

NIMH DATA POINTS WAY TO EFFECTIVE TREATMENT

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Preliminary results from a six-year, \$10-million collaborative research treatment program on depression point the way to a better understanding of what approaches are most helpful to which patients in treating various forms of depression.

The study, sponsored by the National Institute of Mental Health, involved 239 moderately to severely depressed patients divided into four groups at each of three sites. Two groups received 16 weeks of brief psychotherapy—either cognitive behavior therapy or interpersonal psychotherapy. A third group received imipramine, an antidepressant drug, and the fourth was given a placebo and supportive treatment.

But contrary to widespread reports in the media, the major purpose of the study was not to compare the effectiveness of these three treatments.

"The results should not be seen as a horse race," explained psychologist Irene Elkin, coordinator of the study and head of the Psychosocial Treatment Research program within the Affective and Anxiety Disorders branch at NIMH. "Rather, the more important question is which patients do better, and to what extent, under which treatments, and what are the factors—including both patient and therapist characteristics—that are involved."

Analysis of the data will continue for several months, Elkin said, and further results should be available at the annual meeting of the American Psychological Association in August in Washington, DC.

However, during the May meeting of the American Psychiatric Association a portion of the research team offered what they called "a number of interesting implications" from their first look at the findings:

- All of the approaches helped to reduce the symptoms of depression. Among those who completed treatment, the symptoms were eliminated completely in 50 to 60 percent of the patients who received one of the three active treat-

ments and in 29 percent of those who received the placebo plus clinical management.

- There were no significant differences, by the end of treatment, among the three approaches in reducing symptoms. The drug reduced depressive symptoms more quickly, but in the final four weeks of treatment the psychotherapies matched the success of the drug.

- Of those patients who were more severely depressed, the placebo condition was the least effective approach. For the less severely depressed patients, there were no significant differences among the four groups.

- The treatments appeared to help all areas of functioning equally, despite the expectation that certain therapies might lead to greater improvement in one or another area of functioning.

- The patient characteristics that predicted the degree of success were different for each of the four approaches. Some of the important predictors were social, cognitive and work function, severity of depression, endogenous depression, marital status and expectation of improvement.

The study was designed to ensure that each of the 28 clinicians who participated received a standard training course—in both the psychotherapeutic and psychopharmacologic approaches. The trials were begun in May 1982, after two years of training, and were completed in 1984. An 18-month follow-up period will end in December.

Aaron Beck, Brian Shaw and their associates conducted the training for the cognitive behavior therapy, originally developed by Beck and others. Myrna Weissman and colleagues conducted the training for the interpersonal therapy, originally developed by Gerald Klerman and others. The two approaches were selected because they were brief, well-defined and easily distinguished from other approaches, and because they had been found effective in previous studies.

Imipramine was selected because it was in widespread

11. PSYCHOLOGICAL TREATMENTS

use and had been studied extensively at the time the project was conceived in 1977. The drug was also seen as a reference point for the two forms of psychotherapy.

Efforts to find a control condition that involved a form of psychotherapy were abandoned for ethical reasons, noted Elkin and psychologist Morris Parloff, her predecessor as study coordinator and head of the psychosocial research program at NIMH. On the one hand, she said, it would have been unacceptable to ask depressed patients to participate in the study without the promise of receiving help. On the other hand, she explained, every proposed "baseline" treatment turned out to be a psychodynamically active form of therapy.

The study did not include anyone with bipolar, psychotic depression. The sample was 30 percent male, a proportion that resembles the incidence of depression within the general population yet provides sufficient male patients for a meaningful analysis of their characteristics. The age of the patients ranged from 21 to 65 years, averaging 35 years. About 11 percent of the study population were ethnic minorities, most of them black.

Sixty-eight percent of the sample completed at least 15 weeks, and 12 sessions, of treatment. The dropout rate was highest for those subjects who were receiving placebo plus clinical management, although both medical treatments were administered in a double-blind setting.

Despite the magnitude of the effort, and even after the analysis is completed, much remains to be done for the outcome to be useful to the average practitioner and his

or her patients. David Kupnis of the Western Psychiatric Institute in Pittsburgh, a discussant during the presentation at the psychiatric association, was one of an ambitious research agenda that would build on the NIMH study.

Researchers agreed that the search for how to prevent recurrent episodes of depression is a major issue that the study does not address fully. Although data from the follow-up study will provide some answers, Kupnis said that mental health studies often pay insufficient attention to the long-range consequences of the treatment being tested.

"If we were looking at heart disease or diabetes we'd automatically want to know about recurrent episodes. There's no reason to treat mental health disorders any differently.

"But I don't mean my comments, in any way, to be seen as criticism," Kupnis added. "Rather, I offer them as a mandate to do more research."

Elkins agreed that a single study cannot provide the answer to the question of efficacy of various treatments.

"We don't know how generalizable these results will be. Remember, when we started we wanted to know if it were even possible to do this sort of research."

Despite the obvious limitations, and the uncertainty of support for additional research of this type, Elkin believes the study has helped scientists to clear one hurdle in their search for solutions to the problem of depression.

"We're past the point of asking [about psychotherapy], 'Does it work?' Now we want to know what works best, for whom, and why?"