SAT01. Pharmacotherapy in depression: with or without psychotherapy (Sponsored by Servier International)

Chairs: J.P. Olié (F), N. Sartorius (CH)

SAT01.01

TREATMENT OF PSYCHIATRIC ILLNESS: PSYCHOTHERAPY, PHARMACOTHERAPY, ANYTHING ELSE?

N. Sartorius. *Association of European Psychiatrists, Switzerland*

This introductory presentation will argue that a rational approach to mental health care requires a balanced use of pharmacotherapy and psychotherapy, adjusted to the setting in which the treatment takes place. This in turn means that, in addition to the development of treatment techniques, health authorities and academic institutions have to develop and implement appropriate procedures (e.g. concerning quality assurance) and training programmes that will ensure that optimum care is provided throughout the duration of the illness and when necessary in the course of patient rehabilitation.

SAT01.02

PHARMACOTHERAPY AND PSYCHOTHERAPY: STATE OF THE SCIENCE

M. Lader. *Clinical Psychopharmacology, Institute of Psychiatry, London, UK*

The management of depression is a complex matter. Both pharmacological and psychotherapeutic strategies are available. Sometimes patients will respond to one form of therapy and not to the other. Drug treatments include the tricyclic antidepressants, monoamine oxidase inhibitors, selective serotonin reuptake inhibitors and a range of other compounds with various modes of action. Psychotherapy includes psychodynamic therapy of many types, interpersonal therapy, experiential therapy, and cognitive behavioral therapy. There are many combinations of varying approaches. The efficacy of antidepressant drugs is established in hundreds of clinical trials, mostly related to the establishment of efficacy for licensing purposes. However, large numbers of academic trials have been conducted to elucidate treatment problems. Similarly, many trials are extant in various forms of psychotherapy although there are additional problems, the main one being the provision of a true control treatment. Various forms of therapy will be reviewed and estimates made of their efficacy. The pointers to choosing one or the other will be discussed although it is emphasized that the author has greater sympathy for a combined approach.

SAT01.03

PHARMACOTHERAPY AND PSYCHOTHERAPY: STATE OF THE ART

F. Lelord. *C. André, Paris, France*

According to several clinical studies conducted in the 1990s, an effective treatment strategy in depression could be a combination of both pharmacotherapy and psychotherapy. Positive effects of this combination treatment have been observed in the following areas: symptom improvement, recovery rate, relapse prevention, and medication compliance.

Interpersonal therapy and cognitive-behavioral therapy have been the forms most frequently studied. However, other studies have failed to show additive effects of psychotherapy combined with medication. Compared with antidepressant treatment, the cost and lesser availability of psychotherapy can restrict its use in the treatment of depression if its additive efficacy is not firmly established, at least for some categories of patients. Identification of patient predictors of response to different kinds of therapeutic strategies is a critical goal to maximize the efficacy of treatments, diminish the human and economic burden of depression, and maintain appropriate financing of the treatment of depression from health care providers. Some practical conclusions for the practitioner are considered.

SAT01.04

PHARMACOTHERAPY WITH WHICH PSYCHOTHERAPY?: RESULTS OF THE ESPACE STUDY

F. Rouillon. *Hôpital André Chenevier, Créteil, France*

There is growing evidence to support the use of effective specific psychotherapy in combination with antidepressant drug therapy, both during the acute phase of treatment and during the maintenance phase, so as to prevent relapses of depression. This study reports on the combined use of fluoxetine or tianeptine (given under randomized, double-blind conditions), and either one of three types of psychotherapy: supportive therapy (ST), cognitive-behavioral therapy (CBT), or psychodynamic psychotherapy (PT). ST and CBT have the best documented efficacy, whereas PT is the most frequently used type of psychotherapy in France, even though no rigorous studies evaluating its efficacy have been published to date.

The aim of the study was not to compare the treatment strategies, but to identify which subtypes of patients were most likely to respond to which type of psychotherapy. The majority of the predictive factors described in the literature were assessed at baseline, ie: (i) clinical characteristics of Major Depressive Episode (including specification of *Diagnostic and Statistical Manual of Mental Disorders-4th ed (DSM-IV)* Axis I, IV, and V, and determination of endogenous subtype based on the Newcastle criteria); (ii) the big five; (iii) coping style (Coping Inventory for Stressful Situations [CISS]); (iv) dysfunctional attitudes Dysfunctional Attitudes Scale [DAS]); (v) comorbidity; (vi) social adaptation (Social Adaption Questionnaire of Weissman [SAQ]); (vii) patient's preference for psychotherapeutic approaches (therapeutic alliance); and (viii) patient satisfaction (patient index).

Out of a total of 844 patients randomized, 614 (71%) completed the 6-month study, and 821 (95%) were analyzed: ST, 326; CBT, 233; PT, 262. The global Montgomery Åsberg Depression Rating Scale (MADRS) scores in the three psychotherapy groups were 30.3, 30.6, and 30.4 at baseline, respectively, and 10.7, 11.3, and 11.0 at the end of the study, respectively, and the response rate according to the Clinical Global Impression (CGI) scale was 79%, 76%, and 78%, respectively. Clinical improvement was assessed by the decrease in the slope of the MADRS score and by the CGI.

None of the predictive factors was found to identify good responders to a given type of treatment except for the willingness on the part of the patient to follow a psychotherapy, which predicted a better response to CBT and PT. In contrast, some characteristics were identified as predictors of good response to psychotherapy independently of type: age, gender, comorbidity, therapeutic alliance, and several dimensions of personality.

The implications of these findings are discussed.

https://doi.org/10.1016/S0924-9338(00)94051-3 Published online by Cambridge University Press