

Reviews summarize efficacy of depression Tx in primary care

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(HealthDay)—Researchers have summarized and clarified what is known about depression treatment in primary care. The reports have been published in the January/February issue of the *Annals of Family Medicine*.

Klaus Linde, M.D., from Technische Universität München in Germany, and colleagues conducted a systematic literature review to examine whether antidepressants are more effective than placebo in the [primary care](#) setting. Data were included from 66 studies with 15,161 patients. The researchers found that, compared with placebo, tricyclic and tetracyclic antidepressants, [selective serotonin reuptake inhibitors](#), a serotonin-noradrenaline reuptake inhibitor, and hypericum extracts were significantly superior (estimated odds ratios, 1.69 to 2.03). There were

no statistically significant between-drug class differences.

In a second study, Linde and colleagues compared psychological treatments with usual care or placebo for treatment of depressed primary care patients. Data were reviewed from 30 studies with 5,159 patients. The researchers found that the effect, measured in terms of the standardized mean difference at completion of treatment, was -0.30 for face-to-face cognitive behavioral therapy (CBT), -0.14 for face-to-face problem solving therapy, -0.24 for face-to-face interpersonal psychotherapy, and -0.28 for other face-to-face psychological interventions, compared with control. The effect was -0.43 for remote therapist-led CBT, -0.56 for remote therapist-led problem-solving therapy, -0.40 for guided self-help CBT, and -0.27 for no or minimal contact CBT, compared with control.

"It is one thing to 'know' that a psychotherapy is effective in primary care, when applied under research conditions, using study resources such as patient enrollment personnel, psychotherapists, and evaluators to assure that resource limitations or workflow barriers can be overcome," writes the author of an accompanying editorial. "It is quite another thing for a primary care practice to implement such an evidence-based intervention using existing practice resources, working within the constraints of existing practice workflows, and pressing against the ubiquitous competing demands in these settings."

More information: [Abstract 1](#)

[Full Text 1](#)

[Abstract 2](#)

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[Editorial](#)

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