Modern treatments for severe depression still have poor long-term outcome


Q Has the long-term prognosis of people with severe depression changed as a result of the increased use of modern treatments such as antidepressants and psychological therapy?

NOTES

Authors note that participants were heterogeneous in terms of number of previous depressive episodes and course of illness, thus results cannot easily be generalised. In addition they note that a single interview was used to cover a long follow-up period, which would have resulted in recall bias.

Commentary

This is an 8–11 year naturalistic, cohort study of 70 people with depression. The majority were treated as inpatients at index presentation and followed up in primary care and through psychiatric services. Despite a good recovery rate and evidence of access to psychological therapies and maintenance drug treatment, the great majority experienced recurrence during the follow-up period.

The authors point out that high recurrence rates have not changed in the last twenty years despite advances in treatment. These findings are commensurate with those of other recent studies in which only 12% of depressed patients recovered and remained continuously well after 25 years of follow up.1 This rather pessimistic long-term outcome is compounded by the exclusion of people with major physical illness which is acknowledged as having a significant and deleterious effect on outcome in terms of prognosis over the first year of follow up.2 Notably increased age and greater severity of index episode predicted slower recovery. Severity of index episode and number of previous episodes were associated with early recurrence.

However, these pessimistic findings should not mask some of the radical improvements that have taken place in the acute management of depression even in the context of severe physical illness.3 Relatively few people suffered from chronic episodes of depression during the follow up period. It is evident that people with depression were able to hold jobs, had good levels of social functioning, and were able to maintain stable relationships. There is no doubt there is considerable room for improvement in our long-term management of depression, but it is through aggressive treatment and comprehensive follow up that we can mitigate the adversity experienced by these individuals.

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