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Morita therapy for schizophrenia (Review)



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[Intervention Review]

Morita therapy for schizophrenia

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ABSTRACT

Background

Morita therapy was founded in 1919 by Shoma Morita (1874-1938). The therapy involves a behavioural structured program to encourage an outward perspective on life and increased social functioning.

Objectives

To evaluate the effects of Morita therapy for schizophrenia and schizophrenia-like psychoses.

Search methods

We searched the Cochrane Schizophrenia Groups Trials Register, the Chongqing VIP Database, and the Wanfang Database (July 2008) for all relevant references. The first author of each included study was also contacted.

We updated this search (July 2012) and added the results to the awaiting classification section of the review.

Selection criteria

We included all randomised clinical trials comparing Morita therapy with any other treatment.

Data collection and analysis

We reliably selected studies and extracted data. For homogenous dichotomous data we calculated random-effects, relative risk (RR), 95% confidence intervals (CI) and, where appropriate, numbers needed to treat (NNT) on an intention-to-treat basis. For continuous data, we calculated weighted mean differences (WMD).

Main results

We found 12 small, studies of medium-poor quality (total n=1123). The standard care versus Morita therapy comparison (total n=761 people) had very low attrition (<2%, 10 RCTs, RR 1.01 Cl 0.4 to 2.8). Mental state did tend to improve with Morita therapy (n=76, 1 RCT, number of >25-30% decline in BPRS, RR 0.36 Cl 0.1 to 0.9, NNT 5 Cl 4 to 25). For negative symptoms data were inconsistent, with data from four short-term trials favouring Morita therapy (n=323, WMD average endpoint SANS -12.94 Cl -21.6 to -4.3), but heterogeneity was considerable (I²=97%). In medium-term studies, negative symptoms were favoured by Morita therapy (n=44, 1 RCT, RR >25% decline SANS 0.25 Cl 0.1 to 0.8, NNT 3 Cl 2 to 8). Morita therapy plus standard treatment did significantly improve the activities of daily living compared with standard treatment alone (n=104, 1 RCT, WMD -4.1 average endpoint ADL Cl -7.7 to -0.6). Compared with a rehabilitation programme Morita therapy did not promote attrition (n=302, 2 RCTs, RR leaving early 1.00 Cl 0.5 to 2.1). In two very similar studies Morita therapy showed better effect on mental state with lower BPRS score (n=278, 2 RCTs, WMD average endpoint BPRS -6.95 Cl -9.3 to -4.6, l² =0%),



insight score (n=278, 2 RCTs, WMD average endpoint clinical judgement score -1.11 CI -1.3 to -0.9, $I^2 = 0\%$) and social functioning (n=278, WMD average endpoint IPROS -18.14 CI -21.3 to -15.0, $I^2 = 0\%$).

Authors' conclusions

Morita therapy for schizophrenia remains an experimental intervention. New trials are justified and specific plans for the design of future studies are outlined.

[Note: the 10 citations in the awaiting classification section of the review may alter the conclusions of the review once assessed.]

PLAIN LANGUAGE SUMMARY

Morita therapy for schizophrenia

Schizophrenia is a long-term, chronic illness with a high disability rate and disease burden. Treatment for schizophrenia should focus on the wider social aspects of living in the community in addition to medicating the immediate symptoms of this long-term illness. Reliance on medication alone is insufficient, especially for patients with an illness which is often very debilitating. There are several kinds of intervention strategies available, often involving both the individual sufferer and the wider family unit; Morita therapy being one of these.

Morita therapy is a systematic psychotherapy based on Eastern psychology. The aim of this type of therapy is to alleviate the anxiety of sufferers and eliminate neurotic symptoms by encouraging the patient to accept anxiety as a natural state, whilst at the same time engaging them in constructive behaviours via four phases. To date the efficacy of Morita therapy for schizophrenia has not been verified systematically. In this review we analysed the effects of Morita therapy in hospital settings for people with schizophrenia or schizophrenia-like conditions.

We were only able to include 12 studies, which varied in terms of the number of treatment phases used, and duration of treatment. Six studies were not blinded and four were inadequately randomised. Results indicate Morita therapy may have some early positive effects, but there is no data to assess whether this can be sustained in the long term. This review highlights the need for better-designed studies to assess the efficacy of this therapy in the treatment of schizophrenia.