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 common mental disorders (CMD) how effective are short-term psychodynamic psychotherapies compared to any other intervention for improving symptoms?"

Clarification of question using PICO structure

Patients:	Adults with CMDs
Intervention:	Short-term psychodynamic psychotherapies
Comparator:	Any other interventions
Outcome:	Improved symptoms

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Clinical and research implications

No definite clinical implications can be made from the available evidence. There is some evidence from a systematic review (SR) to suggest that STPP is superior to wait-list/treatment as usual/minimal treatment groups for improving depressive symptoms. The authors of this SR cautiously suggested that STPP may be a candidate treatment for the majority of non-psychotic and non-organic psychotherapeutic presentations. In contrast, however, there is evidence from a well-conducted randomised controlled trial which reported no differences in depressive symptoms between patients who received supportive-expressive psychotherapy, pharmacotherapy, or placebo. There is very little additional evidence to support/confirm these findings. The other trials included in this BEST summary evaluated different comparisons and were considered to have a high, or unclear, risk of bias.

Most studies confirmed that larger, high quality studies with long-follow up periods are needed. In addition, the authors of the included studies suggested that more research targeting specific population groups is warranted. It was also recommended that studies should examine specific treatment factors, such as emotional focus, and their contributions to outcomes across therapy models.

What does the evidence say?

Number of included studies/reviews (number of participants)

One systematic review (SR) (Abbass et al., 2014) and four randomised controlled trials (RCTs) (Barber et al. 2011; Driessen et al. 2013; Knekt et al., 2013; Russo et al., 2013) met the inclusion criteria for this BEST summary.

Main Findings

The SR by Abbass et al. (2014) found that most outcomes evaluated, including general, somatic, anxiety and depressive symptoms, were significantly reduced in patients who received STPP compared with patients in wait-list/treatment as usual/minimal treatment groups. With the exception of somatic measures in the short-term, all of these outcomes were significantly improved with STPP in the short- and medium-term, but not consistently in the long-term. Other outcomes, such as social adjustment and interpersonal problems were also improved with STPP.

A RCT by Driessen et al. (2013) compared the efficacy of short-term psychodynamic supportive psychotherapy with cognitive behavioural therapy (CBT) in 341 adults with a major depressive episode. No statistical differences between the groups were found for any of the outcomes evaluated, including remission rate, and observer- and patient-rated depression scores.

Another RCT evaluated depressive symptoms in three treatment conditions: supportive-expressive psychotherapy (SET), pharmacotherapy (sertraline or venlaflaxine) with clinical management, and pill-placebo with clinical management, in 156 patients with major depressive disorder (Barber et al. 2011). Significant improvements in depressive symptoms were observed over the 16 week duration period in all groups, but there were no differences between the conditions.

A further RCT compared the efficacy of brief dynamic therapy (BDT) with brief supportive therapy (BST) in 88 patients with depressive disorders (Russo et al. 2013). At the end of the treatment (i.e. after 15 to 30 sessions), no significant differences in depressive symptoms were observed between the two types of therapies. At 6 months' follow-up, however, a significantly greater improvement in the BDT treatment group was found. Subgroup analysis demonstrated that patients with moderate depressive symptoms (i.e. HAM-D 17 baseline score: 14-18) improved more with BDT than with BST, whereas no significant differences between therapies were observed for patients with mild depressive symptoms.

Lastly, the effectiveness of long-term psychodynamic psychotherapy vs. short-term psychotherapy (short-term psychodynamic therapy or solution-focused therapy) over a 5-year follow-up was evaluated by Knekt et al. (2013). After the 5-year follow-up, the rate of recovery from psychiatric symptoms and work ability improvement rate remained higher in the long-term therapy group, with no differences observed between the two short-term therapies.

Authors Conclusions

Abbass et al. (2014) concluded that STPP shows promise, with modest to large gains for a wide variety of people. They also state, however, that given the limited data, loss of significance in some measures at long-term follow-up and heterogeneity between studies, these findings should be interpreted with caution.

Driessen et al. (2013) concluded that no statistically significant differences were found between psychodynamic therapy and CBT. They also concluded that time-limited treatment is insufficient for a substantial number of patients encountered in psychiatric outpatient clinics.

Barber et al. (2011) concluded that their trial of urban patients with major depressive disorder failed to confirm that supportive-expressive psychotherapy or pharmacotherapy was better than placebo.

Russo et al. (2013) concluded that the benefit of BDT in treating depressive symptoms and improving the outcome of unipolar depressive disorders is stronger in moderate than in mild depression. They did not make explicit conclusions on the effectiveness of one therapy over another.

Knekt et al. (2013) concluded that long-term psychotherapy was more effective than short-term psychotherapy during a 5-year follow-up period, suggesting the need for a careful evaluation of suitability to short-term therapy.

Reliability of conclusions/Strength of evidence

The SR by Abbass et al. (2014) and the RCT by Barber et al. (2011) were well-conducted, so that the authors' conclusions are likely to be reliable. Two of the trials were considered to have a high risk of bias (Driessen et al. 2013; Russo et al. 2013), and one trial had an unclear risk of bias (Knekt et al. 2013), so that the reliability of the results, and the conclusions derived from them, are uncertain.

What do guidelines say?

NICE guidelines for the identification and pathway to care for common mental health disorders (2011, CG123) make the following statement;

"For people with depression who decline an antidepressant, CBT, IPT, behavioural activation and behavioural couples therapy, consider providing or referring for: short-term psychodynamic psychotherapy for people with mild to moderate depression" (pp.26)

SIGN guidelines for the non-pharmaceutical management of depression in adults (2010, CG114) makes the following recommendations;

"Short term psychodynamic psychotherapy may be considered as a treatment option for patients with depression. Non-pharmaceutical management of depression in adults" (pp.4)

"A number of variants of psychodynamic psychotherapy are used in studies, making comparisons difficult. One systematic review identified six studies comparing short term psychodynamic psychotherapy with CBT for outpatients with major depression and found the two therapies to be equally effective in the treatment of depression, although results were considered to be preliminary due to the small number of trials" (p.8)

"Short term psychodynamic psychotherapy may be considered as a treatment option for patients with depression" (p.8)

Date question received: **02/07/2014**
Date searches conducted: **09/09/2014**
Date answer completed: **29/09/2014**

References

SRs

1. Abbass, A. A., Hancock, J. T., Henderson, J., & Kisely, S. (2006). Short-term psychodynamic psychotherapies for common mental disorders. *Cochrane Database Syst Rev*, *4*.

RCTs

1. Barber, J. P., Barrett, M. S., Gallop, R., Rynn, M. A., & Rickels, K. (2011). Short-term dynamic psychotherapy versus pharmacotherapy for major depressive disorder: a randomized, placebo-controlled trial. *Journal of Clinical Psychiatry*, *73*(1), 66.

2. Driessen, E., Van, H. L., Don, F. J., Peen, J., Kool, S., Westra, D., & Dekker, J. J. (2013). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: a randomized clinical trial. *American Journal of Psychiatry*, *170*(9), 1041-1050.

3. Knekt, P., Lindfors, O., Sares-Jäske, L., Virtala, E., & Härkänen, T. (2013). Randomized trial on the effectiveness of long-and short-term psychotherapy on psychiatric symptoms and working ability during a 5-year follow-up. *Nordic journal of psychiatry*, *67*(1), 59-68.

4. Rosso, G., Martini, B., & Maina, G. (2013). Brief dynamic therapy and depression severity: A single-blind, randomized study. *Journal of affective disorders*, *147*(1), 101-106.

Guidelines

National Institute for Health and Care Excellence (2011) Common mental health disorders: Identification and pathways to care. CG123. London: National Institute for Health and Care Excellence.

Scottish Intercollegiate Guidelines Network (2010) Non-pharmaceutical Management of Depression in Adults. CG114. Edinburgh: Scottish Intercollegiate Guidelines Network.

Results

Systematic reviews

Author (year)	Search date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Abbass et al. (2014)	February, 2014	*P*: 2173 adult participants aged over 17 with common mental disorders. Excluded psychotic disorders. *I*: Short-term psychodynamic psychotherapy (STPP), standard length sessions of 45 to 60 minutes lasting for 40 weeks or less on average. *C*: wait-list controls, minimal treatment controls that had been designed as psychological 'placebo treatments', treatments as usual including medical treatment and psychiatric care, studies in which non-psychotherapeutic treatments (such as medications or medical care as usual). *O*: Reduction in symptoms i.e., General (Symptom Checklist 90), somatic (McGill Pain Questionnaire), anxiety (v) and depressive (Beck Depression Inventory (BDI) symptom reduction.	n = 33 (2,173 participants)	**Short-term psychodynamic psychotherapy vs. wait-list/treatment as usual/minimal treatment** There were significant differences between groups in favour of STPP for **general symptoms** (in the short-term [SMD -0.71, 95% CI -1.00 to -0.41; 19 studies, 1424 participants] and medium-term [SMD -0.27, 95% CI -0.46 to -0.08; 5 studies, 437 participants], but not in the long-term), **somatic symptoms** (in the medium-term [SMD -1.39, 95% CI -2.75 to -0.02; 4 studies, 359 participants], but not in the short- or long-term), **anxiety** (in the short-term [SMD -0.64, 95% CI -1.02 to -0.26; 18 studies, 1102 participants] and medium-term [SMD -0.46, 95% CI - 0.77 to -0.16; 7 studies, 506 participants], but not in the long-term), **depression** (in the short-term [SMD-0.50, 95% CI -0.61 to -0.39; 18 studies, 1415 participants] and medium-term [SMD-0.34,	Low

				95% CI-0.60 to -0.09; 7 studies, 601 participants], but not in the long-term), **social adjustment** (in the short-term [SMD -0.51, 95% CI -0.66 to -0.36; 9 studies, 720 participants] and the long-term [SMD -0.58, 95% CI -0.86 to -0.29; 3 studies, 199 participants]), **interpersonal problems** (in the short-term follow-up [SMD -0.42, 95% CI -0.67 to -0.17; 6 studies, 265 participants] and the long-term [SMD -0.49, 95% CI -0.92 to -0.05; 3 studies, 85 participants]) . Results were also reported for quality of life, behavioural measures, participant satisfaction, health service use, drop-out rates, and occupational functioning, but meta-analyses were not conducted for these outcomes (the study results were variable for QoL and health service use, and generally positive for behavioural measures, participant satisfaction, drop-out rates, and occupational functioning).	

RCTs

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Barbar et al. 2011	*P*: Patients aged 18 to 70 years, diagnosed with major depressive disorder (MDD) and having a 17-item Hamilton Rating Scale for Depression (HRSD) score of 14 or more for at least 2 consecutive weeks. *I*: All interventions were provided for 16 weeks. Short-term dynamic psychotherapy. Patients received 45-minute sessions, twice weekly during the first 4 weeks of treatment and weekly after 5 through 16. *C*: Active antidepressant pharmacotherapy, medication patients not responsive by week 8 (to sertraline) were switched to venlafaxine. Also, pill placebo patients nonresponsive at week 8 were switched to a different placebo. *O*: Improvement in depressive symptoms, using HRSD scores.	n = 156	Significant improvements in depressive symptoms were observed over the 16 week duration period in all groups, but no differences between the three treatment groups were observed (p=0.95). No significant interaction between time, depression severity, and treatment condition was observed. Post hoc analysis demonstrated that minority men improved most rapidity in the short-term dynamic psychotherapy group compared with the other treatment or placebo groups. Among white men, improvement was significantly faster in the placebo group. Within minority women, the rate of improvement was comparable across all three conditions. For white women, both the medication and short-term dynamic psychotherapy group had a significantly greater rate of improvement than the placebo group. Rates of response and remission were similar across treatment conditions.	Low
Driessen et al. 2013	*P*: Patients aged 18-65 years, diagnosed with the DSM-IV criteria for a major depressive episode and had Hamilton Depression Rating Scale (HAM-D) scores	n= 341	**Remission:** At the post-treatment assessment, there was no significant difference between the groups for remission: OR 0.82 (95% CI: 0.45 to 1.50). There was also no difference	High

	14 or more. *I*: 16 sessions within 22 weeks of individual manualized CBT. *C*: Or short-term psychodynamic supportive therapy. Severely depressed patients (HAM-D score of 24 or more) also received antidepressant medication according to protocol. *O*: Post-treatment remission rate of depression (HAM-D score of 7 or less).		between groups at follow-up. **Depression:** At week 22, the estimated observer-rated difference between treatment conditions was 0.24 points (SE=0.90) on the HAM-D, corresponding with an effect size (Cohen's d) of 0.02 (95% CI: 20.24 to 0.27). The estimated patient-rated difference between treatment conditions was 1.94 points (SE=1.92) on the IDS-SR, corresponding with an effect size of 20.08 (95% CI: 20.38to 0.22). There was also no difference between groups at follow-up on the HAM-D or IDS-SR. The authors also conducted sub-group analysis for patients with moderate depression and severe depression, and no significant differences were demonstrated. **Adverse events:** No differences were found between the treatment conditions with regard to the proportion of patients reporting serious adverse events during treatment (CBT, 6.1%; psychodynamic therapy, 6.2%) or follow-up (CBT, 1.8%; psychodynamic therapy, 2.3%).	
Knekt et al. 2013	*P*: Outpatients aged 20-45 with mood or anxiety disorder (required to meet DSM-IV criteria) suffered for over 1 year. *I*: Solution-focused therapy (SFT), maximum of 12 sessions over no more than 8 months. *C*: 20 treatment sessions of Short-term psychodynamic psychotherapy (SPP), one session per week. Or long-term psychodynamic psychotherapy (LPP) two to three times a week for about 3	n = 326	No statistically significant score differences were found between the two short-term therapies at any of the measurement points during the 5-year follow-up for any of the symptom or work ability scores. After the 5-year follow-up, the rate of recovery from psychiatric symptoms and work ability improvement rate remained higher in the long-term therapy group.	Unclear

	years. *O*: Changes in psychiatric symptoms and work ability and remission were used as outcome measures. Beck Depression Inventory (BDI) and Hamilton Depression Rating Scale (HDRS). Anxiety symptoms; Symptom Check List, anxiety scale (SCL-90-Anx) and Hamilton Anxiety Rating Scale (HARS).			
Rosso et al. 2013	*P*: 88 Outpatients aged 18-65 with depressive disorders. A baseline score on the 17-item Hamilton Rating Scale for Depression (HAM-D17) >7 and <19. *I*: Both the Brief dynamic therapy (BDT) and comparative intervention, were time-limited with a number of sessions ranging from 15 to 30. *C*: Brief supportive psychotherapy (BSP). *O*: Patients assessed at start and end of treatment and at 6-month follow-up using patients were assessed by the Clinical Global Impression for Severity (CGI-S), Hamilton Rating Scale for Anxiety (HAM-A) and Sheehan Disability Scale (SDS).	n = 55 BSP treatment, n = 33 BDT treatment	At the end of the treatment (i.e. after 15 to 30 sessions), no significant differences in depressive symptoms were observed between the two treatment groups. At 6 months' follow-up, a statistically significant improvement in the BDT treatment group was found for all rating scales, and remission (p=0.008), compared with the BSP group. Subgroup analysis revealed statistically significant differences in favour of BDT (for all scales) in patients with moderate depressive symptoms. No significant differences between treatment groups were observed for patients with mild depressive symptoms.	High

Risk of bias:

SRs

Author (year)	Risk of Bias				
	Inclusion criteria	Searches	Review Process	Quality assessment	Synthesis
Abbass et al. (2014)	☺	☺	☺	☺	☺

RCTs

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Barbar et al. 2011	☺	?	☺	☺	☺	?
Driessen et al. 2013	☺	☹	?	☹	☺	?
Knekt et al. 2013	?	?	?	?	☺	?
Rosso et al. 2013	☹	☹	☹	☺	☺	?

☺ Low Risk ☹ High Risk ? Unclear Risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
SRs and Guidelines			
NICE	short-term psychodynamic psychotherapies	13	2
Primary studies			
CENTRAL	#1 depression or depressive:ti,ab,kw 34426 #2 MeSH descriptor: [Depressive Disorder] explode all trees 7510 #3 anxietyanxiety 22056 #4 MeSH descriptor: [Anxiety Disorders] explode all trees 4915 #5 somatoform or somatizationsomatoform or somatization 729 #6 MeSH descriptor: [Somatoform Disorders] explode all trees 410 #7 {or #1-#6}{or #1-#6} 50257 #8 psychodynamic or psycho-dynamic or dynamic or psychoanalytic* or psycho-analytic*psychodynamic or psycho-dynamic or dynamic or psychoanalytic* or psycho-analytic* 6570 #9 MeSH descriptor: [Psychotherapy, Brief] explode all trees 699 #10 brief or time-limited or short-term48022 #11 #9 or #1048022 #12 #7 and #8 and 11315 #13 2012 or 2013 or 2014152768 #14 #12 and #13 175 7 in CENTRAL	7	4
PsycINFO	1. PsycINFO; (Depression OR depressive).ti,ab; 186477 results.	24	0

	2. PsycINFO; ATYPICAL DEPRESSION/ OR SEASONAL AFFECTIVE DISORDER/ OR exp MAJOR DEPRESSION/; 88510 results. 3. PsycINFO; anxiety.ti,ab; 125983 results. 4. PsycINFO; exp ANXIETY DISORDERS/; 58240 results. 5. PsycINFO; (somati?ation OR somatoform).ti,ab; 5551 results. 6. PsycINFO; SOMATIZATION/ OR exp SOMATOFORM DISORDERS/; 11923 results. 7. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 309693 results. 9. PsycINFO; (short-term OR time-limited OR brief).ti,ab; 109138 results. 10. PsycINFO; BRIEF PSYCHOTHERAPY/; 4720 results. 11. PsycINFO; 9 OR 10; 109560 results. 12. PsycINFO; (psychodynamic OR psycho-dynamic OR dynamic OR psychoanalytic* OR psycho-analytic*).ti,ab; 99619 results. 13. PsycINFO; 7 AND 11 AND 12; 869 results. 14. PsycINFO; 13 [Limit to: Publication Year 2012-2014]; 67 results. 15. PsycINFO; CLINICAL TRIALS/; 6909 results. 16. PsycINFO; random*.ti,ab; 120704 results. 17. PsycINFO; groups*.ti,ab; 347430 results. 18. PsycINFO; (doubl* adj3 blind*).ti,ab; 17412 results. 19. PsycINFO; (singl* adj3 blind*).ti,ab; 1520 results. 20. PsycINFO; EXPERIMENTAL DESIGN/; 8705 results. 21. PsycINFO; controlled.ti,ab; 75210 results. 22. PsycINFO; (clinical adj3 study).ti,ab; 7384 results.		

	23. PsycINFO; trial.ti,ab; 63704 results. 24. PsycINFO; "treatment outcome clinical trial".md; 24966 results. 25. PsycINFO; 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24; 536340 results. 26. PsycINFO; 14 AND 25 [Limit to: Publication Year 2012-2014]; 24 results.		
Embase	27. EMBASE; (Depression OR depressive).ti,ab; 312703 results. 29. EMBASE; (somati?ation OR somatoform).ti,ab; 7581 results. 30. EMBASE; anxiety.ti,ab; 150971 results. 31. EMBASE; exp DEPRESSION/; 311159 results. 32. EMBASE; exp ANXIETY DISORDER/; 149577 results. 33. EMBASE; SOMATIZATION/; 5724 results. 34. EMBASE; exp SOMATOFORM DISORDER/; 17966 results. 35. EMBASE; common-mental.ti,ab; 1894 results. 36. EMBASE; 27 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35; 587765 results. 37. EMBASE; (short-term OR time-limited OR brief).ti,ab; 298413 results. 38. EMBASE; (psychodynamic OR psycho-dynamic OR dynamic OR psychoanalytic* OR psycho-analytic*).ti,ab; 252551 results. 39. EMBASE; PSYCHODYNAMIC PSYCHOTHERAPY/; 167 results. 40. EMBASE; PSYCHOANALYSIS/; 33986 results. 41. EMBASE; PSYCHOANALYTIC THERAPY/; 33986	52	0

	results. 42. EMBASE; 38 OR 39 OR 40 OR 41; 276771 results. 43. EMBASE; 36 AND 37 AND 42; 802 results. 44. EMBASE; 43 [Limit to: Publication Year 2012-2014]; 152 results. 45. EMBASE; random*.tw; 897239 results. 46. EMBASE; factorial*.tw; 23261 results. 47. EMBASE; placebo*.tw; 201574 results. 48. EMBASE; (crossover* OR cross-over*).tw; 69701 results. 49. EMBASE; (doubl* adj3 blind*).tw; 143358 results. 50. EMBASE; (singl* adj3 blind*).tw; 17019 results. 51. EMBASE; assign*.tw; 241339 results. 52. EMBASE; allocat*.tw; 84952 results. 53. EMBASE; volunteer*.tw; 177409 results. 54. EMBASE; CROSSOVER PROCEDURE/; 40113 results. 55. EMBASE; DOUBLE-BLIND PROCEDURE/; 115250 results. 56. EMBASE; SINGLE-BLIND PROCEDURE/; 18765 results. 57. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 349266 results. 58. EMBASE; 45 OR 46 OR 47 OR 48 OR 49 OR 50 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56 OR 57; 1428636 results. 59. EMBASE; 44 AND 58 [Limit to: Publication Year 2012-2014]; 52 results.		
Cinahl	60. CINAHL; (Depression OR depressive).ti,ab; 46338 results.	12	0

	61. CINAHL; (somati?ation OR somatoform).ti,ab; 918 results. 62. CINAHL; anxiety.ti,ab; 24484 results. 63. CINAHL; common-mental.ti,ab; 455 results. 64. CINAHL; exp ANXIETY DISORDERS/; 16266 results. 65. CINAHL; exp DEPRESSION/; 45499 results. 66. CINAHL; exp SOMATOFORM DISORDERS/; 1794 results. 67. CINAHL; 60 OR 61 OR 62 OR 63 OR 64 OR 65 OR 66; 87163 results. 68. CINAHL; (short-term OR time-limited OR brief).ti,ab; 38958 results. 69. CINAHL; (psychodynamic OR psycho-dynamic OR dynamic OR psychoanalytic* OR psycho-analytic*).ti,ab; 13849 results. 70. CINAHL; PSYCHOTHERAPY, PSYCHODYNAMIC/; 24 results. 71. CINAHL; PSYCHOANALYSIS/; 545 results. 72. CINAHL; 69 OR 70 OR 71; 14216 results. 73. CINAHL; 67 AND 68 AND 72; 55 results. 74. CINAHL; 67 AND 68 AND 72; 55 results. 75. CINAHL; 74 [Limit to: Publication Year 2012-2014]; 12 results.		
Summary	**NA**	**NA**	

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