

Cognitive-behavioural therapy and short-term psychoanalytic psychotherapy versus brief psychosocial intervention in adolescents with unipolar major depression (IMPACT): a multicentre, pragmatic, observer-blind, randomised controlled trial

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Plain English summary

CBT and STPP vs. BPI in adolescents with unipolar major depression

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Plain English summary

Depression affects around 5% of the adolescent population and causes considerable suffering and personal impairment for many, and commonly recurs in adult life. Recurrence is associated with increasing personal difficulties and lower educational and employment prospects. Unlike any previous studies, this study was designed to find out whether or not treatment was still associated with improved outcomes 1 year after therapy was completed. We carried out a randomised controlled trial of 465 adolescents referred to 15 NHS clinics who received a diagnosis of depression. The patients were randomised to cognitive-behavioural therapy, short-term psychoanalytic psychotherapy or brief psychosocial intervention. At the end of study, 70% of adolescents had improved substantially in each of the treatment groups. There were no statistically significant differences in their depression scores, quality of life or treatment costs. There was an approximately 50% reduction in depression symptoms maintained 1 year after end of therapy. The median length of therapy across all three treatments was less than anticipated, ranging from 25 to 28 weeks. The number of therapy visits was also less than anticipated, ranging from 6 to 11 sessions. This study cannot determine the extent to which improvement can be directly attributed to the treatments, but it demonstrates that these three different psychological therapies may be employed in NHS Child and Adolescent Mental Health Services with equal confidence. Further research is needed to find out whether or not these different treatments have advantages for specific types of adolescent depression and whether or not they differ in their long-term effectiveness.

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