

# Cognitive behavioral therapy cost-effective in depressed teens

19 January 2018



DFD, the total costs were ?\$51 and ?\$115 at 12 and 24 months, respectively (ICER, ?\$51 [95 percent confidence interval, ?\$394 to \$9] and ?\$115 [95 percent confidence interval, ?\$1,090 to ?\$6], respectively). Per QALY, the total costs were ?\$20,282 and ?\$45,792 at 12 and 24 months, respectively (ICER, ?\$20,282 [95 percent confidence interval, ?\$156,741 to \$3,617] and ?\$45,792 [95 percent [confidence](#) interval, ?\$440,991 to ?\$2,731], respectively).

"Brief primary care CBT among [youth](#) declining antidepressant therapy is cost-effective by widely accepted standards in [depression](#) treatment," the authors write. "CBT becomes dominant over TAU over time, as revealed by a statistically significant cost offset at the end of the two-year follow-up."

**More information:** [Abstract/Full Text](#)  
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(HealthDay)—For adolescents with depression who declined or quickly stopped using antidepressants, a brief cognitive behavioral therapy (CBT) program is cost-effective, according to a study published online Jan. 19 in *Pediatrics*.

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John F. Dickerson, Ph.D., from the Kaiser Permanente Center for Health Research in Portland, Ore., and colleagues randomized 212 youth with depression to treatment as usual (TAU) or TAU plus brief individual CBT. Depression-free days (DFD) and estimated quality-adjusted life-years (QALYs) were assessed as clinical outcomes. Over 12- and 24-month follow-up periods, incremental cost-effectiveness ratios (ICERs) comparing CBT with TAU were calculated.

The researchers found that over 12 months, youth randomized to CBT versus TAU had 26.8 more DFDs ( $P = 0.044$ ) and 0.067 more QALYs ( $P = 0.044$ ) on average. By the end of the 24-month follow-up period, the total costs were \$4,976 less ( $P = 0.025$ ) among youth randomized to CBT. Per

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