

New talking therapy for depression could be more effective and cheaper than CBT

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A new talking therapy for depression has shown encouraging early signs of being more effective and cheaper to deliver than the current best practice of cognitive behavioral therapy (CBT).

A pilot trial from the University of Exeter, published in *Lancet EClinicalMedicine*, has found augmented [depression therapy](#) (ADepT) could be a significant advance in [depression care](#).

A core feature of depression is anhedonia (reduced interest or pleasure) and well-being deficits, but current depression psychotherapies like CBT fail to adequately target these components. ADepT has been developed to pay just as much attention to building well-being as it does reducing depressive symptoms.

Professor of Clinical Psychology, Barney Dunn, from the University of Exeter led the trial and said, "Depression is widespread and a significant contributor to global disability, resulting in extensive social and [economic costs](#). Only around 60% of people will recover during our current best treatments like CBT and about half of those will relapse within two years."

"In ADepT, we encourage clients to take a new perspective to their difficulties, aiming to learn to live well alongside depressed mood. The primary goal is to help clients identify what is important to them in key life areas, take steps towards living a life in a way that is consistent with these values, and to take opportunities and manage challenges while they do so that they can experience well-being and pleasure."

This is the first pilot randomized controlled trial evaluating the effects of ADepT. A total of 82 adults with moderate to [severe depression](#) and exhibiting features of anhedonia took part and were primarily recruited from NHS Talking Therapy (formerly known as Improving Access to Psychological Therapy) service waiting lists in Devon, UK.

Participants were randomly assigned to either 20 individual sessions of ADepT or CBT, delivered in the University of Exeter AccePT clinic and supported by Devon Partnership NHS Trust, Exeter Collaboration for

Academic Primary Care (APEX), and University of Exeter Psychology Department. Participants were assessed by researchers at the beginning of the pilot, as well as after six, 12, and 18 months.

Results suggested that ADepT was definitely not worse than, and showed potential to be better than, CBT at building well-being and reducing depression at the end of treatment and over longer-term follow-up. Results also suggested ADepT was cost-effective, costing the same amount to deliver as CBT but resulting in greater gains in quality of life.

If these findings can be replicated in a subsequent definitive trial, it would suggest that ADepT can have both clinical and economic benefits in healthcare settings. ADepT has also been designed so that existing CBT therapists will be able to deliver it with minimal additional training.

More information: Primary clinical and cost effectiveness of augmented depression therapy versus cognitive behavioural therapy for the treatment of anhedonic depression (ADepT): a single-centre, open-label, parallel-group, pilot, randomised, controlled trial, *EClinicalMedicine* (2023). DOI: [10.1016/j.eclinm.2023.102084](https://doi.org/10.1016/j.eclinm.2023.102084) , [www.thelancet.com/journals/ecl ... \(23\)00261-4/fulltext](https://www.thelancet.com/journals/ecl... (23)00261-4/fulltext)

Provided by University of Exeter

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