoms in a small sample of completers. The single RCT that evaluated the efficacy of naltrexone in combination with psychotherapies (prolonged exposure or supportive counseling) found that naltrexone in combination with prolonged exposure was better for drinking outcomes at follow-up	the studies are very limited, most lack adequate power, and the majority suffer from inadequate control groups. In particular, there is a strong need to develop and evaluate the combined medication and psychological-based treatment interventions for those with comorbid AUD and PTSD.
712905485 No Wrong Doors: Findings from a Critical Review of Behavioral Randomized Clinical Trials for Individuals with Co-Occurring Alcohol/Drug Problems and Posttraumatic Stress Disorder	2017	Trauma-focused CBT + CBT for AUD, TSF, MET, Modified PE (mPE), Healthy lifestyle curriculum (HLS), MI, Structured Writing Therapy (TF), CM, relapse prevention, Seeking Safety (SS), ICBT (AUD CBT + Depression CBT	SÖ, 24 studier; 7 exposure based, 6 addiction focused, and 11 coping based	Most of the 24 studies found that participants in both the experimental and control conditions improved significantly over time on SUD and PTSD outcomes. No study found significant between-group differences in both SUD and PTSD outcomes favoring the experimental treatment.	In conclusion, the majority of RCTs found significant within-group improvements across outcomes and across conditions and few consistent between-group differences. We believe these findings suggest there are no wrong doors through which to enter treatment, and individuals with comorbid SUD/PTSD can benefit from available treatments, including manualized SUD care. What may be the most remarkable "glass half full" finding from this review is that when individuals with co-occurring SUD/PTSD are provided access to an active, manualized SUD treatment matched for time and attention, they typically show significant treatment gains over time in both SUD and PTSD outcomes.

Behandling: Psyk ospec. Läkemedel och/eller psykosociala insatser						
System id	År	Insatser	Design	Resultat	Slutsats	RoB
712904529 Are Computer-Based Treatment Programs Effective at Reducing Symptoms of Substance Misuse and Mental Health Difficulties Within Adults? A Systematic Review	2019	Computer-Based Treatment Programs	SÖ 33 studier	Computer-based interventions generally led to an improvement of substance misuse and mental health outcomes within groups and when compared against waitlist control and psychoeducation. Computer-based interventions were effective at improving dual diagnosis outcomes, and improvements to mental health outcomes specifically were maintained for up to nine months. However, the combined effect of computer-based interventions and therapist support was found to be more effective than the effects of computer-based interventions alone.	Many papers were limited by high attrition rates commonly attributed to "digital" interventions.	This review was also limited by the heterogeneity of the papers reported, many of which differed between targeting dual diagnosis and targeting either substance misuse or mental health respectively, with outcomes investigating other difficulties out of curiosity.
712904596 Behavioral Interventions for Individuals Dually Diagnosed with a Severe Mental Illness and a Substance Use Disorder	2014	KBT, MI and contingency management & kombinationer av dessa.			No behavioral intervention has clearly demonstrated efficacy beyond that of usual care.	Most of the reviewed studies suffer from methodological problems that hamper detection of treatment effects.
712904743 Cognitive-Behavioral Interventions Targeting Alcohol or Other Drug Use and Co-Occurring Mental Health Disorders: A Meta-Analysis	2021	KBT	Meta-Analysis, 15 studier	Outcomes were alcohol or other drug use and mental health symptoms at post-treatment through follow-up. Integrated CBI showed a small effect size for AOD ($g = 0.188$, $P = 0.061$; $I^2 = 86\%$, $\tau^2 = 0.126$, $k = 18$) and Mental Health Disorders (MHD) ($g = 0.169$, $P = 0.024$; $I^2 = 58\%$, $\tau^2 = 0.052$, $k = 18$) outcomes, although only MHD outcomes were statistically significant.	The current meta-analysis shows a small and variable effect for integrated CBI with the most promising effect sizes observed for integrated CBI compared with a single disorder intervention (typically an AOD-only intervention) for follow-up outcomes, and for interventions targeting alcohol use and/or post-traumatic stress disorder.	
712904942 The Effect of Brief Interventions for Alcohol Among People with Comorbid Mental Health Conditions: A Systematic Review of Randomized Trials and Narrative Synthesis	2018	Brief interventions (BI)	SÖ (narrative synthesis), 17 studier	Where BI was compared with a minimally active control, BI was associated with a significant reduction in alcohol consumption in four out of nine RCTs in common mental disorders and two out of five RCTs in severe mental illness. Where BI was compared with active comparator groups (such as motivational interviewing or cognitive behavioral therapy), findings were also mixed.	Conclusions: Overall, the evidence is mixed regarding the effects of alcohol BI in participants with comorbid mental health conditions.	There was considerable heterogeneity in study populations, BI delivery mode and intensity, outcome measures and risk of bias. Differences in the findings may be partly due to differences in study design, such as the intensity of BI and possibly the risk of bias.
712904947 Effective psychosocial treatment for patients with substance use disorders and co-morbid psychiatric disorders	2016	MI, KBT, ÅP, CM och family interventions	Narrative review	Results: Promising treatments seem to be integrative stagewise programs that comprise motivational interviewing, cognitive behavioral Interventions, substance use reducing interventions such as relapse prevention and contingency management and/or family interventions. Such programs are mostly superior to control groups (e. g., waiting list) and they are sometimes superior	Conclusions: Due to the heterogeneity in patients', treatments', settings', and outcomes' characteristics, it is difficult to generally conclude which psychosocial treatments are effective. Integrated treatments seem to be most effective for dual diagnosis patients.	

				to other active treatments (e. g., treatment as usual) in outcomes of substance use, psychiatric disorders, and social functioning.		
712905185 "I's" on the prize: A systematic review of individual differences in Contingency Management treatment response	2019	Contingency Management (CM)	SÖ, 39 studier - 8/39 om personer med samsjuklighet	diagnosis of antisocial personality disorder associerat med positive effekter av CM. complex post-traumatic stress symptoms associerat med mindre effekter av CM. Weinstock, Alessi, and Petry (2007), however, demonstrated that patients consistently achieved improved outcomes (i.e., higher rates of prolonged abstinence) in CM relative to standard care, regardless of psychiatric symptom severity. Moreover, while patients with higher levels of psychiatric symptom severity exhibited poorer retention in standard treatment, somewhat improved retention with greater symptom severity was identified for patients in CM. With respect to current depressive symptoms, however, work by Garcia-Fernandez, Secades-Villa, Garcia-Rodriguez, Pena-Suarez, and Sanchez-Hervas (2013) supports both improved abstinence and retention outcomes in CM relative to non-CM treatment, regardless of depressive symptoms at treatment onset.	Overall, the current literature is limited but existing evidence generally supports greater benefits of Contingency Management in patients who would otherwise have a poorer prognosis in standard outpatient care.	
712905395 Meta-analysis of Interventions with Co-occurring Disorders of Severe Mental Illness and Substance Abuse: Implications for Social Work Practice	2003	DTSG = day treatment with specialized groups; RTSG = residential treatment with specialized groups; ICMSG = intensive case management with specialized groups; ICM = intensive case management; SCSG = standard care with specialized groups; IP = inpatient; RT = residential treatment; DT = day treatment; SC = standard care.	Ingen SÖ, 15 studier	intensive case management was associated with the greatest effect size, and (d) a small positive effect size was found for standard aftercare with outpatient psycho educational treatment groups.	Social work practice implications, based on the results of the quantitative analysis and trends identified in the studies, are that there is a unique role for practitioners in advocating for linkage of resources, additional supports for clients, and the dismantling of barriers that impede resource access.	
712905582 Persönlichkeitsstörungen und Sucht: Systematische Literaturübersicht zu Epidemiologie, Verlauf und Behandlung = A systematic review	2015	Dialektisk beteendeterapi för komorbida störningar (DBT-S) Dual Focus Schema Therapy (DFST)	SÖ	For treatment of individuals with dual diagnoses, three psychotherapies have been demonstrated to be effective - DBT-S, DFST, DDP. Pharmacotherapeutic approaches have hardly been investigated.	Methodologically integrative treatment represents therapy of choice for patients with dual diagnoses. Comorbidity of personality disorders and behavioral addictions needs further investigation.	

of personality disorders and addiction: Epidemiology, course and treatment		Dynamic deconstructive psychotherapy (DDP)				
712905642 Pharmacotherapy interventions for adolescent co-occurring substance use and mental health disorders: a systematic review	2021		SÖ, 10 studier (RCT)	Four studies evaluated pharmacotherapy for co-occurring depression and SU, three evaluated attention deficit hyperactivity disorder and SU, and three evaluated bipolar disorder and SU. Five of the 10 studies also included a behavioral intervention. We found no evidence that pharmacotherapy for co-occurring mental health diagnoses impacted SU.	Family medicine clinicians prescribing pharmacotherapy for mental health should be aware that additional interventions will likely be needed to address co-occurring SU.	low to moderate risk of bias
712905828 Psychological treatment for methamphetamine use and associated psychiatric symptom outcomes: A systematic review	2020	brief interventions (BI)	SÖ, 10 studier – narrative synthesis	Most studies found an overall reduction in levels of methamphetamine use and psychiatric symptoms among samples as a whole. Although brief interventions were effective, there is evidence that more intensive interventions have greater impact on methamphetamine use and/or psychiatric symptomatology. Intervention attendance was variable.	The evidence suggests that a variety of psychological treatments are effective in reducing levels of methamphetamine use and improving psychiatric symptoms. Future research should consider how psychological treatments could maximize outcomes in the co-occurring domains of methamphetamine use and psychiatric symptoms, with increasing treatment attendance as a focus.	
712905850 Psychosocial interventions for people with both severe mental illness and substance misuse The Cochrane database of systematic reviews	2013		SÖ, 32 RCT-studier	Low – very low GRADEing with one exception	We included 32 RCTs and found no compelling evidence to support any one psychosocial treatment over another for people to remain in treatment or to reduce substance use or improve mental state in people with serious mental illnesses.	Furthermore, methodological difficulties exist which hinder pooling and interpreting results. Further high-quality trials are required which address these concerns and improve the evidence in this important area.
712905855 Psychosocial treatments for people with co-occurring severe mental illness and substance misuse: systematic review	2009	MI, KBT, CM, long-term integrated residential programmes	SÖ, 54 studier (one systematic review with meta-analysis, 30 randomized controlled trials and 23 non-experimental studies)	results showed that motivational interviewing had the most quality evidence for reducing substance use over the short term and, when combined with cognitive behavioural therapy, improvements in mental state were also apparent. Cognitive behavioural therapy alone showed little consistent support. Support was found for long-term integrated residential programmes; however, the evidence is of lesser quality. Contingency management shows promise, but there were few studies assessing this intervention.	These results indicate the importance of motivational interviewing in psychiatric settings for the reduction of substance use, at least in the short term. Further quality research should target particular diagnoses and substance use, as some interventions may work better for some subgroups.	
712905921 The effectiveness of multidimensional family therapy in treating adolescents with multiple	2017	MDFT (Multidimensional family therapy)	meta-analysis, 19 studier	Compared with other therapies, the overall effect size of MDFT was significant, albeit small in magnitude ($d = 0.24$, $p < .001$), and similar across intervention outcome	It can be concluded that MDFT is effective for adolescents with substance abuse, delinquency, and comorbid behavior problems. Subsequently, it is	

behavior problems - a meta-analysis				categories. Moderator analysis revealed that adolescents with high severity problems, including severe substance abuse and disruptive behavior disorder, benefited more from MDTF than adolescents with less severe conditions	important to match specific characteristics of the adolescents, such as extent of impairment, with MDTF.	
712905936 Review of Individual Placement and Support Employment Intervention for Persons with Substance Use Disorder	2020	IPS, Review and individual studies	SÖ (?) inclusive metaanalyser,		There is a high evidence to support to application of IPS for persons with SUD, both singly and when combined with a mental health disorder. Barriers to IPS implementation including episodic treatment, risk of relapse, and housing or criminal justice instability make the IPS program a useful best practice to consider for this population.	
712906157 Supported employment: assessing the evidence	2014	Supported employment	SÖ (12), primärstudier (17)	The level of research evidence for supported employment was graded as high, based on 12 systematic reviews and 17 randomized controlled trials of the individual placement and support model. Supported employment consistently demonstrated positive outcomes for individuals with mental disorders, including higher rates of competitive employment, fewer days to the first competitive job, more hours and weeks worked, and higher wages. There was also strong evidence supporting the effectiveness of individual elements of the model	Substantial evidence demonstrates the effectiveness of supported employment. Policy makers should consider including it as a covered service. Future research is needed for subgroups such as young adults, older adults, people with primary substance use disorders, and those from various cultural, racial, and ethnic backgrounds.	
712906208 A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders	2008	psychosocial dual diagnosis interventions - group counseling, contingency management, and residential dual diagnosis treatment	SÖ, 45 studier (22 experimental and 23 quasi-experimental)	Three types of interventions (group counseling, contingency management, and residential dual diagnosis treatment) show consistent positive effects on substance use disorder, whereas other interventions have significant impacts on other areas of adjustment (e.g., case management enhances community tenure and legal interventions increase treatment participation).	Current studies are limited by heterogeneity of interventions, participants, methods, outcomes, and measures.	
712906212 A systematic review of studies examining effectiveness of therapeutic communities	2014	residential therapeutic communities (TCs)	SÖ, 11 studier	three studies investigated within-subjects outcomes, four compared TC treatment with a no-treatment control condition and four compared TC treatment with another treatment condition. consistent with previous systematic reviews of TCs, outcomes varied across studies but indicated TCs are generally effective as a treatment intervention, with reductions in substance-use and criminal activity, and increased improvement in mental health and social engagement evident	individuals with severe substance-use disorders, mental health issues, forensic involvement and trauma histories, will benefit from TC treatment. a general relationship between severity of substance use and treatment intensity (Darke et al., 2012; De Leon et al., 2008) with outcomes further enhanced by self-selection into treatment and appropriate client-treatment matching (see De Leon, 2010; De Leon et al., 2000, 2008). Findings suggest that TC treatment is generally effective for the populations of concern in reducing substance use and criminal activity and contributing to some improvement in mental health and social engagement outcomes.	

712906224 A systematic review of the impact of brief interventions on substance use and co-morbid physical and mental health conditions	2011		SÖ, 14 studier (8 om substance use and mental health problems)	Analysis took the form of a qualitative evidence synthesis due to the heterogeneity of studies in this field. There were generally positive outcomes of brief intervention targeting substance use and co-morbid physical health conditions but the evidence in the other two areas was equivocal. In the area of substance use and mental health problems, there were often significant changes reported for both intervention and control groups over time.	Brief intervention tended to produce positive effects in patients with substance use and co-morbid physical health problems. However, there was a limited amount of research work in this area. The evidence of positive brief intervention effects in patients with substance use and mental health problems or dual substance use was less convincing.	
712906278 Treatment effectiveness with dually diagnosed adolescents: A systematic review	2006	Intensive psychiatric residential treatment, Wilderness therapy, Residential, outpatient, and short-term inpatient, Weekly individual, family, and group therapy sessions. RCT – MST, KBT mm	SÖ, 5 studies that utilized a pretest–posttest design + 6 RCT (The treatment of dually diagnosed adolescents is challenging for many reasons, including complex treatment needs, poor treatment engagement and retention, and a lack of sustainable treatment outcomes. Results examining both between-group effect sizes and within group changes indicate the efficacy of several treatment modalities in improving specific aspects of treatment needs but highlight family behavior therapy and individual cognitive problem-solving therapy as showing large effect sizes across externalizing, internalizing, and substance-abuse outcomes in dually diagnosed youth.	preliminary guidelines for treating dually diagnosed adolescents are derived from a review of those treatments shown to be most effective FBT and ICPS appeared to be the only interventions to produce large treatment effect sizes across externalizing, internalizing, and substance-abuse domains. Furthermore, the large effect sizes for these two treatments were evident at 9 months posttreatment, demonstrating sustainability of effects over time.	
712906309 Treatment of substance abusing patients with comorbid psychiatric disorders	2012	Läkemedel och psykosociala insatser (MI, CM, Case management	SÖ, 24 reviews and 43 research trials	The preponderance of the evidence suggests that antidepressants prescribed to improve substance-related symptoms among patients with mood and anxiety disorders are either not highly effective or involve risk due to high side-effect profiles or toxicity. Second generation antipsychotics are more effective for treatment of schizophrenia and comorbid substance abuse and current evidence suggests clozapine, olanzapine and risperidone are among the best. Clozapine appears to be the most effective of the antipsychotics for reducing alcohol, cocaine and cannabis abuse among patients with schizophrenia. Motivational interviewing has robust support as a highly effective psychotherapy for establishing a therapeutic alliance. This finding is critical since retention in treatment is essential for maintaining effectiveness. Highly structured therapy programs that integrate intensive outpatient treatments, case management services and behavioral therapies such as Contingency Management (CM) are most effective for treatment of severe comorbid conditions.	Creative combinations of psychotherapies, behavioral and pharmacological interventions offer the most effective treatment for comorbidity. Intensity of treatment must be increased for severe comorbid conditions such as the schizophrenia/cannabis dependence comorbidity due to the limitations of pharmacological treatments.	
712906310 Treatment of substance use disorders with co-occurring severe mental health disorders	2019	pharmacological and psychosocial interventions	SÖ, 43 studier	clozapine is a more efficacious antipsychotic in treatment of individuals with schizophrenia and SUD. The use of depot atypical antipsychotic paliperidone palmitate in this population is also promising. Although valproate remains the treatment of choice in individuals with bipolar disorder and SUD, present evidence suggests that lithium and quetiapine may not be effective in this population. Naltrexone is the most effective anti-craving agent in individuals with severe mental illness (SMI) and comorbid alcohol use disorders. The use of opioid substitution therapy in individuals with SMI and comorbid opioid use disorders is also associated with favorable outcomes. Psychosocial interventions should be instituted early in the course of treatment. They should ideally be high intensity and based on established therapies used for SUD	The paucity of systematic studies in individuals with co-occurring mental health disorders and SUD remains a concern, given the enormous burden that they pose. However, there are a number of studies which have evaluated interventions, both psychosocial and pharmacological, which show promise and can guide clinical practice.	

Behandling: ADHD - Medicin och psykosociala insatser

System id	År	Insatser	Design	Resultat	Slutsats	RoB
712904424 Addressing dual diagnosis patients suffering from attention-deficit hyperactivity disorders and comorbid substance use disorders: A review of treatment considerations	2013	Läkemedel och psykosociala insatser	SÖ	Medications (methylphenidate and atomoxetine) are safe, well tolerated, and provide short-term and long-term benefits in patients with ADHD and comorbid SUD.	Studies assessing the efficacy of pharmacotherapies for ADHD have shown that they are equally efficacious and well tolerated, generally in combination with psychological interventions, in patients with a comorbid SUD. In addition, psychostimulant treatment of children with ADHD appears to have a protective effect on the subsequent risk for SUD.	
712904712 The clinical dilemma of using medications in substance-abusing adolescents and adults with attention-deficit/hyperactivity disorder: what does the literature tell us?	2005	Läkemedel	SÖ, Meta-analysis, 9 studier	The standard mean difference (SMD) indicated statistically significant improvements in ADHD and SUD that were not maintained when evaluating controlled studies only. Albeit limited by power, trial duration, retention rate, and age group did not influence outcome. No worsening of SUD or drug-drug interactions were observed in any of the studies.	Treating ADHD pharmacologically in individuals with ADHD plus SUD has a moderate impact on ADHD and SUD that is not observed in controlled trials and does not result in worsening of SUD or adverse interactions specific to SUD.	

Behandling: antisocial personality disorder (ASPD)

System id	År	Insatser	Design	Resultat	Slutsats	RoB
712906015 Cochrane reviews of pharmacological and psychological interventions for antisocial personality disorder (ASPD) (Cochrane reviews)	2010	Läkemedel och psykosociala insatser	SÖ, 11 studier - five reported data separately for the subgroup of ASPD. Nine of the studies looked at participants with substance misuse problems who also suffered from ASPD.	Only three types of interventions were effective (contingency management, CBT and a specific programme for those convicted for driving whilst intoxicated). These interventions showed positive results for substance misuse related outcomes but not for any other behaviors or symptoms. For the pharmacological review 10 studies were identified, anticonvulsants were the most commonly used drugs with some evidence of effectiveness on aggression, however, study quality was poor.	Despite the considerable personal and societal consequences of ASPD, very little research is carried out with regards to interventions in this patient group and subsequently the evidence base to support any interventions is extremely limited.	