Review: there is limited evidence about the effectiveness of interventions for treatment-refractory depression


QUESTION: How effective are different pharmacological and psychological interventions for treatment-refractory depression?

Design
Systematic review with narrative synthesis.

Data extraction
Data were extracted on intervention, participant characteristics, sample size, definitions used, duration of intervention and recovery rate. The main outcome was recovery (50% or greater reduction in the Hamilton Rating Scale for Depression score).

Main results
There was little high quality evidence to guide clinical practice in treatment-refractory depression. There was weak evidence that lithium augmentation improved recovery. Quantitative synthesis was limited given the diversity of interventions and outcomes.

Conclusions
There is little evidence about the effectiveness of pharmacological and psychological interventions for treatment-refractory depression.

COMMENTARY
There is little consensus about either the definition of treatment-resistant depression or how best to manage the condition in clinical practice. At the very least, the patient should have undergone an adequate antidepressant trial. There are a number of viewpoints about what constitutes an “adequate” treatment regimen, however, which differ according to medication dose, duration of treatment and sequencing of interventions. This diversity of opinion results in lack of consensus about criteria for treatment response and makes it difficult to compare studies.

Stimpson et al provide a timely synthesis of randomised controlled trials of pharmacological and psychological interventions for treatment-refractory depression. The review is conducted in accordance with Cochrane Collaboration guidelines and avoids some of the shortfalls of previous reviews in this field. Unfortunately, the trials identified in the review tended to be of poor quality (none of the trials would have met all of the CONSORT guidelines on reporting the results of randomised trials). The authors conclude that few evidence-based recommendations can be made on the basis of the studies included. A similar conclusion was drawn in a recent review of studies combining antidepressants in people with treatment-resistant depression.

Current guidelines also tend to be vague, recommending that treatment decisions be individualised based on clinicians’ judgments and patient preferences. Although this review does not provide much clinical guidance, it does highlight the limitations of current evidence and suggest areas of future research. For example, there have been no robust trials of psychotherapy for treatment-resistant depression. There is preliminary evidence that combining antidepressants with placebo or other treatment can be more effective than a single antidepressant treatment at the recommended dose.

There was little high quality evidence to guide clinical practice in treatment-refractory depression.