Cognitive behaviour therapy reduces long term risk of relapse in recurrent major depressive disorder


Does adding cognitive behaviour therapy to pharmacotherapy reduce the long term risk of relapse of recurrent major depressive disorder?

**METHODS**

- **Design:** Randomised controlled trial.
- **Allocation:** Unclear.
- **Blinding:** Single blinded (assessor blinded).
- **Follow up period:** 6 years.
- **Setting:** University of Bologna, Italy; time frame not stated.
- **Patients:** Forty five outpatients successfully treated with antidepressant drugs (tricyclics or SSRIs) for recurrent major depressive disorder. Excluded were: people with fewer than three prior episodes of depression; previous episode of depression over 2.5 years ago; history of substance abuse, personality disorder, or manic, hypomanic, or cyclothymic symptoms; or active medical comorbidity.
- **Intervention:** Pharmacotherapy plus cognitive behaviour treatment (CBT), pharmacotherapy plus clinical management. CBT and clinical management consisted of 10 fortnightly 30 minute sessions. Both groups had antidepressant drugs reduced by 25 mg amitriptyline or equivalent fortnightly until drug free. Tapering off the drug dose was not possible in five participants (three in CBT group, two in clinical management group), who were excluded from the analysis.
- **Outcomes:** Relapse (onset of a major depressive episode according to Research Diagnostic Criteria).
- **Patient follow up:** 88.9% at 6 years.

**MAIN RESULTS**

Cognitive behaviour treatment (CBT) significantly reduced risk of relapse compared with clinical management (absolute risk (AR) for at least one relapse: 8/20 (40%) with CBT v 18/20 (90%) with clinical management; p = 0.001). CBT also significantly delayed relapse compared with clinical management (mean time to relapse; p = 0.001). CBT also significantly delayed relapse, p = 0.001. Commentary

**CONCLUSIONS**

Adding CBT to pharmacotherapy can reduce the risk of relapse of recurrent major depressive disorder over a 6 year period.

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Sources of funding: Mental Health Evaluation Project (Istituto Superiore di Sanità), Ministero dell’Università e della Ricerca Scientifica e Tecnologica.
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_Evid Based Mental Health_ 2005 8: 38
doi: 10.1136/ebmh.8.2.38

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