UCDAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

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Evaluating Treatments of Adolescent Major Depressive Disorder

PICO Question:

In adolescents diagnosed with major depressive disorder [P], how does cognitive behavioral therapy [I] compared to SSRI drug therapy, or combination therapy [C], affect treatment outcomes [O]?

Introduction

- Major depressive disorder (MDD) is prolonged depression consisting of a loss of interest or pleasure along with four or more MDD diagnosis symptoms for at least 2 weeks.
- MDD affects 12% of men and 25% of women.
- Cognitive behavioral therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are the common treatment for MDD.
  - CBT challenges negative thought patterns about the self and the world to create cognitive changes and reframe the mindset in MDD.
  - SSRI is very affective for moderate to severe depression but some studies show limited improvement and low remission rates.

Goal: Determine if CBT or SSRI monotherapy or combined therapy produces better outcomes in the adolescent population.

Evidence

- Kennard, et al (2006) found a significantly higher remission rate in the SSRI + CBT group (37%) relative to the other treatment groups (SSRI 23%; CBT 16%; placebo, 17%).
  - Suggests **combination therapy (SSRI + CBT) is superior to monotherapy**, regardless of whether it is SSRI alone or CBT alone.
- March el. al (2007) reached the same conclusion but found that **combination therapy also reduced suicidality**
- Riggs et. al was slightly less conclusive, but still indicated **combination therapy as superior as it included a reduction in substance abuse.**
- Goodyer (2007), and Davey et. al found no difference between SSRI monotherapy and combination therapy.
- Dunlop et. al (2019) found no difference in sequential efficacy but confirmed combination therapy as more efficacious.
- Nakagawa, et. al (2017) found that **adding CBT as a supplement to SSRI treatment is successful for pharmaco-resistant depression in relieving symptoms.**
- Emslie et al. (2015) found **supplemental CBT therapy led to decreased relapse rates in pediatric populations compared to SSRIs (62% vs. 36%).**
  - In a follow up study, Kennard, et. al (2008) arrived at the same conclusion, promoting the use of CBT as a complimentary treatment

Methods

- Search terms: “CBT”, “Depression”, “MDD”, “antidepressants,” “SSRI”, “adolescent”, “monotherapy”, ”combination therapy”
- Databases Searched: Pubmed, CINAHL, NCBI, JAMA and PubPsych.
- Publication dates were limited to 1999-2019
- Evidence table was organized using headings of: Conceptual Framework, Design/Method, Sample/Setting, Major Variables, Data Analysis, Findings, and Strengths and Weaknesses.

Conclusions/Further Study

- Combination therapy proved to be most effective
- There was very little difference between SSRI and CBT monotherapy.
- For individuals who are not finding success with SSRIs, combination therapy is a step that can aid in meeting remission goals
- Integrating CBT can reduce the likelihood of relapse after SSRI therapy.

Implications

- For adolescents who are reluctant to try SSRI pharmacotherapy, CBT is an equally viable non-pharmacological option.
- Integration of combination therapy can aid in a reduction of suicidality and drug abuse in susceptible populations
- Treatment plans must be specific to patient needs and circumstance and will differ person to person.

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