Brief Psychoanalytic Psychotherapy for Depressed Inpatient: Best Predictors of Response

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Introduction. A few recent studies have found indications of the effectiveness of inpatient psychotherapy for depression, usually of an extended duration. Our one-month randomized controlled trial of very brief psychotherapeutic treatment (12 sessions/4 weeks) showed especially medium to large between effect sizes (BES ranging from .53 to .89) at 3 months follow-up.

Objectives. This study aims at discovering the predictors of treatment response and remission at discharge and at 3 and 12 months follow-up.

Methods. The study was a one-month randomized controlled trial with a two parallel group design and a 12-month naturalistic follow-up. A sample of 167 consecutive adult inpatients with unipolar depression was recruited. Patients were randomly assigned to an adjunctive inpatient brief psychodynamic psychotherapy (IBPP) or psychiatric treatment-as-usual (TAU). The IBPP is a manualized very brief psychotherapeutic program in 12 sessions over 4 weeks. Response and remission were calculated on MADRS and QIDS-SR$_{16}$. Variables included *psychopathology* (e.g., depression, symptom distress, diagnosis, comorbidity, suicidality, emotion regulation); *history* (e.g., childhood trauma, onset of the disorder); *psychosocial role functioning* (e.g., global functioning, social adjustment, Interpersonal functioning, quality of life); *demographics*; and *therapeutic alliance* (with the therapist, with the clinical team).

Results. The two best predictors of response were (1) the treatment (psychotherapy) and (2) the alliance with the treatment team. Psychotherapy was the best predictor of remission.

Conclusions. Effective ways of treating depression in inpatient setting depend both on specific treatment programs and on general quality of the relationship with the clinical team.