Minimal contact psychotherapy reduces the risk of major depression in people with subthreshold depression


Q Does minimal contact psychotherapy reduce depressive symptoms and improve quality of life for people with subthreshold depression?

METHODS

Design: Randomised controlled trial.
Allocation: Unconcealed.
Blinding: Single blinded (assessors).
Follow up period: 12 months.
Setting: 19 general practices, the Netherlands; time frame not stated.
Patients: 216 adults (18–65 years) with subthreshold depression (at least one core symptom and one to four current symptoms of depression; Instel screening instrument). Exclusions: DSM-IV depressive disorder, dysthymia, bipolar disorder, social phobia, agoraphobia or panic disorder in the previous year; already receiving or awaiting mental health treatment; life-threatening medical problems. Men and those with better subjective functioning (RAND-36) were less likely to complete the intervention. Although the study was underpowered due to the small number of participants the intervention had a significant effect on outcome.

MAIN RESULTS

Minimal contact psychotherapy significantly reduced major depressive disorder at 12 months compared with usual care (minimal contact psychotherapy v usual care: 12% v 18%, RR 0.7, 95% CI 0.4 to 1.1; intention to treat analysis). Minimal contact psychotherapy significantly reduced depressive symptoms compared with usual care at 12 months (minimal contact psychotherapy v usual care, mean CES-D score: 9 v 11; p = 0.05).

CONCLUSIONS

Minimal contact psychotherapy, based on a self-help manual with minimal support from health professionals, reduces the incidence of major depression in people with subthreshold depression.

NOTES

Of participants in the intervention group 22% did not start the intervention, and another 37% failed to complete the intervention, mainly due to lack of time, not feeling depressed or motivational problems. Men and those with better subjective functioning (RAND-36) were less likely to complete the intervention. Although the study was underpowered due to the small number of participants the intervention had a significant effect on outcome.