BEST in Mental Health

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Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* MH *clinical question-answering service*

Question

"In adults with depression how effective are brief psychodynamic psychotherapies, compared to any other intervention, for improving patient outcomes?"

Clarification of question using PICO structure

Patients:	Adults with depression
Intervention:	Short-term psychodynamic psychotherapies (STPP)
Comparator:	Any other intervention
Outcome:	Improved patient outcomes

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Clinical and research implications

No definite clinical implications can be made from the available evidence. There is some evidence to suggest that that Short-Term Psychodynamic Psychotherapies (STPP) significantly decrease levels of depression compared to waitlist or usual care – prompting one author to suggest that STPP may be considered to be an empirically validated treatment method for depression. There is also evidence from a randomised controlled trial that STTP may be as equally effective as fluoxetine. The study evaluating this comparison is, however, only considered to be a preliminary investigation. Given the limited evidence base, study authors have consistently noted the need for more high quality RCTs to evaluate STPP – and the STPP variants (i.e. emotion-focused and more interpretive therapy modes).

What does the evidence say?

One systematic review (SR) (Driessen et al. 2010) and one randomised controlled trial (RCT) (Salminen et al. 2008) met the inclusion criteria for this BEST summary.

Main Findings

The SR by Driessen et al. (2010) aimed to assess the efficacy of STPP for decreasing levels of depression. They found significant effects in favour of STPP compared to waitlist or usual care, but not when STPP was compared with other psychotherapies (i.e. CBT, cognitive therapy, behaviour therapy, supportive therapy, non-directive counselling, and art therapy). Although the authors pooled non-RCTs and RCTs together, they also presented results for RCTs only (a more methodologically robust type of analysis) – which demonstrated results consistent with the RCT and non-RCT combined analyses (STPP vs. waitlist or usual care: 0.80 (95% CI: 0.32 to 1.28), n=4 RCTs; STPP vs. other psychotherapies: -0.35 (95% CI: -0.64 to -0.06), n=10 RCTs). Meta-regression analyses suggested that mean age, pre-treatment BDI scores, and the percentage of women did not predict treatment effects. The authors suggested that this indicated that STPP is suited to people from different age groups, different depression severity levels, and both males and females.

The RCT by Salminen et al. (2008) investigated whether 16 weeks' STPP was as effective as fluoxetine in alleviating depressive symptoms and increasing the social and occupational functioning of patients with major depressive disorder. They observed that both treatments significantly improved symptoms over time, but that there was no significant difference between the groups.

Authors Conclusions

Driessen et al. (2010) concluded that STPP is effective in the treatment of depression in adults, although they also noted that high-quality RCTs are necessary to assess the efficacy of different STPP variants within different patient groups.

Salminen et al. (2008) concluded that both STPP and fluoxetine treatments are effective in reducing symptoms and in improving functional ability of primary care patients with mild or moderate depression.

Reliability of conclusions/Strength of evidence

The SR by Driessen et al. (2010) was considered to have a low risk of bias, but the authors noted that the results of their meta-analysis should be treated with caution, partly due to the quality of studies

included in their SR. Many methodological aspects of Salminen et al. (2008) trial were not reported, so the reliability of results are uncertain. We note that this study also had a very small sample size, and the authors also cautioned that this study should be considered as a preliminary investigation.

What do guidelines say?

NICE and SIGN guidelines offer the following recommendations for the use of brief psychodynamic psychotherapy for adults with depression:

SIGN guidelines for the non-pharmaceutical management of depression in adults (CG114, 2010);
"Short term psychodynamic psychotherapy may be considered as a treatment option for patients with depression." (p. 8)

NICE guidelines for the treatment and management of depression in adults (CG90, 2009);
"For people with depression who decline an antidepressant, CBT, IPT, behavioural activation and behavioural couples therapy, consider:
counselling for people with persistent sub threshold depressive symptoms or mild to moderate depression short-term psychodynamic psychotherapy for people with mild to moderate depression. Discuss with the person the uncertainty of the effectiveness of counselling and psychodynamic psychotherapy in treating depression." (pp.22-23)

"For all people with mild to moderate depression having short-term psychodynamic psychotherapy, the duration of treatment should typically be in the range of 16 to 20 sessions over 4 to 6 months." (p.28)

Date question received: 26/02/2008
Date searches conducted: 23/07/2014, updated from 26/02/2008
Date answer completed: 15/09/2014

References

SRs

Driessen, E., Cuijpers, P., de Maat, S., Abbass, A. A., de Jonghe, F., & Dekker, J. J. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: a meta-analysis. *Clinical psychology review*, *30*(1), 25-36.

RCTs

Salminen, J. K., Karlsson, H., Hietala, J., Kajander, J., Aalto, S., Markkula, J., ... & Toikka, T. (2008). Short-term psychodynamic psychotherapy and fluoxetine in major depressive disorder: a randomized comparative study. *Psychotherapy and psychosomatics*, *77*(6), 351-357.

Guidelines

National Institute for Health and Care Excellence (2009) Depression in adults. The treatment and management of depression in Adults. CG90. London: National Institute for Health and Care Excellence.
http://www.nice.org.uk/guidance/cg90/resources/guidance-depression-in-adults-pdf

Scottish Intercollegiate Guideline Network (2010) Non-pharmaceutical management of depression in adults. CG114. London: National Institute for Health and Care Excellence.

http://www.sign.ac.uk/pdf/sign114.pdf

Results

Systematic Reviews

Author (year)	Search Date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Driessen et al. (2010)	Not explicitly reported	*Participants*: Adult patients aged 18 years and over, meeting criteria for major depressive disorder or mood disorder, or presenting an elevated score on a standardised measure of depression. Most of the included participants had mild to moderately severe depression. *Intervention*: Short-term psychodynamic psychotherapy (STPP), based on psychoanalytic theories and practices which was time-limited from onset (i.e. not a therapy which was brief only in retrospect). Studies assessing the efficacy of Interpersonal Psychotherapy (IPT) were excluded, since IPT was not regarded as a psychodynamic psychotherapy by its developers. *Comparator*: Any other comparison. *Outcome*: Change in depressive symptoms (e.g., Beck Depression Inventory, BDI; Hamilton Rating Scale for Depression, HAMD).	N=23 studies (13 RCTs, 3 non-comparative, and 7 naturalistic) with 1,365 participants	STPP vs. waitlist (n=4) or usual care (n=1): There was a significant effect in favour STPP when compared to the control conditions (0.69 [95% CI: 0.30 to 1.08) – with low heterogeneity between the studies. When only RCTs (n=4) were included in the analysis the effect size was 0.80 (95% CI: 0.32 to 1.28), also in favour of STPP. STPP vs. other psychotherapies (n=13): The other psychotherapies included CBT (n=5), cognitive therapy (n=3), behaviour therapy (n=6), supportive therapy (n=1), non-directive counselling (n=1), and art therapy (n=1). The pooled effect size for the difference at post-treatment was -0.30 (95% CI: -0.54 to -0.06) – with moderate heterogeneity between the studies. For BDI, the effect size was -0.32 (95% CI: -0.64 to -0.01) in favour of other psychotherapies. For HAMD, no significant differences	Low

				between STPP and other psychotherapies were observed. Six studies compared STPP vs. other psychotherapies at 3-months, but no significant differences were observed. Meta-regression analyses suggested that mean age, pre-treatment BDI scores, and the percentage of women did not predict treatment effects.	

RCTs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Salminen et al. (2008)	*Participants*: Adult patients aged between 20-60 years, meeting DSM-IV diagnostic criteria for major depressive disorder, with a score of 15 or above on the HAMD. Exclusion criteria: psychotherapeutic or psychopharmacological treatment during the preceding 4 months, DSM-IV axis I or II comorbidity, severe somatic illness, and contraindication to fluoxetine treatment. *Intervention*: STPP for 16 weeks. The techniques included active use of all the interventions characteristic of psychodynamic psychotherapy, namely interpretation, confrontation and clarification. *Comparator*: Fluoxetine (20-40 mg/day) for 16 weeks. *Outcome*: Depressive symptoms (HAMD, BDI), social and occupational functioning (Social and Occupational Functioning Assessment Scale, SOFAS).	N=51 (n=25 to fluoxetine and n=26 to psychotherapy)	Both treatment were effective in reducing the HDRS and BDI scores, as well as improving functional ability (as measured By SOFAS), but there was no significant difference between treatments. According to the DSM-IV criteria, 68% of the completers in the fluoxetine group (n=13), and 71% in the psychotherapy group (n=15) were clinically in remission at the 4-month follow-up.	High (small sample size)

Risk of Bias:

SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Driessen et al. (2010)	☺	☺	☺	☺	☺?

RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Salminen et al. (2008)	?	?	?	☹	☺	?

☺Low Risk ☹High Risk ? Unclear Risk

Search Details

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	Depression	283	2
DARE	1 MeSH DESCRIPTOR Psychoanalysis EXPLODE ALL TREES 3 Delete 2 MeSH DESCRIPTOR Psychotherapy, Psychodynamic EXPLODE ALL TREES 0 Delete 3 (brief adj3 (psychoanaly* or psychodynamic* or * or analytic* or dynamic*)) IN DARE 9 Delete 4 (brief adj2 psychosocial*) IN DARE 5 Delete 5 (brief adj2 therap*) IN DARE 26 Delete 6 (brief adj2 psychotherap*) IN DARE 11 Delete 7 MeSH DESCRIPTOR Psychotherapy, Brief EXPLODE ALL TREES 58 Delete 8 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 90 Delete	90	1
Primary studies			
CENTRAL	#1 depression or depressive:ti,ab,kw 34258 #2 MeSH descriptor: [Depressive Disorder] explode all trees 7497 #3 #1 or #2#1 or #2 34296 #4 psychodynamicpsychodynamic 541 #5 MeSH descriptor: [Psychotherapy, Psychodynamic] explode all trees 4 #6 #4 or #5 541 #7 #3 and #6260 #8 brief or time-limited or short-term47872 #9 #7 and #8 178 (47 from 2008 onwards)	47	1
PsycINFO	1. PsycINFO; exp MAJOR DEPRESSION/; 93667 results. 2. PsycINFO; (Depression OR Depressive).ti,ab; 199530 results. 3. PsycINFO; (Mood adj3 Disorder*).ti,ab; 13121 results. 4. PsycINFO; exp AFFECTIVE DISORDERS/; 120310 results.	81	0

	5. PsycINFO; 1 OR 2 OR 3 OR 4; 227332 results. 6. PsycINFO; PSYCHODYNAMIC PSYCHOTHERAPY/; 2344 results. 7. PsycINFO; psychodynamic.ti,ab; 14104 results. 8. PsycINFO; 6 OR 7; 14599 results. 9. PsycINFO; 5 AND 8; 1571 results. 10. PsycINFO; (brief OR time-limited OR short-term).ti,ab; 116181 results. 11. PsycINFO; BRIEF PSYCHOTHERAPY/; 4864 results. 12. PsycINFO; 10 OR 11; 116607 results. 13. PsycINFO; 9 AND 12; 306 results. 14. PsycINFO; 13 [Limit to: Publication Year 2008-2014]; 140 results. 15. PsycINFO; CLINICAL TRIALS/; 7776 results. 16. PsycINFO; random*.ti,ab; 131914 results. 17. PsycINFO; groups*.ti,ab; 370883 results. 18. PsycINFO; (doubl* adj3 blind*).ti,ab; 18424 results. 19. PsycINFO; (singl* adj3 blind*).ti,ab; 1661 results. 20. PsycINFO; EXPERIMENTAL DESIGN/; 9218 results. 21. PsycINFO; controlled.ti,ab; 81880 results. 22. PsycINFO; (clinical adj3 study).ti,ab; 8034 results. 23. PsycINFO; trial.ti,ab; 69369 results. 24. PsycINFO; "treatment outcome clinical trial".md; 27445 results. 25. PsycINFO; 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24; 574616 results. 26. PsycINFO; 14 AND 25 [Limit to: Publication Year 2008-2014]; 81 results.		
Embase	27. EMBASE; exp MAJOR DEPRESSION/; 36843 results. 28. EMBASE; (Depression OR Depressive).ti,ab; 309839 results. 29. EMBASE; (Mood adj3 Disorder*).ti,ab; 18431 results. 30. EMBASE; exp AFFECTIVE DISORDERS/; 337564 results. 32. EMBASE; exp MOOD DISORDER/; 337564 results. 33. EMBASE; 27 OR 28 OR 29 OR 30 OR 32; 458542 results. 34. EMBASE; PSYCHODYNAMIC PSYCHOTHERAPY/; 145 results.	80	0

	35. EMBASE; psychodynamic.ti,ab; 5970 results. 36. EMBASE; 34 OR 35; 6015 results. 37. EMBASE; (brief OR time-limited OR short-term).ti,ab; 295809 results. 38. EMBASE; 33 AND 36 AND 37; 249 results. 39. EMBASE; 38 [Limit to: Publication Year 2008-2014]; 143 results. 40. EMBASE; random*.tw; 887520 results. 41. EMBASE; factorial*.tw; 23062 results. 42. EMBASE; placebo*.tw; 199681 results. 43. EMBASE; (crossover* OR cross-over*).tw; 69101 results. 44. EMBASE; (doubl* adj3 blind*).tw; 142165 results. 45. EMBASE; (singl* adj3 blind*).tw; 16819 results. 46. EMBASE; assign*.tw; 239097 results. 47. EMBASE; allocat*.tw; 83882 results. 48. EMBASE; volunteer*.tw; 176050 results. 49. EMBASE; CROSSOVER PROCEDURE/; 39647 results. 50. EMBASE; DOUBLE-BLIND PROCEDURE/; 114614 results. 51. EMBASE; SINGLE-BLIND PROCEDURE/; 18609 results. 52. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 346665 results. 53. EMBASE; 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52; 1414938 results. 54. EMBASE; 39 AND 53 [Limit to: Publication Year 2008-2014]; 80 results.		
Cinahl	55. CINAHL; exp DEPRESSION/; 45184 results. 56. CINAHL; (Depression OR depressive).ti,ab; 45948 results. 57. CINAHL; (mood adj3 disorder*).ti,ab; 1810 results. 58. CINAHL; 55 OR 56 OR 57; 62424 results. 59. CINAHL; psychodynamic.ti,ab; 668 results. 60. CINAHL; PSYCHOTHERAPY, PSYCHODYNAMIC/; 24 results. 61. CINAHL; 59 OR 60; 668 results. 62. CINAHL; (brief OR time-limited OR short-term).ti,ab; 38650 results. 63. CINAHL; PSYCHOTHERAPY, BRIEF/; 398 results.	30	0

	64. CINAHL; 62 OR 63; 38650 results. 65. CINAHL; 58 AND 61 AND 64; 30 results.		
Summary	**NA**	**NA**	

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