# Psychotherapy effective for treatment-resistant depression in adults

**Clinical Question**
How effective is psychotherapy for treatment-resistant depression (TRD) in adults?

**Bottom Line**
There was moderate-quality evidence that psychotherapy added to usual care (with antidepressants) was beneficial for depressive symptoms and for response and remission rates over the short term (six months) for patients with TRD. Medium (seven to 12 months) and long-term (over 12 months) effects seemed similarly beneficial, although most evidence was derived from a single large trial. Psychotherapy added to usual care seemed as acceptable as usual care alone. Two studies noted similar beneficial effects after 12 months, and one study at 46 months. An economic analysis (conducted as part of an included study) from the UK healthcare perspective revealed that adjunctive CBT was cost-effective over nearly four years. Participants were aged between 18 and 74. Psychotherapies included cognitive-behavioural therapy, interpersonal therapy, intensive short-term dynamic psychotherapy, and group dialectical behaviour therapy.

**Caveat**
There was no direct evidence on the comparative effectiveness of different types of psychotherapies. There was no evidence on whether switching to a psychotherapy was more beneficial for this patient group than continuing an antidepressant medication regimen. Data for outcomes of quality of life, social functioning, and resource use were limited.

**Context**
Antidepressants are a first-line treatment for adults with moderate to severe major depression. However, many people prescribed antidepressants for depression don't respond fully to such medication, and little evidence is available to inform the most appropriate 'next step' treatment for such patients, who may be referred to as having TRD.

**Cochrane Systematic Review**

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Cochrane systematic review link: