

Cognitive Behavioral Therapy For Depression and Anxiety Disorders

Review 8

Jakobsen, J. C., Hansen, J. L., Storebo, O. J., Simonsen, E., & Gluud, C. (2011). The effects of cognitive therapy versus “treatment as usual” in patients with major depressive disorder. *PLoS ONE*, 6, 1–11. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21829664>.

Objectives	Using a meta-analysis, examine whether cognitive therapy is an effective treatment for major depressive disorder.
Studies Included	Eight U.S. and international studies from 1989 to 2008
Participants in the Studies	Patients 17 and older with a primary diagnosis of major depressive disorder
Settings	Some of the reported settings were outpatient locations.
Outcomes	Primary outcome measures: depressive disorder, depressive symptoms, adverse events, quality of life Secondary outcome measures: participants without remission; suicide inclination, suicide attempts, or suicides
Limitations of the Studies	All eight trials have a high risk of bias and random error could not be excluded; most studies did not include information about remission rates; only two trials included assessments after cessation of treatment, so the effects of CBT in the longer term are unclear; only one trial reported quality of life, and the measures used are not standardized and validated; only one trial reported on some adverse events; no trials reported on suicidal inclination; a number of subgroups of patients were not assessed (such as inpatients), and these subgroups may react differently, so results cannot be generalized; the extent and form of the treatment as usual (TAU) intervention varied, and the specific content of the TAU condition was typically not standardized or reported; publication bias could not be assessed; data were reported inconsistently across studies; the duration and extent of the cognitive therapy interventions varied across studies; only five of the eight studies used a clearly defined intervention (i.e., using and documenting the use of a treatment manual).

Results

Depressive symptoms were measured using the Hamilton Rating Scale for Depression (HDRS) or the Beck Depression Inventory (BDI). CBT was significantly more likely than TAU to reduce depressive symptoms on the HDRS but not on the BDI. When CBT was compared to TAU, CBT did not significantly reduce the likelihood of “no remission.” Furthermore, there were no significant differences in quality of life between the TAU group

and the CBT group. The results indicate cognitive therapy might not be an effective treatment for major depressive disorder compared with TAU.