Treatment of minor depression
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Authors' objectives
To review the evidence-base for the treatment of minor depression as conceptualised in the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (4th edition, revised; DSM-IV) or Research Diagnostic Criteria (RDC). A secondary purpose was to examine the evidence for any relationship between age and treatment outcome for minor depression.

Searching
MEDLINE (from 1966 to 2001), EMBASE (from 1974 to 2001) and PsycINFO (from 1967 to 2001) were searched using the MeSH terms 'depressive disorders' and 'depression', and the keyword 'minor depression'. The search was then limited to RCTs. References from studies identified in the searches were checked for additional studies.

Study selection
Study designs of evaluations included in the review
Only randomised controlled trials (RCTs) were eligible for inclusion.

Specific interventions included in the review
Studies investigating treatments for minor depression were eligible for inclusion. The following interventions were investigated in the included studies: cognitive behavioural therapy (CBT) and interpersonal-based therapy (IPT) as the only intervention; antidepressant therapy (amitriptyline or isocarboxazid) as the only intervention; exercise training; multifaceted system of care change; and selective serotonin re-uptake inhibitors or problem-solving therapy.

Participants included in the review
Studies including participants meeting the APA DSM-IV or RDC criteria for minor depression were eligible for inclusion. Studies including participants with mixed diagnoses, where there were no separate outcome data on minor depression, were excluded.

Outcomes assessed in the review
No inclusion criteria were reported with regards to the outcomes. The outcomes reported in the included studies were: change on the Hamilton Rating Scale for Depression (HAM-D); improvement on the physician-rated Clinical Global Impression; improvement on the Symptom Check List; proportion with fewer than 11 points on the Geriatric Depression Scale; proportion of patients in remission (proportion no longer meeting admission criteria); and proportion of patients in remission (HAM-D <7).

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

Assessment of study quality
No formal assessment of validity was undertaken.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Data were extracted under the following headings: sample source, the number of participants, mean age, age range, proportion of females, diagnosis reference, treatment duration, last observation, intervention and control condition, and outcome for effect size.
When sufficient information was available, an effect size was calculated for each study (see Other Publications of Related Interest). The effect size was defined as the difference in the proportions that responded or remitted in the intervention versus control group.

**Methods of synthesis**

How were the studies combined?
The studies were discussed in a narrative synthesis.

How were differences between studies investigated?
Differences between the included studies were discussed in the text of the review.

**Results of the review**

Ten RCTs (n=880) were included.

Of the 10 included studies, 4 studies found no significant differences between the intervention and the control condition on all reported outcomes. Three studies reported a significant difference on a self-report measure, but not on any other outcome reported. Two CBT-based interventions and the IPT-based intervention found a significant improvement for the intervention in comparison with the control condition.

The effect size and 95% confidence intervals were calculated for nine interventions from 7 studies. Four effect sizes were negative, four were small, and one was medium. The largest effect sizes were in non-pharmacologic interventions. The smallest effect sizes were in studies with the largest samples and multiple sites. Five studies that included older participants did not suggest any negative impact of age on outcome.

**Authors' conclusions**

The authors' conclusions appear to state that the limited evidence from the randomised trials with a control condition, which were included in this review, suggests that antidepressants and counselling have a relatively small benefit in minor depression.

**CRD commentary**

The description of the methods used to conduct the review were brief. The search appeared comprehensive, but the number of reviewers who performed the study selection process was not reported. The validity of the included RCTs was not formally assessed, and the authors did not report how the data were extracted for the review. Details of the studies were well presented and the authors discussed the results in an appropriate manner. Despite the limitations in the reporting, the authors present a balanced view of the evidence.

**Implications of the review for practice and research**

The authors did not report any implications for further research and practice.

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**Bibliographic details**


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Other publications of related interest

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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.