Review: Cognitive therapy is beneficial and equivalent to behaviour therapy and antidepressants for mild-to-moderate depression

Gloaguen V, Cottraux J, Cucherat M, Blackburn IM. **A meta-analysis of the effects of cognitive therapy in depressed patients.** J Affect Disord. 1998 Apr;49:59-72.

Question

In patients with mild-to-moderate depression, is cognitive therapy (CT) an effective treatment?

Data sources

Studies were identified by searching MEDLINE and EMBASE/Excerpta Medica, scanning the bibliographies of identified papers and books, referring to previous reviews, and reviewing the abstracts from congress presentations and preprints sent by authors.

Study selection

Studies were selected if they were randomised controlled trials with ≥ 1 CT group and 1 comparison group (waiting list, placebo, antidepressants, behaviour therapy, or another psychotherapeutic treatment) in patients who had major depression or dysthymic disorder with the exclusion of psychotic depression and bipolar affective disorder.

Data extraction

Data were extracted on patient characteristics, treatment conditions, and severity of depression after treatment measured using the Beck Depression Inventory (BDI).

Main results

78 trials were identified of which 48, including 2765 patients, met the selection criteria. In the 20 studies that compared CT with waiting list or placebo, the average patient in the CT group was 29% better than the average patient in the control group after treatment (effect size 0.82, $P < 0.001$). In the 17 trials that compared CT with antidepressants, the average patient in the CT group was 15% better than the average patient in the antidepressant group after treatment (effect size 0.38, $P < 0.001$). In the 22 trials that compared CT with a group of miscellaneous therapies (including psychodynamic, interpersonal, nondirective, supportive, and relaxation therapies, and alternative bibliotherapy), the average patient in the CT group was 10% better than the average patient in any of the other groups after treatment (effect size 0.24, $P < 0.01$). There was no significant heterogeneity in the results of the trials comparing CT with antidepressants and CT with other therapies. In the 13 trials that compared CT with behaviour therapy, no difference existed between groups (effect size 0.05, $P = 0.95$, trial heterogeneity was present). In multiple regression analysis, after adjustment for type of treatment, no association was found between the effect size and BDI score, gender, and age. In the 8 trials that allowed a comparison of CT with antidepressants at 1-year of follow-up, 5 of the 8 studies suggested a preventive effect of CT on relapse rate.

Conclusion

In patients with mild-to-moderate depression, cognitive therapy has a beneficial effect equivalent to that of behaviour therapy and that of antidepressants and a group of other miscellaneous therapies.

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Commentary

The conclusion about the efficacy of CT for depression is no longer tentative. For mild-to-moderate depression, it may even be the treatment of choice. Scientific evaluation of the effectiveness of different modes of treatment is welcome news for clinicians and is especially meaningful when conventional clinical wisdom is supported by research. This review by Gloaguen and colleagues supports those clinicians who hold that cognitive behavioural therapy should be the treatment of first choice for depression (1).

The comparison of CT with behaviour therapy and other psychotherapies leads readers to the "specific–nonspecific" factors debate: Which factor is central to therapeutic effectiveness (2)? Some believe that research findings support the position that the common factors (nonspecific) in psychotherapy underlay all forms of psychotherapy and that these factors are responsible for treatment efficacy, while others believe that specific factors relevant to a school of therapy contain the effective ingredients. This debate has recently been discussed in the area of CT for depression by Oei and Shuttlewood (3) and remains a controversial issue. The suggestion that "cognitive modification" is the specific factor in the treatment of depression was not supported by the analysis by Gloaguen and colleagues. The effective ingredient was attributed to the utilisation of several similar strategies by both CT and behaviour therapy.

An additional point of interest in this review is the suggestion of a preventive effect of CT on relapse rate. The possibility that treating depression with CT or behaviour therapy may reduce the risk for relapse or perhaps the need for further treatment is considered by some to be one of the most exciting outcomes of research in this area because recurrence of depressive episodes is not uncommon after successful treatment (4).

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