Fluoxetine plus cognitive behavioural therapy was most effective for adolescents with major depressive disorder


Clinical impact ratings GP/FP/Primary care ★★★★★☆ Mental health ★★★★★☆ Psychiatry ★★★★★☆ Paediatrics ★★★★★☆

Q In adolescents with major depressive disorder (MDD), how do fluoxetine, cognitive behavioural therapy (CBT), and their combination compare for effectiveness?

METHODS

In adolescents with major depressive disorder, fluoxetine plus cognitive behavioural therapy was most effective.

*Calculated from data in article.

A modified version of this abstract appears in Evidence-Based Nursing.

MAIN RESULTS

Combined treatment with fluoxetine plus CBT led to greater improvement in CDRS–R scores than did placebo ([mean difference 7.6], p = 0.001), fluoxetine alone ([mean difference 4.4], p = 0.02), or CBT alone ([mean difference 9.4], p = 0.001). Fluoxetine plus CBT also reduced suicidal thoughts. Fluoxetine plus CBT and fluoxetine had greater CGI-I response rates relative to placebo and CBT alone. Numbers needed to treat were 3 (95% CI 2 to 4) for fluoxetine plus CBT and 4 (CI 3 to 8) for fluoxetine alone relative to placebo. The 2 fluoxetine groups had more harm related events than the CBT alone and placebo groups (p = 0.04) [table].

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