Comparative effects of short-term psychodynamic psychotherapy and cognitive-behavioral therapy in depression: a meta-analytic approach

Leichsenring F

Authors' objectives
To review the efficacy of short-term psychodynamic psychotherapy (STPP) in depression, compared with cognitive-behavioural therapy (CBT) or behavioural therapy (BT).

Searching
MEDLINE was searched from 1966 to the end of 1998, and PsycLIT from 1977 to the end of 1998, using the keywords 'depression', 'psychotherapy' and 'psychodynamic/psychoanalytic study'. Reviews, meta-analyses and textbooks were also handsearched.

Study selection
Study designs of evaluations included in the review
Studies that included a comparator group were eligible for inclusion in the review. All the included studies were randomised controlled trials (RCTs).

Specific interventions included in the review
Comparisons of STPP (a minimum of 13 sessions) with CBT or BT were considered for inclusion in the review. In the included studies, STPP was used as a label that included different concepts of brief psychodynamic therapy. The studies included in the review all evaluated at least 16 sessions of STPP. The comparators were: placebo, placebo plus social skill, amitriptyline with and without social skill; CBT; BT; interpersonal psychotherapy; and clinical management, with and without imipramine.

Participants included in the review
Depression. Studies of patients with various depressive disorders were eligible for inclusion in the review. All the patients in the included studies were being treated for depression on an out-patient basis. Studies of ‘considerably less’ than 20 patients were excluded from the review. The majority of patients in the included studies were women, and the mean age ranged from 30.4 to 67 years.

Outcomes assessed in the review
The outcomes were:

- depressive symptoms according to various scales, which were listed in the review;
- the general level of psychiatric symptoms according to global symptom indicators, and also, in some studies, specific symptoms such as anxiety, neuroticism, self-esteem or interpersonal problems; and
- changes in social functioning according to the Global Assessment Scale and the Social Adjustment Scale.

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

Assessment of study quality
The paper reported that all of the included studies met the following criteria: comparison with rival treatment or no treatment; clear sample description; assessing outcome beyond symptoms; the inclusion of follow-up studies; the use of treatment manuals; training of therapists; monitoring procedures; ascertaining adherence and or competence; and assessment of clinical significance. The author does not state how the papers were assessed for validity, or how many of
the reviewers performed the validity assessment.

**Data extraction**
The author does not report how the data were extracted for the review, or how many of the reviewers performed the data extraction.

**Methods of synthesis**

How were the studies combined?
All studies were included in a narrative synthesis. In addition, five studies were included in a meta-analysis of data pertaining to the effect size and the success rates of STPP and CBT or BT. The theta-correlation was calculated as a measure of effect size for the five studies, and for each study it was tested whether STPP and CBT or BT differed significantly with regard to the patients that were judged as remitted or improved (see Other Publications of Related Interest).

How were differences between studies investigated?
In the meta-analysis, heterogeneity was tested using a chi-squared test.

**Results of the review**
A total of 6 studies (n=532) were included in the review.

In 58 of the 60 comparisons (97%) performed in the 6 studies and their follow-ups, no significant difference could be detected between STPP and CBT or BT concerning the effects of depressive symptoms, general psychiatric symptomatology, and social functioning. Furthermore, according to both the narrative synthesis and the meta-analysis, STPP and CBT or BT did not differ significantly with regard to the patients that were judged as remitted or improved. The mean difference between STPP and CBT or BT corresponds to a small effect size.

**Authors' conclusions**
STPP, CBT and BT seemed to be equally effective methods in the treatment of depression. However, because of the small number of studies which met the inclusion criteria, this result can only be preliminary. Furthermore, it applies only to specific forms of STPP that were examined in selected studies and cannot be generalised to other forms of STPP. Some findings indicated that 16 to 20 sessions of both STPP and CBT or BT are insufficient for most patients to achieve lasting remission.

**CRD commentary**
This review addressed an appropriate question using stringent inclusion criteria in terms of the intervention and the size of the sample. The inclusion criteria relating to study methodology were not clearly set out in advance; however, all included studies were in fact RCTs. The literature search covered the two main electronic databases as well as some handsearches, but the possibility that some studies were missed cannot be excluded. There was no validity assessment in terms of study methodology, and although all the included studies were RCTs, the level of blinding and concealment of treatment allocation was not considered. Adequate details of the primary studies were presented within the narrative and in tabular format.

The narrative synthesis and meta-analysis appear to have been conducted appropriately. The author's conclusions follow from the findings presented.

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

**Practice:** The author did not state any implications for practice.

**Research:** The author states 'Further studies are needed to examine the effects of specific forms of STPP in both
controlled and naturalistic settings' and 'Future studies should address the effects of longer treatments of depression'.

**Bibliographic details**

**PubMedID**
11288607

**Other publications of related interest**

**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
Adult; Aged; Cognitive Therapy; Depressive Disorder /psychology /therapy; Female; Humans; Male; Middle Aged; Psychotherapy; Recurrence; Reproducibility of Results; Time Factors; Treatment Outcome

**AccessionNumber**
12001004047

**Date bibliographic record published**
31/12/2002

**Date abstract record published**
31/12/2002

**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.