

Table 15:

In all patients with vitiligo what is the efficacy of cognitive therapy versus psychological support or no treatment in terms of condition progression, area reduction and quality of life score? L Shaw, I Mauri-Sole

Author / year	Study / type	Quality rating	Popln- no. in each arm	Outcomes measured	Effect size	CI or p value	Follow up	Scoring method	Comments	Bias
Thompson 2002	Qualitative interview	3	7 in total						Coping mechanism increase with time. Cognitive rather than avoidance/concealment may help coping over time.	
Papadopoulos 1999	RCT	1-	8	photographs (blind assessment) DLQI. RSES.SIBID.BI ATQ. Between and within participants.	0.5	0.001	5 months	DLQI etc	CBT treatment. Sustained improvement in QOL, self esteem, body image. Very small numbers. Not blind. CBT + practical strategies. DLQI 15 at baseline (volunteers via Vitiligo Society Newsletter)	Small. Not blind. Not purely CBT

Papadopoulos 2 1999	Systematic review	1++	N/R	Relationship between psychology and cutaneous disease	N/R	N/R	N/R	RCT,CCT,Case studies, Cross- sectional studies, Explanatory analysis,descriptiv e surveys, retrospective quality analysis	Vitiligo patients show better adjustement than psoriasis patients	Comparable studies? Large number of conditions
Papadopoulos 3 2004	RCT	2+	15	GHQ, DLQI	0.5	not significant			no significant difference between interventions	Group CBT used