Cognitive behavioral intervention helps prevent depression among at-risk teens

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Adolescents at an increased risk of depression who participated in a group cognitive behavioral intervention significantly reduced their symptoms and episodes of depression compared to teens who received usual care, although this effect was not seen for adolescents with a parent with current depression, according to a study in the June 3 issue of *JAMA*, a theme issue on child and adolescent health.

Judy Garber, Ph.D., of Vanderbilt University, Nashville, Tenn., presented the findings of the study at a *JAMA* media briefing in New York.

Adolescent-onset depression is strongly associated with chronic and recurrent depression in adulthood, and despite substantial progress in treatments, only about 25 percent of depressed youth receive treatment and at least 20 percent develop recurrent, persistent, and chronic depression that is very difficult to treat, according to background information in the article. "The serious developmental consequences of adolescent depression and the associated treatment challenges once it has developed underscore the need for programs aimed at prevention," the authors write. They add that one of the most potent risk factors for the development of depression in youth is a parent who experiences depression, which increases the risk for adolescent depression by 2- to 3-fold. Although some smaller trials have found that depression risk can be reduced in this population, these results have yet to be replicated in larger studies.

Dr. Garber and colleagues examined the effectiveness of a cognitive behavioral (CB) program for preventing depression in at-risk adolescents. This multicenter trial included 316 adolescent (age, 13-17 years) offspring of parents with current or prior depressive disorders. Adolescents had a past history of depression, current elevated but subdiagnostic depressive symptoms, or both. Assessments were conducted at the beginning of the study, after the 8-week intervention and after a 6-month continuation phase, with symptoms and disorders being measured with questionnaires and clinical interviews, respectively.

Adolescents were randomly assigned to the CB prevention program (n = 159) or to usual care (n = 157). The intervention consisted of eight weekly 90-minute group sessions (followed by six monthly continuation sessions), led by a therapist, in which adolescents were taught problem-solving skills and cognitive restructuring techniques to identify and challenge unrealistic and overly negative thoughts.

The researchers found that the rate for new depressive episodes was lower for those in the CB prevention program than for those in usual care through the postcontinuation follow-up (21.4 percent vs. 32.7 percent). Self-reported change in the symptoms of depression declined at a significantly greater rate for youth in the CB prevention program than for those in usual care.

Having a parent with depression at the beginning of the study significantly moderated the effect of the CB prevention program, with analyses indicating that the CB program was significantly better than usual care in preventing depressive episodes if a parent did not have a current depressive episode (11.7 percent vs. 40.5 percent). When parents were actively depressed at the start of the study, rates of youth depression did not differ significantly between the CB program and usual care (31.2 percent vs. 24.3 percent).

Comparisons within the CB prevention program condition indicated that offspring of currently depressed parents had a significantly higher rate of incident depression than adolescents of currently nondepressed parents. Within the usual care group, rates of depression did not differ significantly between offspring of currently depressed vs. nondepressed parents.

"… these positive findings support the clinical utility of this CB prevention program as a preventive intervention to reduce or delay the incidence of depression in offspring of depressed parents. Most youth in the current study had a history of depression and thus the CB prevention program prevented recurrence. Therefore, this program may be useful as a continuation or maintenance intervention," the authors write.

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