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Title **Randomized Controlled Trial of Non-directive Counseling, Cognitive-behavior Therapy and Usual General Practitioner Care in the Management of Depression as well as Mixed Anxiety and Depression in Primary Care**

Agency **NCCHTA, National Coordinating Centre for Health Technology Assessment**
Mailpoint 728, Boldrewood, University of Southampton, Southampton SO16 7PX, United Kingdom

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Aim

The determine the clinical and cost effectiveness of usual general practitioner (GP) care compared with two types of brief psychological therapy (non-directive counseling and cognitive-behavior therapy) in managing depression and mixed anxiety and depression in the primary care setting.

Conclusions and results

- Non-directive counseling and cognitive-behavior therapy were both more effective clinically than usual GP care after 4 months (short term) treatment, but at 12 months the patients in all three groups had improved to the same extent.
- Psychological therapy provided in primary care was found to be cost effective in reducing depressive symptoms in the short term, but the benefits did not endure over the long term.
- No differences in direct or indirect costs among the three treatments were observed at either 4 or 12 months. The additional costs associated with providing practice-based psychological therapy were recouped due to savings in visits to primary care, psychotropic medication, and other specialist mental health treatments.

Recommendations

Based on this study's observed equivalence in the clinical and economic outcomes of usual GP care compared with on-site psychological therapies in primary care, the commissioners of psychological services would be justified in considering additional factors when determining service configuration. These factors could include patient satisfaction, preferences of practitioners, and staff availability.

Methods

The design was principally a pragmatic randomized controlled trial, but was accompanied by two additional allocation options allowing patient preference: a specific choice of treatment (preference allocation) and randomization between the psychological therapies only. Of the 464 patients allocated to the three treatments, 197 were randomized among the three treatments, 137 chose a specific treatment, and 130 were randomized between the psychological therapies only. The patients underwent followup assessments at 4 and 12 months.

Further research/reviews required

(1) Long-term outcome for patients treated with psychological therapies; (2) Relationship between the quality of psychological therapies and patient outcomes; (3) Effectiveness of other therapies, different modes of treatment administration, and the comparative effectiveness of psychological and pharmacological treatments; (4) Statistical techniques and methods for dealing with issues such as missing data and clustering of patients around therapists, GPs, and practices; (5) Psychological and social processes involved in patient preferences and how these relate to other psychological processes of relevance to controlled trial research, eg, placebo and Hawthorne effects; (6) Content and interpretation of 'usual GP care'; (7) Patients who refuse to consider participation in trials, even when treatment preference arms are available.

Written by Professor Michael King, Royal Free & University College Medical School, London, UK