

Study shows significant positive outcomes following behavioral therapy for depression

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Depression is one of the most common forms of psychiatric disorder. It can occur at any time of life and it may affect children and adolescents as well as the elderly. However, depression can usually be suitably managed with the help of cognitive behavioral therapy.

German researchers based at Johannes Gutenberg University Mainz have been able to demonstrate both the efficacy and the extent of the beneficial effect of routine psychotherapeutic treatment for [depression](#). Although controlled clinical studies have already shown that behavioral therapy is extremely effective in depressive disorders, there were still doubts among professionals that the results of this research could be directly applied to the kinds of routine therapy that could be provided in the environment of the normal psychotherapy practice. "We have been able to prove that behavioral therapy is also of considerable value under these conditions," states psychologist Amrei Schindler of the Outpatient Polyclinic for Psychotherapy of Johannes Gutenberg University Mainz. "Although our results were not quite as positive as those reported from randomized controlled trials."

The study population consisted of 229 patients who had been referred to the Mainz University Outpatient Clinic with depression in the period 2001-2008. Of these, 174 did not prematurely terminate therapy - in other words, they completed the full course of treatment. "On average, the patients attended 35 therapy sessions in our clinic, so that each course of treatment lasted some 18 months," Schindler explains. Results were recorded at three predefined points in time. Evaluation of the data

collected for the total sample of 229 patients showed that there was significant alleviation of depressive symptoms and psychological manifestations during the course of treatment. On the basis of the results obtained using the Beck Depression Inventory (BDI) - a standard questionnaire used worldwide for self-assessment of depressive symptoms - 61 percent of all participating patients achieved a better than 50 percent improvement of their symptoms. "On completion of therapy, patients reported significantly fewer symptoms than on commencement," Schindler summarizes the results of a before/after comparison. Whether patients were also concomitantly taking psychotropic drugs or not evidently had no effect on the outcome under these circumstances.

Patients normally need to wait for several months before they are able to commence therapy; in the case of the study population, this waiting period was nearly five months. On comparison of depression-related parameters at the time of registration for the course of therapy and at the time of commencement of therapy, it was found that there had been no perceptible change to [depressive symptoms](#) during this waiting period. "We conclude that the improvements are de facto attributable to behavioral therapy and are not the result, or at least not alone the result, of the use of psychotropic drugs or spontaneous remission." Schindler also points out that there were also distinct improvements in the patients who prematurely discontinued treatment, although these were not as marked as in those cases in which the full course of therapy was completed.

However, the results of the study also indicate that when therapy is provided under empirical conditions, as at the University Clinic, it is not quite as effective as under the conditions of randomized controlled trials that have been designed for research purposes. A further study is to be conducted in order to determine whether and to what extent this effect correlates with differences between patient populations.

Provided by Johannes Gutenberg University Mainz

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