

<http://ajp.psychiatryonline.org/article.aspx?articleid=1734470>  
<http://ajp.psychiatryonline.org/article.aspx?articleid=1734470>

Articles | September 01, 2013

The Efficacy of Cognitive-Behavioral Therapy and Psychodynamic Therapy in the Outpatient Treatment of Major Depression: A Randomized Clinical Trial

**Ellen Driessen, Ph.D.; Henricus L. Van, M.D., Ph.D.; Frank J. Don, M.Sc.; Jaap Peen, Ph.D.; Simone Kool, M.D., Ph.D.; Dieuwertje Westra, M.Sc.; Mariëlle Hendriksen, M.Sc.; Robert A. Schoevers, M.D., Ph.D.; Pim Cuijpers, Ph.D.; Jos W.R. Twisk, Ph.D.; Jack J.M. Dekker, Ph.D.**

*Am J Psychiatry* 2013;170:1041-1050. doi:10.1176/appi.ajp.2013.12070899

Copyright © 2013 by the American Psychiatric Association

**Objective** The efficacy of psychodynamic therapies for depression remains open to debate because of a paucity of high-quality studies. The authors compared the efficacy of psychodynamic therapy with that of cognitive-behavioral therapy (CBT), hypothesizing nonsignificant differences and the noninferiority of psychodynamic therapy relative to CBT.

**Method** A total of 341 adults who met DSM-IV criteria for a major depressive episode and had Hamilton Depression Rating Scale (HAM-D) scores  $\geq 14$  were randomly assigned to 16 sessions of individual manualized CBT or short-term psychodynamic supportive therapy. Severely depressed patients (HAM-D score  $>24$ ) also received antidepressant medication according to protocol. The primary outcome measure was posttreatment remission rate (HAM-D score  $\leq 7$ ). Secondary outcome measures included mean posttreatment HAM-D score and patient-rated depression score and 1-year follow-up outcomes. Data were analyzed with generalized estimating equations and mixed-model analyses using intent-to-treat samples. Noninferiority margins were prespecified as an odds ratio of 0.49 for remission rates and a Cohen's *d* value of 0.30 for continuous outcome measures.

**Results** No statistically significant treatment differences were found for any of the outcome measures. The average posttreatment remission rate was 22.7%. Noninferiority was shown for posttreatment HAM-D and patient-rated depression scores but could not be demonstrated for posttreatment remission rates or any of the follow-up measures.

**Conclusions** The findings extend the evidence base of psychodynamic therapy for depression but also indicate that time-limited treatment is insufficient for a substantial number of patients encountered in psychiatric outpatient clinics.

COMMENT - INTERPRETATION:

Roughly,

When a new treatment is compared to an established one in a randomized clinical trial, it is standard practice to statistically test for non-inferiority rather than for superiority. When the endpoint is binary, one can compare two treatments using an odds-ratio. A non-inferiority margin is  $\delta$ . If the lower bound of a confidence interval is above the margin  $-\Delta$ , the new treatment is deemed non-inferior, and the trial is a 'success'.

<http://www.trialsjournal.com/content/12/1/106>

The primary finding of this trial was that psychodynamic psychotherapy was noninferior to CBT; posttreatment score remission rates were 21% (26/122) and 24% (27/111) for the psychodynamic psychotherapy and CBT groups, respectively. No significant differences were seen between treatments on any measure at any time point, and the overall pattern of results generally followed the primary outcome, namely that psychodynamic psychotherapy was not inferior to CBT.

Michael G Conner, PsyD  
Bend, Oregon [www.BendPsychology.com](http://www.BendPsychology.com) 541 388-5660