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Long-term effects of depression treatment

Published Online January 6, 2016 http://dx.doi.org/10.1016/S2215-0366(15)00578-7

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In most cases, depression is a recurrent or chronic condition that affects individuals over the course of their lifetime.[1] The realisation that depression needs long-term treatment[2] has not been matched by adequate evidence of the long-term effects of specific treatments, leaving a major gap in evidence for the clinical practice of psychiatry. The most commonly used long-term treatment is maintenance antidepressants. However, for most antidepressant drugs, the efficacy of treatment lasting more than 1 year is unknown. The absence of evidence of the long-term therapeutic effects of antidepressant drugs leaves uncertainty and invites controversy. In *The Lancet Psychiatry*, the Article by Nicola Wiles and colleagues[3] brings perhaps the most substantial body of evidence of the long-term effects of a treatment of major depressive disorder: a comprehensive report of the effectiveness and cost-effectiveness of adjunctive cognitive behavioural therapy (CBT) in a 3·5 year follow-up of the CoBalT trial.

In the CoBalT trial, 469 primary care patients with depressive symptoms of at least moderate severity despite adherence to antidepressant treatment were randomly allocated to be offered a course of 12 to 18 sessions of individual CBT or to continue their usual care that included antidepressants. Most participants had chronic and severe depression with comorbid anxiety disorders. Those who were offered the adjunctive CBT had fewer depressive symptoms and were more likely to fulfil criteria for response at 6 and 12 month follow-up.[4] In the present study, Wiles and colleagues report the results of a 46 months follow-up. Outcomes were available from roughly 60% of participants. They showed that the benefits of CBT were fully maintained. More than 3 years after the end of treatment, participants who were allocated to CBT continued to do better on several self-reported outcomes and the effect sizes were similar to those at 6 and 12 months. Participants who received CBT scored roughly four points lower on the Beck Depression Inventory (mean score of 19·2 with CBT *vs* 23·4 without CBT), two points lower on the Patient Health Questionnaire, had fewer anxiety symptoms, and were twice as likely to meet criteria for response or remission. These differences in outcomes were maintained for more than 3 years whereas four-fifths of participants in both groups continued to take antidepressant drugs. An accompanying health economic analysis shows that add-on individual CBT provides exceptionally good value for money.

The CoBalT findings are in agreement with previous smaller studies[5,6] that suggested that the effects of CBT for depression can last for years. Although antidepressant drugs and brain stimulation treatments are effective only as long as the treatment is continued, CBT provides long-term benefits without continued treatment or booster sessions, which is probably because the participants learn skills that they continue practising after the treatment stops. Consequently, discontinued CBT might be as effective as continued treatment with antidepressant medication and more effective than antidepressant medication that is discontinued.[7] CBT has been shown to improve functional outcomes, including employment.[8] The present study adds strong evidence

that the lasting therapeutic effects of CBT are maintained even in individuals with severe, chronic, and comorbid depression who did not respond well to antidepressants.

In combination with previous smaller studies, the results of the long-term follow-up of CoBalT suggest that CBT should be routinely offered to individuals with major depressive disorder who do not have satisfactory improvement with antidepressants alone. This conclusion leaves a quandary about the availability of high quality CBT in routine clinical setting. The fact that very few CoBalT participants received CBT as part of their usual care during the 3·5 year follow-up reflects poorly on the availability of structured evidence-based therapies even in a country that invested substantially in their provision. Questions might be raised about whether similar long-term benefits might be achieved with other types of psychological treatments or with less intensive forms of therapy delivery, such as group, self-help, computerised, or internet-delivered psychological treatments. However, no similar evidence for long-term efficacy in severely affected individuals is available for any less intensive treatment, and the one similar long-term study[9] of another psychological therapy suggested that, even with regular booster sessions, interpersonal psychotherapy did not match the maintenance effect of a continued antidepressant. Individual CBT is presently the only psychological treatment with robust evidence for improving long-term outcomes of major depressive disorder.

Notwithstanding the positive results, the CoBalT trial also reminds us that even a combination of antidepressants and individual CBT does not provide a complete solution for major depressive disorder.[4] Years after receiving individual CBT and continued antidepressant treatment, the average CoBalT participant still scored 19 points on the Beck Depression Inventory, which puts them into the moderately depressed range. Although data for functional outcomes such as employment are missing, these symptoms probably continue to seriously affect quality of life and productivity. Therefore, clinicians and researchers should focus on strategies to increase the efficacy of the existing treatments and on developing more effective treatments for major depressive disorder.

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We declare no competing interests.

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Mental distress and potentially modifiable social factors in post-conflict Sri Lanka

Published Online January 12, 2016 http://dx.doi.org/10.1016/S2215-0366(15)00535-0

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The number of people affected by protracted conflicts is surging, especially in North Africa, the Middle East, and eastern Europe, leading to large-scale population displacements. Conflict-related violence and displacement have a direct association with mental health problems.[1] For example, in Sri Lanka—a country emerging from three decades of civil conflict—populations are showing substantial negative mental health consequences of conflict, such as depression, anxiety, and post-traumatic stress disorder.[1–3]