(Cost)effectiveness of a cognitive group prevention module for recurrent depression.

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Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON27974

Bron
Nationaal Trial Register

Verkorte titel
N/A

Aandoening

Treatment as usual versus treamt as usual + cognitive therapy.

Ondersteuning

Overige ondersteuning: This study was granted by the Health Research Development Counsel(ZON), Department Prevention Program and National Foundation for Mental Health (NFGV).

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Relapse/recurrence To assess relapse/recurrence, we used the Structured Clinical Interview for DSM-IV (SCID-I; First, Gibbon, Spitzer, & Williams, 1996) was used. At baseline and at three follow-up assessments (3, 12, and 24 months), current and past depressive episodes were checked.

Toelichting onderzoek

Achtergrond van het onderzoek

This article reports on the outcome of a randomized controlled trial of cognitive group therapy (CT) to prevent relapse/recurrence in a group of high-risk patients diagnosed with recurrent depression. Recurrently depressed patients (N=187) currently in remission following various types of treatment were randomized to treatment as usual, including continuation of pharmacotherapy, or to treatment as usual augmented with brief CT. Relapse/recurrence to major depression was assessed over two years.
Augmenting TAU with CT resulted in a significant protective effect, which intensified with the number of previous depressive episodes experienced. For patients with five or more previous episodes (41% of the sample), CT reduced relapse/recurrence from 72% to 46%.
Our findings extend the accumulating evidence that cognitive interventions following remission can be useful in preventing relapse/recurrence, in patients with recurrent depression. Currently 5,5 year follow-up data are collected.

Doel van het onderzoek

Our primary hypothesis was that in remitted patients with recurrent depression, augmenting TAU with CT would reduce and/or postpone relapse/recurrence. In view of Teasdale's (et al., 2000) findings, we expected this effect to be moderated by the number of previously experienced depressed episodes. As secondary hypotheses, we expected that augmenting treatment as usual with CT would also reduce the severity of a depressive episode, and the number of times a patient would have a relapse/recurrence. Finally, an exploratory aim of the study was to analyze differences in demographic, clinical and psychological characteristics between patients below or above the reversal point for number of previous depressive episodes needed for potential benefit from CT.

Onderzoeksopzet

N/A

Onderzoeksproduct en/of interventie

Cognitive therapy (CT). The CT in the experimental condition involved eight weekly two-hour sessions. As in other prevention studies (Ma &Teasdale, 2004; Teasdale et al., 2000) a group format was chosen, for cost-effectiveness reasons but also because we were dealing with a

patient group without current psychopathology.

More specifically, we used a closed format with a mean membership of 8 (7 to12 members). Each CT session followed a fixed structure, with agenda setting, review of homework, explanation of rationale of each session, and assignment of homework. Nine specifically trained psychologists (one of them was the principal investigator) delivered the prevention module; all were fully trained cognitive behavior therapists (minimum of 5 years of training). Before conducting the experimental groups, each therapist received 16 hours of additional specific training. A treatment manual (available on request from first author) was used and regular supervision was provided. All intervention group sessions were audiotaped to enable treatment integrity to be evaluated, using a checklist of all particular interventions. Any adherence or competence issues were resolved with the therapist prior to the subsequent session (in fact only one instance: an overlooked homework assignment).

The CT was focused mainly on identification and change of dysfunctional attitudes. Unlike CT for acutely depressed patients (Beck, 1987; Beck, Rush, Shaw, & Emery, 1979), the present module was not primarily directed toward modifying negative thoughts. Instead, it started with the identification of negative thoughts (Session 1) and dysfunctional attitudes, aided by a self report questionnaire with examples of attitudes and techniques such as vertical arrow technique (Sessions 1-3), and then proceeded to focus on changing of these attitudes using different cognitive techniques such as Socratic questioning and identification of positive attitudes (Sessions 3-7). Moreover, patients were encouraged to practice with alternative attitudes (Sessions 6-8). In contrast with the preventive program of Teasdale and colleagues (2000), involving additional meditation interventions were used, solely cognitive interventions were used in the present study, concentrated on change of content. Several studies have found that in comparison with normal controls acutely depressed patients have a tendency to retrieve more overgeneral autobiographical memories on a cue-word task (i.e., more generic memories of past events rather than specific memories referring to a particular event happening on a particular time and place (i.e., Goddard, Dritschel & Burton, 1996; Williams & Scott, 1988). This inability to retrieve specific memories from the past is associated with impaired problem-solving skills (i.e., Pollock & Williams, 2001), long-term course of depressive disorders (Peeters, Wessel, Merkelbach, & Boon-Vermeeren, 2002) and difficulties in recovering from depression (i.e., Brittlebank, Scott, Williams, & Ferrier, 1993). Unlike with traditional acute CT, patients were asked to keep a diary of positive experiences in order to enhance specific memories of positive experiences, instead of retaining overgeneral memories. (sessions 4-6). Further specific relapse/recurrence prevention strategies were formulated in the last three sessions.
Control group: treatment as usual.

Contactpersonen

Publiek

Academic Medical Center (AMC) / De Meren
Tafelbergweg 25 P2-221
Claudi Bockting
Tafelbergweg 25 P2-221
Amsterdam 1105 BC
The Netherlands

Wetenschappelijk

Academic Medical Center (AMC) / De Meren
Tafelbergweg 25 P2-221
Claudi Bockting
Tafelbergweg 25 P2-221
Amsterdam 1105 BC
The Netherlands

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

To be eligible, patients had to meet the following criteria:

1. Experienced at least two Major Depressive Episodes (MDEs) in the previous five years, as defined according to the Diagnostic and Statistical Manual of mental Disorders (DSM-IV: American Psychiatric Association, 1994) and assessed with the Structured Clinical Interview for DSM-IV (SCID; First, Gibbon, Spitzer, & Williams, 1996) administered by trained interviewers;

2. Were currently in remission according to DSM-IV criteria, for longer than ten weeks and no longer than two years (i.e. a high-risk group of relapse/recurrence);

3. Obtained a current score of <10 on the Hamilton Rating Scale for Depression (Hamilton, 1960).

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Exclusion criteria were current mania or hypomania or a history of bipolar illness, any psychotic disorder (current and previous), organic brain damage, alcohol or drug misuse,

predominant anxiety disorder, recent ECT, recent cognitive treatment or receiving CT at the start of the study, or current psychotherapy with a frequency of more than two times a month.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-09-1999
Aantal proefpersonen:	187
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies

Datum:	12-10-2005
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL414
NTR-old	NTR454
Ander register	: N/A
ISRCTN	ISRCTN68246470

Resultaten

Samenvatting resultaten

1. Bockting, CLH, Schene, AH, Spinhoven, Ph, Koeter, MWJ, Wouters, LF, Huyser, J, & Kamphuis, JH: Preventing relapse/recurrence in recurrent depression using cognitive therapy. J Cons Clin Psychology 2005;73: 647-657.
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3. Bockting, CLH, Spinhoven, Ph, Koeter, MWJ, Wouters, LF, Schene, AH & the DELTA study group: Prediction of recurrence in recurrent depression and the influence of consecutive episodes on vulnerability: a 2-year prospective study, resubmitted Journal of Clinical Psychiatry, october 2005.
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