The effectiveness of psychological treatments for treatment-resistant depression: a systematic review


CRD summary
This review evaluated psychological interventions with a large face-to-face component for treatment-resistant depression. The authors concluded that there is a lack of evidence and further research is urgently needed. This conclusion is likely to be reliable.

Authors' objectives
To determine the effectiveness of psychological interventions for treatment-resistant depression.

Searching
MEDLINE, PsycINFO, CINAHL, the Cochrane Controlled Trials Register, the Cochrane Database of Systematic Reviews, DARE, HTA, the National Research Register, E-Psyche, Web of Science and Zetoc were searched (information provided by the authors on 01/11/2005); the search terms were reported. Thirty-seven named journals were handsearched and pertinent websites were searched. Researchers in the field and the Cochrane Depression and Anxiety Group were also contacted for further published or unpublished studies. Studies published in any language were eligible.

Study selection
Study designs of evaluations included in the review
Studies of any design were eligible for inclusion.

Specific interventions included in the review
Studies of psychological interventions that included a central verbal face-to-face component were eligible for inclusion. Studies of exercise therapy, drama therapy, bibliotherapy, and others that did not include a central face-to-face component were excluded. All but one of the included studies evaluated cognitive therapy; one evaluated psycho-educational treatment. The length of treatment varied from 15 to 39 sessions.

Participants included in the review
Studies of adults aged 18 years and older, who had failed to respond to at least one antidepressant medication, were eligible for inclusion. The trialists' definition of nonresponse was considered adequate. The participants had to have a definite or probable diagnosis of major depressive disorder before treatment, according to research diagnostic criteria: a score of greater than 14 on the Hamilton Rating Score for Depression (HRSD), or greater than 19 on the Beck Depression Inventory. Studies that did not explicitly report that participants had failed to respond to medication prior to the intervention were excluded.

Outcomes assessed in the review
The main outcome of interest was depression, as measured by the HRSD.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The quality of each included study was assessed using the Downs and Black checklist. One reviewer extracted data on quality and a second reviewer checked them for accuracy.
Data extraction
One reviewer extracted the data and a second reviewer checked them for accuracy. Where possible, the mean HRSD and standard deviation were extracted and used to calculate an effect size with corresponding P-value. Where this was not possible, the mean and P-value (if reported) were extracted from individual studies.

Methods of synthesis
How were the studies combined?
The results from each individual study were tabulated and discussed in a narrative, grouped by study design.

How were differences between studies investigated?
Differences between the studies were evident through tabulation of the results, and were discussed briefly in the text.

Results of the review
Twelve studies were included in the review: 4 controlled studies (n=55) and 8 uncontrolled studies (n=86).

The methodological quality scores ranged from 11 to 16 for the controlled studies and from 8 to 17 for the uncontrolled studies.

Psychological interventions were associated with improved HRSD scores, with a treatment effect size ranging from 1.23 to 3.10 (based on the results of 4 studies). Most of the other studies also showed some improvement following psychological intervention.

Authors’ conclusions
The paucity of evidence for the effectiveness of psychological treatments for treatment-resistant depression is problematic, thus there is an urgent need for well-conducted studies.

CRD commentary
This review addressed a clear research question, with inclusion criteria defined for the population, intervention and study design. An exhaustive search was undertaken to identify relevant studies and attempts were made to minimise publication and language bias. It was unclear whether methods were used to minimise selection bias, although methods were used to minimise reviewer bias and error in the data abstraction and validity assessment. The checklist used in the validity assessment may have masked important methodological limitations in the included studies, for example the highest scoring study was uncontrolled. The decision not to statistically combine the studies was appropriate. The authors also presented a detailed and thorough discussion of the studies, and highlighted pertinent methodological needs for future research. Overall, the extensive search means that this review is likely to be based on the best available evidence, and it supports the authors’ conclusion for further research.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that methodologically robust trials are urgently required to determine the effectiveness of psychological interventions in treatment-resistant depression. These studies should consider measures of function, disability and quality of life, and need to be of sufficient follow-up to ascertain whether the effect can be sustained.

Bibliographic details
Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.