



European Congress of Psychiatry – press release

Psychotherapy found to be ineffective or unavailable for medicated patients with severe depression

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Type of study: Peer reviewed (mostly)*/observational study/people

Antidepressants are the first-choice treatment for severe depression. Antidepressant use is often supplemented by psychotherapy. Now a major ongoing international study has shown that adding psychotherapy treatment to antidepressant medication does not improve treatment outcomes in severely depressed patients. The study, presented at the European Congress of Psychiatry*, also found that those patients with severe depression who were also treated with additional psychotherapy tended to be younger, more often employed, more highly educated, and have less severe initial depression than those who were treated with antidepressant medication exclusively. Rates of clinical depression have doubled in the last 30 years, with the WHO estimating that around 322 million people suffer worldwide. This is roughly equivalent to the total populations of Germany, France, Spain, Italy and the UK combined. Around a third of severe depression sufferers don't respond well to therapy; they are 'treatment resistant', meaning that clinicians need to look for ways to improve current treatments.

The new study performed in European patients with major depression (clinically known as *Major Depressive Disorder*, MDD) treated under real-world conditions has found that around 1 in 3 patients treated with antidepressant medication also receive psychotherapy – non-pharmacological treatment, where patients discuss their condition with a qualified doctor or therapist. Around ¾ of these patients treated with both, antidepressant medication and psychotherapy, underwent Cognitive Behavioural Therapy.

Clinicians from the *European Group for the Study of Resistant Depression*, based in Austria, Italy, Belgium, Germany, Greece, France, Israel, and Switzerland, studied the effects of combined treatment in 1279 severely depressed adult patients. These patients had been treated appropriately with antidepressant medication. 31.2% of those had gone on to receive additional psychotherapy. Those receiving additional psychotherapy tended to be younger, more highly educated, more often employed, and with a lower suicide risk than those treated exclusively with antidepressant medications. In addition, they experienced an earlier onset of severe depression, more migraines and asthma, and received lower daily doses of antidepressants than those treated exclusively with antidepressants. The severity of depression in each patient was measured using the Hamilton Rating Scale for Depression, and the Montgomery and Åsberg Depression Rating Scale. The researchers found that the use of additional psychotherapy did not lead to better treatment outcomes.

Lead researcher, Prof. Siegfried Kasper MD (Medical University of Vienna) said:



"There are two main points that comes out of our work. Firstly, if you have been treated with antidepressants, additional psychotherapy does not seem to give you better treatment outcomes, even though it may improve your subjective well-being. The second point is that those patients suffering from severe depression and receiving additional psychotherapy had more favourable socio-demographic and clinical characteristics than those who didn't receive additional psychotherapy. Our data shows that additional psychotherapy tends to be given to more highly-educated and healthier patients, which may reflect the greater availability of psychotherapy to more socially and economically advantaged patients".

Presenting the work at the European Congress of Psychiatry (EPA virtual congress), researcher Dr Lucie Bartova (Medical University of Vienna) said:

"Taking these results, and existing clinical guidelines, into account, we would recommend that clinicians and patients follow the recommended treatment paths to ensure the best care for them. If people have any doubts about treatment they should see their psychiatrist to agree how to move forward".

In follow-up work, 292 depressed patients receiving Cognitive Behavioural Therapy, which is the recommended psychotherapeutic strategy in severe depression, were compared to 107 patients treated with other psychotherapeutic techniques such as psychoanalytic psychotherapy or systemic psychotherapy. The researchers found that there was no difference in treatment outcome.

Commenting, Dr Livia De Picker (University of Antwerp) said:

"Despite clinical guidelines and studies which advocate for psychotherapy and combining psychotherapy with antidepressants, this study shows that in real life no added value can be demonstrated for psychotherapy in those already treated with antidepressants for severe depression. This doesn't necessarily mean that psychotherapy is not useful, but it is a clear sign that the way we are currently managing these depressed patients with psychotherapy is not effective and needs critical evaluation."

This is an independent comment; Dr De Picker was not involved in this work.

Notes

*Some of this work is presented at the congress for the first time, but the majority of this work has been published in the peer-reviewed *Journal of Psychiatric Research* ("*Combining psychopharmacotherapy and psychotherapy is not associated with better treatment outcome in major depressive disorder - evidence from the European Group for the Study of Resistant Depression*", Bartova et al. See <https://tinyurl.com/y5td8yjj>).

The authors note that the study was designed to look at treatment-resistant depression, so these results are secondary outcomes. They have taken steps to allow for this.

ENDS

Notes for Editors

The 30th European Congress of Psychiatry is organised by the European Psychiatric Association, the largest association of psychiatrists in Europe. It will take place virtually from 4-7 June. For more information see: <https://epa-congress.org/>

Conference Abstract



Psychotherapy Employed Additionally to Psychopharmacotherapy Is Not Related to Better Treatment Outcome in Major Depressive Disorder

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Introduction: Although numerous effective antidepressant (AD) strategies are available for the treatment of major depressive disorder (MDD), many patients do not achieve satisfactory treatment response.

Objectives: The aims of the present European, cross-sectional, multicenter, naturalistic study were (1) to determine the proportion of patients suffering from primary MDD who received additional psychotherapy to their ongoing psychopharmacotherapy and (2) to identify the associated socio-demographic and clinical patterns.

Methods: Patients receiving both treatments were compared to those lacking concomitant additional psychotherapy that was manual-driven psychotherapy (MDP) in all cases.

Results: While 68.8% of a total of 1279 MDD patients received exclusively psychopharmacotherapy, 31.2% underwent a psychopharmacotherapy-MDP combination. The latter patient population was rather younger, higher educated, employed, exhibited an earlier mean age of MDD onset, lower severity of current depressive symptoms with lower odds of suicidality and higher rates of melancholic features, and comorbid asthma and migraine, and was generally treated with lower daily doses of their first-line ADs. Whereas agomelatine was more commonly dispensed in these patients, selective serotonin reuptake inhibitors were more often prescribed in MDD patients lacking additional MDP. No significant between-group differences were detected in terms of treatment outcome.

Conclusions: The fact that the employment of additional MDP was not related to better treatment outcome in MDD represents our major and clinically most relevant finding. Generally, MDP was employed in a minority of our patients who experienced rather beneficial socio-demographic and clinical characteristics. This might reflect an inferior accessibility of these psychotherapeutic techniques for patients who are more severely ill and less socio-economically privileged.

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