

Patient Oriented Evidence that Matters

Psychological interventions reduce onset of depression

CLINICAL QUESTION: Do behavioural interventions reduce the risk of new onset depression?

BOTTOM LINE: Behavioural interventions to prevent depression reduce the incidence of newly diagnosed depression. Most of the studies included in this report were of cognitive behavioural therapy interventions in group format for individuals at increased risk for major depression. (LOE=1a-)

REFERENCE: Cuijpers P, van Straten A, Smit F, Mihalopoulos C, Beekman A. Preventing the onset of depressive disorders: A meta-analytic review of psychological interventions. *Am J Psychiatry* 2008;165(10):1272–1280.

STUDY DESIGN: Meta-analysis (randomised controlled trials)

FUNDING: Unknown/not stated

ALLOCATION: Concealed

SETTING: Various (meta-analysis)

SYNOPSIS: This is a meta-analysis of randomised trials to prevent depression using behavioural interventions. The primary outcome was incident cases of depression. Because the length of the studies varied, the incidence rates were calculated by the authors in person-years. A total of 19 studies with 5806 participants met inclusion criteria, one of which tested three different preventive interventions, for a total of 21 comparisons. Seven studies were about preventing postpartum depression, and the rest included various other targets, such as school and primary care settings. There were three types of prevention; universal (two), selective programmes aimed at high-risk groups (11), and prevention aimed at individuals with depressive symptoms who do not meet the criteria for a diagnosis of major depression (eight). The majority of interventions were cognitive behavioural therapy (15). Group format was used in 18 comparisons. The incidence ratio of new depression per person-year was 0.78 (95% CI, 0.65–0.93), indicating a reduction of the incidence of depressive disorders by 22% in the intervention groups compared with control groups. The authors calculated the number needed to treat as 22.

CBT is effective for self-harm

CLINICAL QUESTION: Is cognitive behavioural therapy an effective treatment for self-harm?

BOTTOM LINE: A brief series of cognitive behavioural therapy (CBT) sessions reduces the risk of self-harm and improves a number of other important psychological outcomes. (LOE=1b-)

REFERENCE: Slee N, Garnefski N, van der Leeden R, Arensman E, Spinhoven P. Cognitive-behavioural intervention for self-harm: randomised controlled trial. *Br J Psych* 2008;192:202–211.

STUDY DESIGN: Randomised controlled trial (nonblinded)

FUNDING: Government

SETTING: Outpatient (specialty)

ALLOCATION: Concealed

SYNOPSIS: Self-harm is a poorly studied but psychologically devastating condition. In this study, 90 patients in the Netherlands with a recent history of self-harm were randomised to either CBT or treatment as usual. Of the 48 patients assigned to CBT, only 40 began the therapy but all 40 attended all 12 sessions (the first 10 were weekly). Eight of 42 patients in the treatment-as-usual group were lost to follow-up because of suicide, severe psychological problems, or other reasons. Analysis was by modified intention to treat; the patients who did not begin the CBT were excluded. Patients were between the ages of 15 years and 35 years, and more than 90% were women. At nine months, the number of self-harm episodes in the previous three months declined more in the CBT group, from 14.4 to 1.2, compared with a decline from 11.6 to 4.6 in the usual treatment group ($P < .05$). Secondary outcomes (depression, anxiety, self-esteem, helplessness, problem-solving, unlovability, and poor distress tolerance) all improved significantly more in the CBT group.