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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

DEPRESSION: THERAPY OPTIONS IN PRIMARY CARE

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project ECHO

OBJECTIVES

1. Identify evidence based therapy options for treatment of depression
2. Review therapy based interventions that can be used in primary care settings
3. Develop understanding around using interventions online and through phone/tablet applications

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EVIDENCE-BASED THERAPIES FOR DEPRESSION

- Cognitive Behavior Therapy (CBT) has the strongest evidence base for treating depression
- Interpersonal Psychotherapy (IPT)
- Problem Solving Therapy (PST)
- Behavioral Activation (BA)

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EVIDENCE-BASED THERAPY OPTIONS FOR DEPRESSION

Type of Therapy	Effect Size	Number of studies/Comments
CBT vs control[1]	0.71[b]	75 studies/94 comparisons; ES dropped to 0.53 after controlling for publication bias
CBT + meds vs meds only[1]	0.49[b]	11 studies
CBT vs meds[1]	0.03[b]	20 studies
CBT vs other psychotherapies[1]	-0.02 to 0.25	46 studies
BA vs control[2]	0.78[b]	34 studies
PST vs various comparisons[3]	0.40[c]	21 studies
IPT vs control[4]	0.63[a]	38 studies

[a]Cohen's d; [b]Hedges' *g;* [c]Hedges' *d*

[1]Cuijpers P, Berking M, Andersson G, et al. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. *Canadian Journal of Psychiatry*, 58: 376-385.

[2]Mazzucchelli T, Kane R, Rees, C (2009). Behavioral activation treatments for depression in adults: A meta-analysis and review. *Clinical Psychology Science and Practice*, 16: 383-411.

[3]Bell AC & D'Zurilla TJ (2009). Problem-solving therapy for depression: A meta-analysis. *Clinical Psychology Review*, 29: 348-353.

[4]Cuijpers P, Geraedts AS, van Oppen P et al (2011). Interpersonal psychotherapy for depression: A meta-analysis. *American Journal of Psychiatry*, 168: 581-592.

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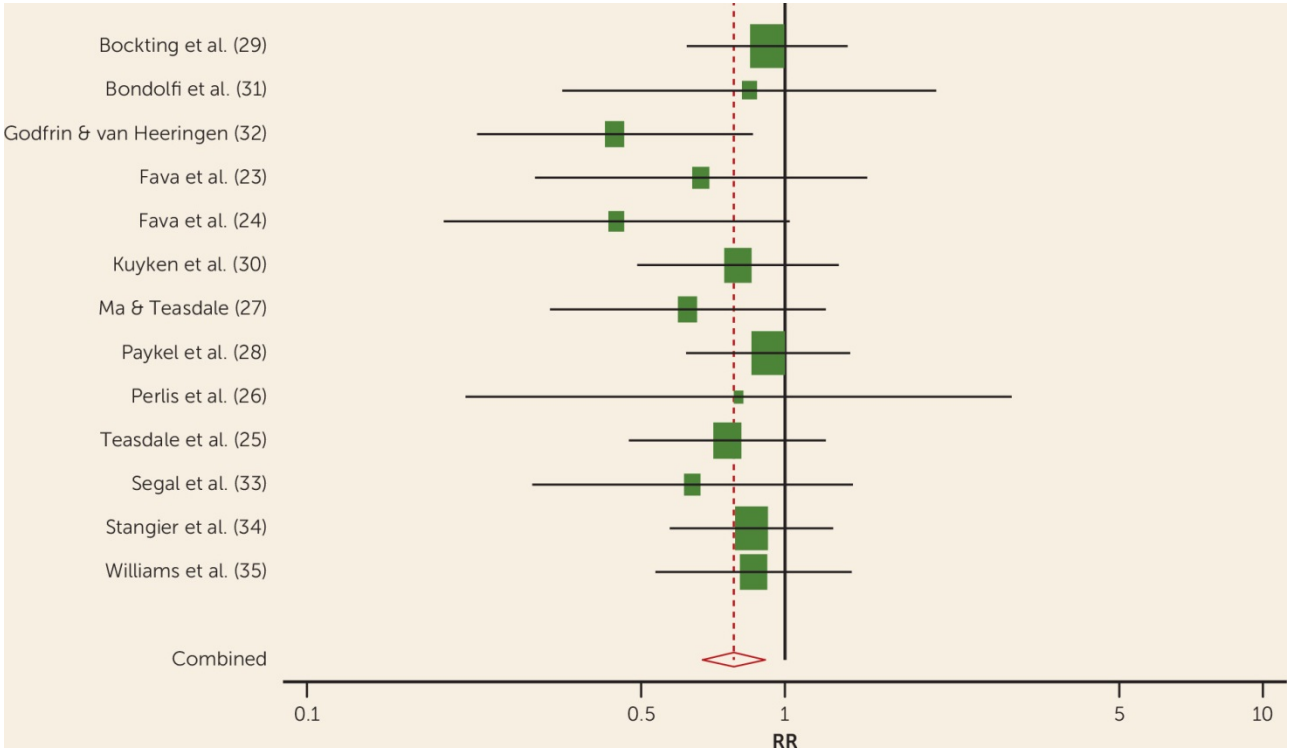
THE SEQUENTIAL INTEGRATION OF PHARMACOTHERAPY AND PSYCHOTHERAPY IN THE TREATMENT OF MAJOR DEPRESSIVE DISORDER: A META-ANALYSIS OF THE SEQUENTIAL MODEL AND A CRITICAL REVIEW OF THE LITERATURE

GUIDI J, TOMBA E, FAVA GA (2016). AMERICAN JOURNAL OF PSYCHIATRY, 173, 128-137.



The area of each green box represents the statistical contribution of each study to the meta-analysis. The confidence interval for the risk ratio is also shown. The pooled risk ratio is shown by the middle of a diamond whose left and right extremes represent the corresponding confidence interval.

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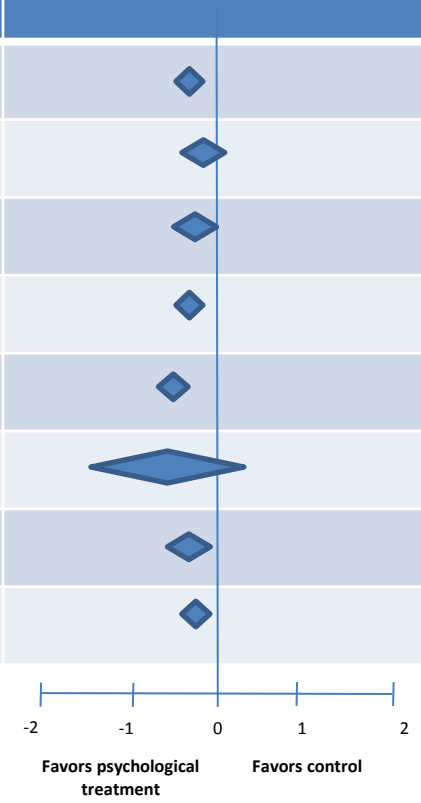
EFFECTIVENESS OF PSYCHOLOGICAL TREATMENTS FOR DEPRESSIVE DISORDERS IN PRIMARY CARE: SYSTEMATIC REVIEW AND META-ANALYSIS
LINDE K, SIGTERMAN K, KRISTON L, ET AL. (2015). ANNALS OF FAMILY MEDICINE, 13, 56-68.

Psychological Treatment	Number of studies or subgroups	Std Mean Difference (95% CI)	Forest Plot
Face-to-face CBT	7	-0.30 (-.048, -0.13)	
Face-to-face PST	4	-0.14 (-0.40, -0.12)	
Face-to-face IPT	2	-0.24 (-0.47, -0.02)	
Other Face-to-face therapy	5	-0.28 (-0.44, -0.12)	
Remote therapist-led CBT	3	-0.43 (-0.62, -0.24)	
Remote therapist-led PST	2	-0.56 (-1.57, 0.45)	
Guided self-help CBT	4	-0.40 (-0.69, -0.11)	
No/minimal contact CBT	4	-0.27 (-0.44, -0.10)	



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THERAPY OPTIONS IN PRIMARY CARE

- Therapist in clinic
- Traditional self-help (book, internet resource)
- Supported treatment (e.g., ICBT varying in level of training of support person, frequency of support)
- Telemedicine

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ICBT EXAMPLE: THIS WAY UP

- UNSW, St. Vincent's Hospital, Sydney
- Prescribed by clinician
- Low cost
- 6 sessions with homework
- Completed within 3 months
- Reminders sent to patients
- Progress updates sent to clinicians

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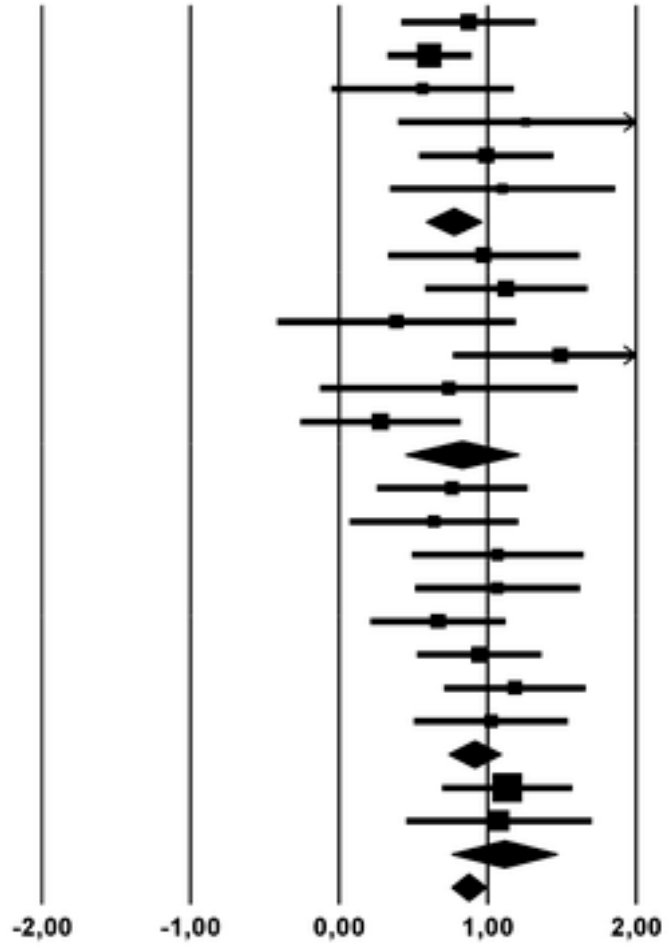
Effect sizes of Computerised CBT versus control conditions at post-test.

		Hedges's g	Lower limit	Upper limit	Z-Value	p-Value
MDD	Andersson, 2005	0,87	0,43	1,32	3,83	0,00
	Kessler, 2009	0,61	0,33	0,88	4,30	0,00
	Perini, 2009	0,56	-0,05	1,17	1,81	0,07
	Selmi, 1990	1,26	0,40	2,11	2,89	0,00
	Titov, 2010	0,99	0,55	1,44	4,36	0,00
	Wright, 2005	1,10	0,35	1,85	2,87	0,00
		0,78	0,59	0,96	8,20	0,00
Panic	Carlbring, 2001	0,97	0,33	1,61	2,99	0,00
	Carlbring, 2006	1,13	0,59	1,66	4,10	0,00
	Klein, 2001	0,39	-0,41	1,18	0,95	0,34
	Klein, 2006	1,49	0,77	2,20	4,07	0,00
	Richards, 2006	0,74	-0,12	1,60	1,69	0,09
	Wims, 2009	0,28	-0,25	0,81	1,03	0,30
		0,83	0,45	1,21	4,27	0,00
Social phobia	Andersson, 2006	0,76	0,26	1,26	2,97	0,00
	Berger, 2009	0,64	0,08	1,20	2,23	0,03
	Botella, 2009	1,07	0,50	1,64	3,66	0,00
	Carlbring, 2007	1,07	0,52	1,61	3,81	0,00
	Furmark, 2009	0,67	0,22	1,11	2,92	0,00
	Titov, 2008 I	0,94	0,53	1,36	4,48	0,00
	Titov, 2008 II	1,18	0,71	1,65	4,95	0,00
	Titov, 2008 III	1,02	0,51	1,53	3,91	0,00
		0,92	0,74	1,09	10,28	0,00
GAD	Robinson, 2009	1,13	0,70	1,56	5,16	0,00
	Titov, 2009	1,08	0,46	1,69	3,41	0,00
		1,11	0,76	1,47	6,19	0,00
All studies		0,88	0,76	0,99	15,04	0,00



Andrews G, Cuijpers P, Craske MG, McEvoy P, Titov N (2010) Computer Therapy for the Anxiety and Depressive Disorders Is Effective, Acceptable and Practical Health Care: A Meta-Analysis. PLoS ONE 5(10): e13196. doi:10.1371/journal.pone.0013196
http://journals.plos.org/plosone/article?id=info:doi/10.1371/journal.pone.0013196

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