

Is it possible to evaluate specific effects of psychotherapy in mild depression using a network approach?

April 5 2018

An analysis that was released in the current issue of *Psychotherapy and Psychosomatics* explores the specific effects on symptoms of psychotherapy in mild depression using a network approach, which conceptualizes depression as a system of associated symptoms

Data were derived from a [randomized controlled trial](#) comparing short-term psychodynamic supportive psychotherapy (SPSP) and this therapy combined with pharmacotherapy in patients with mild to moderate depression. Participants were newly registered patients at 2 outpatient facilities in Amsterdam (The Netherlands) of age 18–65 years with a DSM-IV-defined [major depressive disorder](#) of mild to moderate severity.

Results showed that despite significant responses to the addition of pharmacotherapy to psychotherapy, [obsessive thoughts](#) and blue mood were not directly connected to treatment type in the [network](#), and worry, low in energy, and hopelessness showed only weak direct associations to this variable. The network analysis revealed that these symptoms were related to changes in feeling entrapped and emotional lability, which in turn were more strongly connected to the type of treatment. This suggests that the effect of adjunctive pharmacotherapy on obsessive thoughts, blue mood, worry, low in energy, and hopelessness may largely have been indirect and could have been mediated by changes in feeling entrapped and emotional lability.

Given the differential treatment responses across symptoms, network models may be highly promising as they can be expanded with other psychiatric or physical symptoms (e.g., anxiety, nausea) to provide insight into secondary or side effects of a treatment independent of its effects on depressive symptoms.

More information: Ella Bekhuis et al. Symptom-Specific Effects of Psychotherapy versus Combined Therapy in the Treatment of Mild to Moderate Depression: A Network Approach, *Psychotherapy and Psychosomatics* (2018). [DOI: 10.1159/000486793](https://doi.org/10.1159/000486793)

Provided by Journal of Psychotherapy and Psychosomatics

Citation: Is it possible to evaluate specific effects of psychotherapy in mild depression using a network approach? (2018, April 5) retrieved 5 May 2024 from <https://medicalxpress.com/news/2018-04-specific-effects-psychotherapy-mild-depression.html>

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