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Title **A Randomized Controlled Trial of Cognitive Behavior Therapy in Adolescents with Major Depression Treated by Selective Serotonin Reuptake Inhibitors. The ADAPT Trial**

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Aim

To determine if in the short term – in depressed adolescents attending routine NHS Child and Adolescent Mental Health Services (CAMHS) and receiving ongoing active clinical care – treatment with selective serotonin reuptake inhibitors (SSRIs) plus cognitive behavior therapy (CBT) results in better healthcare outcomes in comparison to SSRI alone.

Conclusions and results

For moderately to severely depressed adolescents who do not respond to a brief initial intervention (BII), the addition of CBT to fluoxetine plus routine clinical care does not improve outcome or confer protective effects against adverse events and is not cost effective. SSRIs (mostly fluoxetine) are unlikely to have harmful adverse effects. Further research should focus on evaluating the efficacy of specific psychological treatments against BII, determining the characteristics of patients with severe depression who do not respond to fluoxetine, relapse prevention in severe depression, and improving tools for determining treatment responders and nonresponders. Of the 208 patients randomized, 200 (96%) completed the trial to the primary endpoint at 12 weeks. At 28-week follow-up, 174 (84%) participants were reevaluated. Overall, 193 (93%) participants had been assessed at one or more time points. Clinical characteristics indicated that the trial was conducted on a severely depressed group. Recovery was significant at all time points in both arms. The findings showed no difference in treatment effectiveness for SSRI+CBT over SSRI for the primary or secondary outcome measures at any time point. This lack of difference held when baseline and treatment characteristics were taken into account (age, sex, severity, comorbid characteristics, quality and quantity of CBT treatment, number of clinic attendances). See Executive Summary link at www.hta.ac.uk/project/1123.asp.

Recommendations

The findings are broadly consistent with the National Institute for Health and Clinical Excellence guidelines on the treatment of moderate to severe depression. Modification is advised for those presenting with moderate (6-8 symptoms) to severe (>8 symptoms) depressions and in those with either overt suicidal risk and/or high levels of personal impairment. In such cases, the time allowed for response to psychosocial interventions should not exceed 2 to 4 weeks, after which fluoxetine should be prescribed.

Methods

See Executive Summary link at www.hta.ac.uk/project/1123.asp.

Further research/reviews required

Evaluate the efficacy of specific psychological treatments compared to brief psychological intervention. The current findings provide anecdotal information for the putative effectiveness of BII for some cases of depression. BII can most likely be delivered by all routine CAMHS services. It is not clear if BII would be as safe and effective as CBT, family, or interpersonal psychotherapy for adolescents with moderate depressions.

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