Effects of Psychotherapy and Psychotropics on Relapse for Major Depressive Disorder

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Abstract

According to the DSM IV a person who suffers from major depressive disorder must have depression symptoms such as either a depressed mood or a loss of interest or pleasure in daily activities consistently for at least a two-week period. Major depressive disorder is a debilitating personality disorder that affects one's everyday life and can be very difficult to treat. Because past research offers conflicting views as to which type of treatment offers the best outcome to people who are diagnosed with the disorder, the purpose of this study is to compare two approaches to treatment and determine which is more effective and results in a lower risk of relapse. Two groups of individuals, all diagnosed with major depressive disorder, participated in the study. One group of 20 participants received only cognitive behavioral therapy and a second group of 20 received cognitive behavioral therapy combined with a 50 mg daily dose of Zoloft. Three years post-treatment, the group receiving only therapy showed significantly higher scores on the Beck Depression Inventory and higher rates of relapse, as measured by inpatient treatments for major depressive disorder after their initial discharge. The results suggest that a combination of psychotherapy and psychotropics is most effective for the long-term treatment of major depressive disorder.

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Major depressive disorder is a severe condition in which the person affected must meet at least three of the following five symptoms: low mood, loss of interest, guilt or worthlessness, impaired concentration of indecisiveness, and death wishes or suicidal thoughts, one of which is low mood or loss of interest (Zimmerman, Emmeret-Aronson, & Brown, 2011). Major depression is a chronic and ongoing condition that affects the individual for approximately 17–30 years and is a particularly disabling disorder which is associated with greater comorbidity, more significant impairments in functioning, increased health care utilization, and more frequent suicide attempts and hospitalizations than acute major depressive episodes (Schramm et al., 2011). Since hospitalization could be frequent and behavior can be severe, it is imperative that the most effective type of treatment be administered to individuals diagnosed with major depressive disorder. There is debate about which type of treatment will yield the best results since major depressive disorder is so pervasive and relapse can happen without warning. If more clinical trials are done showing that one treatment is more efficacious than the other, it could give individuals diagnosed with major depressive disorder a better chance at remission without relapse.

Inpatients who are suffering from major depressive disorder are treated in a variety of ways. There has yet to be an agreed upon method for treating inpatients with major depressive disorder, but the most widely used methods involve either some form of psychotherapy or psychotherapy combined with psychotropic drugs (Kennard et al., 2008). The goal for individuals diagnosed with major depressive disorder is to achieve remission with minimum relapse, and the question is which treatment will effectively allow this to be attained. Cuijpers, Andersson, Donker, and van Stratten (2011) concluded that psychotherapy is effective in the treatment of major depression and dysthymia but probably less than psychotropic drugs. This type of conclusion tends to make psychotherapy appear to be less effective. In contrast, some individuals diagnosed with major depressive disorder have been known to

not respond to psychotropic medicine and according to Riedel et al. (2011) the longer the search for an effective antidepressant treatment is, the higher the risk for a chronic condition, the higher the overall cost, and the worse the functional outcome. Such conclusions often contradict each other leaving no clear distinction about which form of treatment is the most efficacious for treating individuals diagnosed with major depressive disorder.

Unfortunately, individuals diagnosed with major depressive disorder have a relatively high relapse rate. A study by Richards (2011) reports a relapse rate of 37% within 12 months for primary care patients. Many factors can contribute to the relapse rate and it is important to determine whether one treatment will make patients more prone to relapse than another. In order to establish this, individuals diagnosed with major depressive disorder must be followed after deinstitutionalization to determine their level of depression and rate of relapse.

Previous research has attempted to find ways to lower relapse rate in individuals diagnosed with major depressive disorder by creating two different groups of adults with major depressive disorder. For example, Kennard et al. (2008) compared one group of patients who received medication management (MM) with another that received MM with cognitive behavioral therapy (MM + CBT). The results showed that the hazard of relapse for those who received MM treatment was approximately eight time greater than that for those who received MM + CBT treatment (Kennard et al., 2008). This gives the indication that in order to help reduce relapse there must be a combination of drug therapy and CBT. Studies like this are convincing because they appear to produce a clear distinction between the two treatments. However, Kennard et al. stated that there were many limitations to the study, which included a small sample size and the fact that assessment ceased when a patient relapsed or withdrew from the study. Because there was no follow-up after relapse, it is difficult to assess which treatment has a longer impact and why.

There is general evidence for both types of therapy producing effective results, yet there is little evidence to show the relationship between the types of therapy and relapse rate. This is significant because major depressive disorder has such a large risk of relapse. We addressed this issue with a long-term study comparing individuals diagnosed with major depressive disorder who received only psychotherapy with patients who received both psychotherapy and psychotropic drugs three years after inpatient discharge. We hypothesized that patients receiving therapy with medication will have lower depression scores and a lower relapse rate than those who receive only therapy. This outcome would support and strengthen the results reported by Kennard et al. (2008).

Method

Participants

The study used a sample of 40 participants whose only diagnosis was Major Depressive Disorder and who received inpatient treatment at Rochester Psychiatric Center or Rochester General Hospital Psychiatric Unit three years ago. Half of the participants had received only cognitive behavioral therapy for one hour daily and the other half had received the same therapy along with a 50 mg daily dose of Zoloft. For both groups the treatments lasted an average of approximately three weeks before discharge. Potential participants were contacted, given a brief overview of the study, and asked if they were willing to participate. The final sample consisted of the first 20 from each treatment condition who agreed to participate. The therapy-only group consisted of 15 Caucasian males, 3 Caucasian females, and 2 African American males with an average age of 34.2 years. The therapy-plus-drug group consisted of 14 Caucasian males, 3 Caucasian females, and 3 African American males with an average age of 32.5 years.

Procedure

Individuals who agreed to participate were mailed a packet containing an informed consent form, a copy of the Beck Depression Inventory II (Beck, Steer, & Brown, 1996) with instructions, a brief questionnaire that covered their mental health history, including number of readmissions for inpatient treatments for major depressive disorder, since discharge from inpatient treatment three years earlier, and a pre paid return envelope. The questionnaires were coded to identify the treatment condition for each participant but no other identifying information was requested.

Results

Three years post treatment, the group that received only therapy had a mean score of $M = 28.90$ for the Beck Depression Inventory II with $SD = 9.6$ and the group that received a combination of psychotherapy and psychotropic drugs had a mean score of $M = 23.05$ with $SD = 8.3$. An independent-measures t test showed a significant mean difference between the two groups of clients, $t(38) = 2.06$, $p < .05$, $d = 0.65$.

Three years post treatment, the group that received only therapy had nine individuals who were readmitted for inpatient treatments for major depressive disorder and the group that received a combination of psychotherapy and psychotropic drugs had seven readmissions. A chi-square test showed a significant difference between the two groups, $\chi^2 = 3.95$, $p < .05$, $\varphi = 0.31$.

Discussion

The results support the research hypothesis showing that three years post-treatment, the group that received only therapy showed significantly higher scores on the Beck Depression Inventory II and higher number of readmissions for inpatient treatments for major depressive disorder than the group that received a combination of psychotherapy and psychotropic drugs. These findings are consist with and extend the research of Kennerd et al. (2008), which illustrates that psychoactive drugs alone results in higher relapse rates than when given in combination with psychotherapy.

Future research could examine psychotherapy in combination with different psychotropic mediations and different doses. Also, examining the effectiveness of combination treatments in individuals who differ in the severity of their symptoms is warranted. Because of the pervasiveness and dangerousness of this debilitating disorder, as well as the high incidence of relapse after treatment, it is imperative that subsequent research continues to examine the most efficacious treatments.

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