Psychological treatments for depression in adults with mild to moderate intellectual disabilities: are we there yet?

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In this issue of the Lancet Psychiatry, Jahoda et al[1] present the findings of a rigorous UK based multicentre randomised controlled trial of behavioural activation (BA; Beat it) vs active control (Step up) for people with mild to moderate intellectual disabilities and depression.

Behavioural activation is a recognised treatment for depression which emphasises activities and examination of cognitive patterns that lead patients to avoid engaging in those activities[2]. A few RCTs in the neurotypical population indicate that it is effective for moderate depression at short and longer term follow up. Furthermore, it can be delivered successfully by health professionals with minimal training in psychotherapy[3].

It is well documented that depression runs a chronic course in adults with ID, compounded by social isolation, unemployment, life events and physical ill-health. Therefore, easily accessible psychological treatments are crucial in reaching a larger number of people who are at risk of depression or in need of such treatment.

The main outcome measure in the Jahoda et al[1] trial was the Glasgow Depression Scale (GDS), specifically developed for this population. 161 participants with a mean age of 40 years and mean full IQ of 55.4 (58·3 in Step Up) took part. At the 12 months endpoint, the mean GDS scores decreased from 12.60 to 12.03 in those randomised to Beat It (intervention) and from 16.90 to 12.43 to those in the Step up (control); therefore, a mean difference in score changes of 0·3 GDS-LD points [95% CI -2·2 to 2·7]; p=0·83.

Although this is the first study of BA in adults with ID, the findings are surprising compared with other literature, mainly consisting of small observational/feasibility studies of CBT[4], which indicates that the latter may be helpful in significantly reducing symptoms of depression in this population. However, given the increased possibility of bias found in those studies, the effect sizes may have been overoptimistic and largely due to the uncontrolled design[5].

In the face of lack of long term effectiveness of Beat it, the examination of possible reasons behind it, is essential. BA has been shown to be superior when compared to drug placebo[6]. Although the authors should be commended on their robust design, Step up as a control condition is not “neutral” like a drug placebo. Non-specific effects may account for improvements in the Step up group and therefore, for failure to demonstrate a treatment effect when comparing with Beat it. This is also known as Hawthorne effect, which describes the improvement patients make whilst in the control arm and may be a confound

the findings. Eighty-nine common factors have been identified as affecting the outcome from psychotherapy including *therapeutic alliance, opportunity for catharsis, acquisition of and practice of new behaviours and client's [positive expectancies*[7]. In adults with intellectual disabilities the impact of non-specific effects, such as providing attention and warmth, may be particularly pertinent, especially when people with intellectual disabilities are known to be prone to suggestibility, which may bias their response to treatment[8]. Treatments for people with intellectual disabilities require skilled therapists who are both able also to overcome obstacles in treatment whilst retaining the core principles of the psychological approach.

We note the successful completion of a definitive trial and the low attrition rates although this being a psychological intervention, it is likely to have been preferable to a medication trial to potential participants. The success of the study may have also been facilitated by positive changes in the research framework across the UK which has addressed some of the hurdles in trial conduct that had impeded previous efforts.

The recent NICE guideline on the diagnosis, treatment and management of mental illness in people with ID[9] shows a dearth of large enough RCTs to demonstrate clinical and cost effectiveness of CBT or other psychological therapies for this population group. The guideline development group issued a research recommendation asking for further multicentre trials to resolve this point. There is a strong argument for existing interventions, backed by evidence, to be adapted for people with intellectual disabilities and to be tested in well conducted trials.

However, the results of this pragmatic study could be perceived as disappointing given the paucity of interventions for people with intellectual disabilities and mental ill-health. Should the non-significant findings preclude clinical professionals from using BA in adults with intellectual disabilities? The authors argue that as it does confer benefit and causes no harm, it could be used instead of an active control or even treatment as usual. However, given the lack of obvious cost benefits and the need for further, albeit short, training, it may remain in the armamentarium of potential psychosocial treatments for depression but without compelling support for its delivery to this population group.

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