Psychological therapy reduced depression earlier (4 months) but at 1 year was not better than usual general-practitioner care


**Question**
In patients with depression, is psychological therapy (nondirective counseling or cognitive behavioral therapy [CBT]) more effective than usual general-practitioner (GP) care?

**Design**
Randomized (allocation concealed*), unblinded,* controlled trial with 1-year follow-up. This abstract reports the results of the randomized 3-way comparison only (197 of 464 patients).

**Setting**

**Patients**
197 patients who were ≥ 18 years of age (mean age 37 y, 77% women) and were depressed or depressed and anxious (score ≥ 14 on Beck Depression Inventory [BDI]). Exclusion criteria were serious suicidal intent, psychological therapy in previous 6 months, use of antidepressants, restricted mobility, organic brain syndromes, or inability to complete questionnaires. Follow-up was 91% at 4 months and 84% at 1 year.

**Intervention**
Patients were allocated to nondirective counseling (n = 67), CBT (n = 63), or usual GP care (n = 67). Psychological therapy was given in the GP’s office according to a manual developed for each group. Nondirective counseling was based on the work of Rogers†, and CBT involved problem formulation and staged intervention. Patients were initially offered 6 sessions (maximum of 12). Patients in the CBT group had a mean of 5.0 (SD 3.5) sessions, and 9 patients (14%) did not attend any sessions; in the nondirective-counseling group, patients had a mean of 6.4 (SD 4.2) sessions, and 7 patients (11%) did not attend any sessions.

**Main Outcome Measure**
Depression (score on the BDI).

**Main Results**
Analysis was by intention to treat. At 4 months, patients in the psychological-therapy groups had greater reductions in BDI scores than did those in the usual-GP-care group [mean score decreases 4.5, 95% CI 0.7 to 8.3 for CBT; and 5.7, CI 2.1 to 9.3 for nondirective counseling]‡; at 12 months, groups no longer differed [mean score differences −0.9, CI −4.2 to 2.2 for CBT vs usual-GP care; and 0.9, CI −2.4 to 4.2 for nondirective counseling vs usual-GP care]‡ (Table).

**Commentary**
The study by Ward and colleagues shows more clearly than ever that patients with depression want “talking treatments,” or psychotherapies. The study used a patient-preference design, which meant eligible patients could choose the treatment they wanted. This is important and well-conducted trial shows that for patients with depression—most of whom had moderately severe symptoms (the mean BDI score was approximately 25 to 28)—nondirective counseling is as effective as the more established treatment of CBT and both are more effective, at least in the short term, than usual care. The investigators speculate on why they found an effect for counseling when another study (2) had shown no benefits. They suggest that it was their inclusion criteria, which indicated that the patient had to have substantial symptoms of depression, whereas other trials had used such open inclusion criteria that many participants scored too low on measures of depression to show any benefit.

**References**