

# **Clinical effectiveness and cost-effectiveness of cognitive behavioural therapy as an adjunct to pharmacotherapy for treatment-resistant depression in primary care: the CoBaT randomised controlled trial**

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**Declared competing interests of authors:** Chris Williams has been a past president of the British Association for Behavioural and Cognitive Psychotherapies (BABCP), a workshop leader and an author of various book and online self-help resources addressing depression. He is Director of Five Areas Ltd, which licenses cognitive behavioural therapy (CBT) self-help and training resources. Wilem Kuyken is co-founder of the Mood Disorders Centre, teaches nationally and internationally on CBT, and has co-authored a cognitive therapy book (*Collaborative Case Conceptualization*, published by Guilford Press). Anne Garland is clinical lead for the Nottingham Specialised Depression Service, principal investigator to the CLAHRC-NDL (Collaboration for Leadership in Applied Health Research and Care – Nottinghamshire, Derbyshire and Lincolnshire)-funded Depression Study, a past president of the BABCP, a CBT workshop leader, both nationally and internationally, and author of texts on depression.

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## Plain English summary

### The CoBaIT randomised controlled trial

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## Plain English summary

Many patients with depression who are prescribed antidepressants by their doctor do not get better after 6 weeks of treatment. Cognitive behavioural therapy (CBT) is a type of 'talking therapy' that has been shown to help patients with previously untreated depression but there is little evidence about its effectiveness as a 'next-step' treatment for those patients whose depression has not responded to medication. To answer this question we studied 469 patients with depression who had been taking antidepressants for at least 6 weeks and who had not got better. All continued with usual care from their general practitioner, including medication, but half (234) received CBT in addition. We followed up participants for 1 year and found that those who had CBT as well as usual care were approximately three times more likely to have fewer depressive symptoms than those in the usual-care group. The treatment was good value for money over the 12 months. Participants sometimes found therapy to be a challenging and difficult process, but felt that the techniques learned from CBT helped them better manage their depression. This study has provided high-quality evidence that receiving CBT, in addition to continuing on antidepressants as part of usual care, is an effective treatment for patients with depression who have not got better on medication alone.



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