

Correspondence

Dear Editor,

Is behavior therapy on course?

Behavioural Psychotherapy, 1984, 12, 2–6.

Professor Eysenck's assessment of the current status of cognitive therapy in this paper is unduly pessimistic. He may not be aware of the number of clinical trials designed to test the efficacy of cognitive therapy in the treatment of depression (Beck, 1984). In these studies cognitive therapy administered according to a protocol described in Beck, Rush, Shaw, and Emery (1979) was compared with a standard regimen of anti-depressant medication. Drugs were used as a standard of comparison rather than "established behavioral methods", which Professor Eysenck advocates, for two reasons: first, the anti-depressant drugs have established their efficacy in well over one hundred trials whereas behavioral approaches to depression have been limited to a few studies. Further, anti-depressant medication is currently the treatment of choice for depression. Secondly, the considerable overlap between cognitive therapy and behavior therapy applied to depression would make comparisons confusing. Finally, the outcome studies of behavioral treatment of depression were nil at the time these clinical trials were initiated.

A recent paper summarizes the current research findings (Beck, 1984). A total of eight studies from six centres (Universities of Pennsylvania, Edinburgh, Oxford, Minnesota and Manitoba and Washington University) compared the efficacy of cognitive therapy (C.T.) with a control treatment in which anti-depressant medication (A.D.M.) was the major ingredient. There were five end-of-treatment comparisons of C.T. alone vs A.D.M. alone. Of these comparisons, two showed superiority of C.T. and three showed C.T. was equal to A.D.M. Of the two studies reporting one-year follow-up, both showed superiority of C.T. in terms of relapse rate. One study that reported only a six-month follow-up indicated greater maintenance of treatment gains in the C.T. group.

There were six end-of-treatment comparisons of A.D.M. alone vs. C.T. and A.D.M. Five of the six reports showed superiority of the combination over A.D.M. drug therapy. One report showed an equivalence between the combination and A.D.M. alone but a follow-up at one year showed superiority of the combination over A.D.M.

Six comparisons of C.T. alone vs C.T. and A.D.M. were also reported. Of these, four reports showed equivalence of C.T. alone with the combination and

two showed superiority of the combination. There were two follow-up reports for this comparison, both of which showed an equivalence of C.T. to the combined therapy.

In summary, in "head on" comparisons, cognitive therapy was found to be as effective as (three trials) or more effective than A.D.M. (two trials).

The combination of cognitive therapy and drugs proved to be more effective than drug therapy alone. These findings showed that the effects of cognitive therapy cannot be simply attributed to the passage of time ("spontaneous recovery") or simply to being in treatment. It also speaks for the value of combination treatment, i.e. the combination is better than drug therapy alone. Finally, cognitive therapy alone appears to be as effective as drug therapy plus cognitive therapy. Since anti-depressant medication represents the standard for effective treatment these findings support the efficacy of cognitive therapy when used alone.

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References

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- BECK, A. T., RUSH, A. J., SHAW, B. F. and EMERY, G. D., *Cognitive Therapy of Depression*. New York: The Guildford Press, 1979.