

Status of psychological therapies for chronic depression

**“Overview of evidence from CBT”
(excluding CBASP)**

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“As the clinician sees more patients or gets to know each individual better they become more and more aware of an increasing number of factors, all of which seem to be contributing to the problem.”

From the preface to ‘Cognitive Therapy for Chronic and Persistent Depression’ Moore & Garland, Wiley, 2003.

INFLUENCES ON OUTCOME

- Patient characteristics
 - ◆ Clinical presentation
 - ◆ Social adjustment
 - ◆ Current circumstances
 - ◆ Personality / Childhood adversity
- Treatment characteristics
 - ◆ Type of therapy
 - ◆ Competency of therapists

SOURCES OF EVIDENCE

- Clinical experience
- Case series / small scale controlled studies
- Reanalyses of clinical trials
 - ◆ targeted on chronic depression subgroups
- Clinical trials
 - ◆ targeted on moderate-severe depression

Clinical Experience

Why is standard CBT so difficult?

- Learning processes are very abstract
- Interpersonal sensitivities undermine the collaborative therapeutic relationship
- Chronic stressors constantly intrude and magnify ruminative processes

Case series

“Disappointing results”

	Setting	N	BDI		% Rec
			Pre	Post	
■ Fennell & Teasdale '82	OP	5	31	21	20
■ Thase et al '94	OP	22	29	15	27

Case series

“Promising but proceed with caution”

	Setting	N	BDI		% Imp
			Pre	Post	
■ Scott '92	IP	8	38	22	50
	IP	16	39	15	69
■ Swan et al '04	CMHT	31	32	22	50

Reanalyses of chronic depression subgroups within clinical trials

NIMH comparison of ADM, CT & IPT

- No differences for whole sample but in HDRS₁₇ > 20 (Elkin et al, 1995)
 - ◆ ADM > CT & placebo
 - ◆ CT = placebo
- But Was CT delivered competently?
- Mega-analysis of 4 studies found ADM broadly = CT (DeRubeis et al, 1999)

Clinical trial for moderate-severe depression

(DeRubeis et al, 2005, Arch. Gen. Psychiat., 62, 409-416)

Methodology

- ADM vs CT (over 16 wks) vs placebo over 8 wks
- N=240 OP,
 - ◆ ADM (n=120), paroxetine 50mg daily
 - ◆ CT (n=60), 6 trained therapists
 - ◆ pill placebo (n=60)
- HDRS₁₇ > 20, chronic or recurrent & co-morbid
- 2 research clinics: Pennsylvania & Vanderbilt

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Results

- Response rates

	8 wks	16 wks	
◆ ADM	50%	58%	(46%)
◆ CT	43%	58%	(40%)
◆ Placebo	25%	-	
- Site difference
 - ◆ Pennsylvania ADM = CT
 - ◆ Vanderbilt ADM > CT
- ? Patient characteristics and therapist exp.

CONCLUSIONS

- Psychological therapy can be effective
- Evidence base very limited
- Short-term therapy is ineffective
- Longer-term therapy combined with ADM likely to be more effective than either alone
- Therapist competency & morale important
- Mechanism of action of therapy unknown