The combination of nefazodone and psychotherapy was more effective than either treatment alone in chronic depression


QUESTION: In patients with chronic forms of major depression, how effective is nefazodone, psychotherapy, and their combination in reducing relapse?

Conclusions
A combination of nefazodone and psychotherapy was more effective than either treatment alone in major chronic depression.*

*See glossary.

Outcome | Combined treatment | Nefazodone or psychotherapy | RBI (95% CI) | NNT (CI)
--- | --- | --- | --- | ---
Remission or satisfactory response | 73% | 48% | 53% (31 to 80) | 4 (3 to 7)

COMMENTARY

Although both cognitive behavioural therapy (CBT) and antidepressants are effective in the treatment of depression, chronic depression does not respond as well to either treatment compared with acute depression. Chronic depression is associated with incomplete remission in approximately 20–30% of patients and with higher rates of relapse than for the acute form of the disorder.† Chronic depression is also associated with increased healthcare service use, impairment in functioning, and a poor response to monotherapies. These findings combine to suggest that chronic depression is a large public health problem and one of the biggest challenges facing researchers of depression today.

In their well designed, randomised, multicentre study, Keller et al found a distinct advantage for combined therapy over monotherapy. Rates of remission were higher among patients receiving a combination of nefazodone and the cognitive behavioural analysis system of psychotherapy. The results show that for every 4 patients treated with combined therapy, you would have 1 additional remission over a 12 week period compared with monotherapy.

The findings are striking, and the magnitude of the effect of combined treatment is impressive. The addition, however, of a placebo control group would have helped to clarify whether combining treatments has a truly additive effect. For example, in a recent multicentre study on panic disorder, investigators found that although medication plus CBT was superior to medication alone or CBT alone, the medication plus CBT group did not fare better than a pill placebo plus CBT group in the acute phase.‡ That said, it is often difficult to recruit patients for placebo studies in depression, and the authors appear to have increased sample size rather than limit the generalisability of the findings by including a placebo arm.

Finally, given the chronicity and higher rates of relapse seen in these patients, it will be important to watch for the results of maintenance and follow up studies that are currently in progress. Nevertheless, the study is well designed, the results are consistent with previous studies with smaller samples, and the findings suggest that combined medication and psychotherapy may be the short term treatment of choice for patients with chronic depression.

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†Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article.


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Evid Based Mental Health 2000 3: 111
doi: 10.1136/ebmh.3.4.111

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