

String of PEARLS

Practical Evidence About Real Life Situations

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners—developed by Prof. Brian McAvoy for the Cochrane Primary Care Field (www.cochraneprimarycare.org), New Zealand Branch of the Australasian Cochrane Centre at the Department of General Practice and Primary Health Care, University of Auckland (www.auckland.ac.nz/uoa), funded by the New Zealand Guidelines Group (www.nzgg.org.nz) and published in *NZ Doctor* (www.nzdoctor.co.nz).

- Interventions to promote walking effective in short-term
- Stretching does not prevent or reduce delayed-onset muscle soreness
- School-based physical activity programmes have positive effects
- Exercise beneficial in fibromyalgia syndrome
- Aerobic physical activity improves cognitive function in older people
- Exercise improves balance in older people
- Exercise and diet effective in preventing type 2 diabetes

DISCLAIMER: PEARLS are for educational use only and are not meant to guide clinical activity, nor are they a clinical guideline.



Antidepressants are effective for depressed patients in primary care

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THE PROBLEM: Are antidepressant medications effective for treating depression in primary care?

THE SITUATION: Depression is very common in primary care, with a 12-month prevalence of 18.1% (including dysthymia 0.8%). There is considerable overlap with anxiety and substance use (MaGPIe; 2003). Depression is also common in the community, with a 12-month prevalence of 7.1% (Oakley-Browne; 2006).

CLINICAL BOTTOM LINE: Both tricyclic antidepressants (TCAs) and Selective Serotonin Receptor Inhibitors (SSRIs) are effective for depression treated in primary care. The numbers needed to treat (NNT) for TCAs ranged from 7 to 16 {median NNT 9} and for SSRIs from 7 to 8 {median NNT 7}. The placebo rate ranges from 26% to 63% so most of the benefit seen clinically is through the placebo effect. A minority of patients get a chemical benefit from their medication.

Depression in primary care

	Success	Evidence	Harms
Antidepressants for depression in primary care	Effective for depression NNT for TCAs = 9 and for SSRIs = 7	Cochrane review ¹	NNH = 4 to 30 for TCAs (harmful events leading to withdrawal) and NNH = 20 to 90 for SSRIs

NNT = numbers needed to treat for one person to get an improvement
NNH = numbers needed to treat for one person to get an adverse effect

References

- Arroll B, Elley CR, Fishman T, Goodyear-Smith FA, Kenealy T, Blashki G, Kerse N, MacGillivray S. Antidepressants versus placebo for depression in primary care. *Cochrane Database of Systematic Reviews* 2009, Issue 3. Art. No.: CD007954. DOI: 10.1002/14651858.CD007954

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