

QUESTION

Should counselling or therapy vs. none or anti-psychotic prescription be used for psychosis patients with Friedreich ataxia?

POPULATION:	psychosis patients with Friedreich ataxia
INTERVENTION:	counselling or therapy
COMPARISON:	none or anti-psychotic prescription
MAIN OUTCOMES:	Less psychosis; Better coping/ outlook; QOL;

ASSESSMENT

Problem

Is the problem a priority?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Probably no <input type="radio"/> Probably yes <input checked="" type="radio"/> Yes <input type="radio"/> Varies <input type="radio"/> Don't know 		<p>The Friedreich's ataxia Clinical Management Guideline Patient and Parent Advisory Panel were interviewed on the consequences, urgency and priority of psychosis.</p> <p>3/6 indicated that the problem was serious, 1/6 indicated probably serious, 2/6 indicated they didn't know if serious.</p> <p>2/6 indicated that the problem was urgent, 1/6 indicated probably urgent, 1/6 indicated probably not urgent, 2/6 indicated they didn't know if urgent.</p> <p>2/6 indicated that the problem was a priority, 2/6 indicated probably a priority, 1/6 indicated probably not a priority, 2/6 indicated they didn't know if a priority. (Aug 2020)</p>

Desirable Effects

How substantial are the desirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> <input type="radio"/> Trivial <input type="radio"/> Small <input type="radio"/> Moderate <input type="radio"/> Large <input type="radio"/> Varies <input checked="" type="radio"/> Don't know 	<p>A search of five databases (CENTRAL, MEDLINE, EMBASE, CINAHL, PsycINFO) identified no randomized, non-randomized controlled, cohort and case studies published from 2014 through to 29 July 2020. No further published evidence meeting the search criteria was identified in the Consensus Clinical Management Guidelines for Friedreich's ataxia, 2014.</p>	<p>The efficacy of counselling in psychosis for patients with FRDA is unknown.</p>

Undesirable Effects

How substantial are the undesirable anticipated effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Large ○ Moderate ○ Small ○ Trivial ○ Varies ● Don't know 	A search of five databases (CENTRAL, MEDLINE, EMBASE, CINAHL, PsycINFO) identified no randomized, non-randomized controlled, cohort and case studies published from 2014 through to 29 July 2020. No further published evidence meeting the search criteria was identified in the Consensus Clinical Management Guidelines for Friedreich's ataxia, 2014.	

Certainty of evidence

What is the overall certainty of the evidence of effects?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS
<ul style="list-style-type: none"> ○ Very low ○ Low ○ Moderate ○ High ● No included studies 	No published evidence.	

Values

Is there important uncertainty about or variability in how much people value the main outcomes?

JUDGEMENT	RESEARCH EVIDENCE	ADDITIONAL CONSIDERATIONS												
<ul style="list-style-type: none"> ○ Important uncertainty or variability ○ Possibly important uncertainty or variability ● Probably no important uncertainty or variability ○ No important uncertainty or variability 	<table border="1"> <thead> <tr> <th>Outcomes</th> <th>Importance</th> <th>Certainty of the evidence (GRADE)</th> </tr> </thead> <tbody> <tr> <td>Less psychosis - not measured</td> <td>IMPORTANT^a</td> <td>-</td> </tr> <tr> <td>Better coping/ outlook - not measured</td> <td>IMPORTANT^b</td> <td>-</td> </tr> <tr> <td>QOL - not measured</td> <td>CRITICAL^c</td> <td>-</td> </tr> </tbody> </table>	Outcomes	Importance	Certainty of the evidence (GRADE)	Less psychosis - not measured	IMPORTANT ^a	-	Better coping/ outlook - not measured	IMPORTANT ^b	-	QOL - not measured	CRITICAL ^c	-	
Outcomes	Importance	Certainty of the evidence (GRADE)												
Less psychosis - not measured	IMPORTANT ^a	-												
Better coping/ outlook - not measured	IMPORTANT ^b	-												
QOL - not measured	CRITICAL ^c	-												

	JUDGEMENT						
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	Very low	Low	Moderate	High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

Strong recommendation against the intervention <input type="radio"/>	Conditional recommendation against the intervention <input checked="" type="radio"/>	Conditional recommendation for either the intervention or the comparison <input type="radio"/>	Conditional recommendation for the intervention <input type="radio"/>	Strong recommendation for the intervention <input type="radio"/>
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CONCLUSIONS

Recommendation

We conditionally recommend against the use of counseling or therapy over antipsychotic medication in cases of acute psychosis in Friedreich ataxia.

Justification

The expert authors consider counseling in cases of acute psychosis to be not as efficacious as antipsychotic medication. Counseling for the family may be useful and counselling post-psychotic episode may be of benefit.

Subgroup considerations

This recommendation is for individuals with Friedreich ataxia and a confirmed diagnosis of psychosis. Individuals who have severe dysarthria require careful screening to ensure an accurate diagnosis of psychosis.

Research priorities