

Effectiveness of Cognitive Behavioral Therapy in patients with depression

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Abstract at the end of the article

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Introduction: Depression is a mental disorder that causes mood disorders, which are characterized by a loss of control and a subjective experience of great discomfort. Cognitive Behavioral Therapy (CBT) seems to be effective in depression and therefore it becomes necessary to investigate its effectiveness. **Aim:** To investigate the effectiveness of Cognitive Behavioral Therapy (CBT) in patients with depression. By investigating the effectiveness of individual and group CBT, its effectiveness in a community context, its effectiveness in relation to the administration of pharmacotherapy and the long-term efficiency of CBT. **Material and Method:** A systematic review of the literature was carried out in the Pubmed, Cochrane and Scopus databases for the years 2007-2021. Key words used were the following: depression, major depressive disorder, depressive symptoms, cognitive behavioral therapy (CBT), psychotherapy, group therapy, individual therapy, antidepressants, pharmacotherapy. The criteria for the inclusion of the studies were that the writing language should be English, that the survey population should be adults, adolescents and children of all sexes suffering from depression, and the criteria for excluding studies were CBT intervention via the internet or telephone. The initial search resulted in 21.587 studies, of which 13 were included in this systematic review. **Results:** Cognitive Behavioral Therapy (CBT) is effective in preventing the relapse of depression, as it reduces the risk of relapse by eight times and the risk of future recurrent episodes of depression. CBT, in connection with the use of pharmacotherapy, has also had a positive effect on depression, improving physical symptoms, symptoms of depression and anxiety, quality of life and social function of patients. In addition, the effectiveness of CBT was observed to be maintained for more than 3 years. **Conclusions:** Cognitive Behavioral Therapy (CBT) is effective in

patients with depression in both individual and group CBT sessions and in the community context. CBT in combination with pharmacotherapy is also indicated in the treatment of depression and is effective over time.

Key words: *depression, major depressive disorder, cognitive behavioral therapy (CBT), group therapy, individual therapy, antidepressants.*

Introduction

Depression is a mental disorder which has been documented since ancient times and occurs in every society. The term is generally used to refer to a spectrum of mood disorders, a group of clinical conditions characterized by a loss of control and a subjective experience of great discomfort.¹

The World Health Organization (WHO) reports that depression is the leading cause of disability worldwide and contributes to the overall global burden of disease. About 3.8% of the population is affected, including 5.0% among adults and 5.7% of adults over 60. About 280 million people in the world are depressed.²

Cognitive Behavioral Therapy (CBT) most commonly used for depression is based on Beck's model which had the greatest influence on it. The model includes three factors which explain the psychological substrate of depression. These are the cognitive triad, schemas and cognitive distortions. Firstly, the cognitive triad, refers to the negative way in which the individual perceives 1) himself 2) the world around him and 3) the future. The schemas refer to a cognitive construct consisting of stable patterns of interpretation which bring about distortion of reality. At the same time cognitive distortions sustain the person's faith in the correctness and validity of negative beliefs despite the existence of evidence to the contrary.³

The effectiveness of Cognitive Behavioral Therapy (CBT) has been proven in patients with depression, both in group and individual sessions.^{4,5} At the same time CBT has been shown to be important in preventing recurrence of major depressive disorder in both adults and adolescents,^{6,12} while the use of CBT is indicated in combination with pharmacotherapy especially in the case of moderate and severe depression.⁹ Finally, the effective results of CBT have been proven over time with the beneficial effects being maintained for up to 3 years.¹⁶

Aim

The purpose of this review is to investigate the effectiveness of Cognitive Behavioral Therapy (CBT) in patients with depression. Sub-objectives were to investigate the efficacy of individual and group CBT in patients with depression, its efficacy in the community context in patients with depression, its efficacy in relation to pharmacotherapy and the long-term efficacy of CBT in patients with depression.

Material and Method

A systematic review of the relevant international literature in the Pubmed, Cochrane and Scopus bibliographic databases for the years 2007-2021 was carried out.

The data search was based on the use of the combination of the following keywords depression, major depressive disorder, depressive symptoms, cognitive behavioral therapy (CBT), psychotherapy, group therapy, individual therapy, antidepressants, pharmacotherapy.

The entry and exclusion criteria were as follows:

- The language of the articles should be English.
- The surveys have been published during 2007-2021.
- Research should refer to depression that does not originate from organic causes.
- CBT should be given individually, in groups or in combination with medication.
- CBT interventions via internet or telephone were excluded.
- Exclusively controlled randomized controlled trials (RCTs) were sought.
- The study population was selected to be adults, adolescents and children, regardless of gender, suffering from depression.

Results

A systematic review of the literature identified 21.587 studies, of which 7019 were removed as duplicate studies after checking the title and abstracts. The 13563 stud-

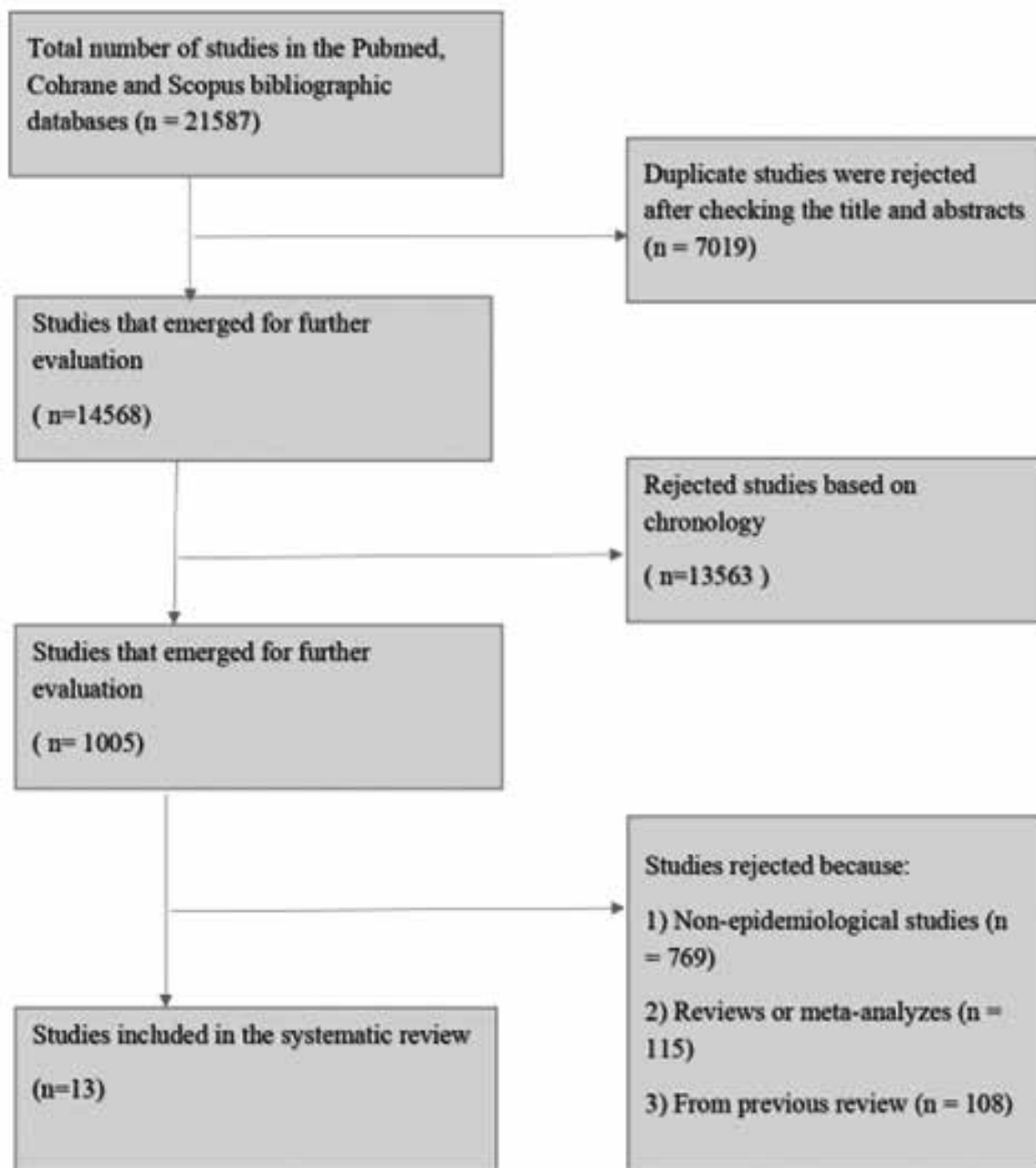


Figure 1. Systematic review article selection flowchart

ies were rejected based on chronology. Subsequently 769 studies were rejected as non-epidemiological studies, 115 studies were rejected as reviews or meta-analyzes and 108 were rejected from previous review. There were 13 studies which were included in this systematic review. The flow chart (figure 1) analyzes the steps of

this systematic review.

Table 1 presents the results of the 13 studies included in this systematic work and investigate the effectiveness of Cognitive Behavioral Therapy in patients with depression.

Ammerman et al,⁷ investigated the effectiveness of

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CBT, which is specifically designed to treat maternal depression in home. Cognitive Behavioral Therapy in home (IH-CBT) is a customized home treatment that focuses on the needs of young mothers and utilizes home visits. The sample was 93 young mothers with major depressive disorder who were diagnosed 3 months after delivery, randomized to a group of mothers who received Cognitive Behavioral Therapy in home (IH-CBT) with ongoing visitation continuous ($n = 47$) or to a group of mothers with standard home visits (SHV) ($n = 46$). Depression was measured before and after treatment, and after 3 months of follow-up, using interviews, clinical evaluations, and self-reports. Mothers receiving IH-CBT showed improvements in all indicators of depression compared to mothers receiving SHV and the benefits were maintained at follow-up. For example, 70.7% of mothers receiving IH-CBT were no longer depressed after treatment, compared with 30.2% in the SHV group. These findings suggest that IH-CBT is an effective treatment for depression in mothers in home visitation programs.⁷

Zhang et al,⁸ attempted to evaluate the effects of group CBT in combination with antidepressants on quality of life and social functioning of outpatients with mild depression. For the study, 62 outpatients with mild depression in the control group ($n = 30$) who received antidepressant for 12 weeks and an intervention group ($n = 32$) who received antidepressant and group CBT for 12 weeks were randomized. Symptoms of depression and anxiety showed that the improvement was greater in the intervention group. Social functioning and quality of life also showed greater improvement in the intervention group than in the control group. The greatest improvement in the intervention group remained statistically significant both after the end of 12 weeks of group CBT treatment and after one year. CBT in combination with antidepressants is better than treatment with antidepressants alone, and the benefits can last up to a year after the end of CBT sessions.⁸

After finding that no study has examined the effect of CBT on Moderate to Major Depressive Disorder (MDD) in China, Zu et al,⁹ set out to evaluate the effect of Cognitive Behavioral Therapy (CBT), antidepressants alone (MED), combined CBT and antidepressant (COMB) and standard treatment (ST, for example, psychoeducation) on depressive symptoms and social functioning in Chinese patients with moderate to severe MDD. A total of 180 patients were randomly assigned to one of the four 6-month treatments. At the 6-month evaluation,

the recession rates in the whole sample ($n = 96$), for the MED, CBT, COMB and ST groups were 54.2%, 48%, 75%, 53.5% respectively. In conclusion, the findings support the efficacy of CBT in patients with moderate to severe major depressive disorder.⁹

Stikkelbroek et al,¹⁰ investigated the effectiveness of Cognitive Behavioral Therapy (CBT) than treatment as usual (TAU) in adolescents with depression. 88 adolescents aged 12 to 21 years were randomized to either a group receiving CBT or a group receiving TAU for 15 sessions respectively and followed up at 6 months. The results in the CBT group and the TAU group showed a reduction in depressive symptoms after treatment of 76% vs. 76% respectively and 90% vs. 79% respectively after six months. No significant differences in depressive symptoms were found between the two groups. Therefore, both CBT and TAU intervention were effective in treating adolescents with depression in terms of depressive symptoms.¹⁰

A recent randomized clinical trial of Clarke et al,¹¹ focusing on adolescents investigated the effectiveness of Cognitive Behavioral Therapy (CBT) in this population in primary health care. The study included 212 adolescents aged 12 to 18 years with major depression who had relapsed depression or recently discontinued new antidepressant therapy, who were randomized to treatment as usual (TAU) or TAU plus brief individual CBT. The results showed that CBT was superior to the control state for recovery from major depression. The researchers noticed a significant advantage for CBT in the first year of follow-up but not in the second year. The superiority of the first year of CBT had a clinical benefit and proved that it could reduce the risk of future recurrent episodes of depression.¹¹

Similarly, Kennard et al,¹² investigated the effectiveness of Cognitive Behavioral Therapy (CBT) in preventing relapses in adolescents with Major Depressive Disorder (MDD) who responded to pharmacotherapy. Forty-six adolescents aged 11 to 18 years who had responded to 12 weeks of fluoxetine treatment were randomized to receive either 6-month of continued antidepressant medication management (MM) or antidepressant MM plus CBT (MM+CBT). The MM treatment group had a significantly higher risk of recurrence than the MM + CBT treatment group (risk ratio = 8.80) during the 6 months. In addition, patient satisfaction was significantly higher in the MM + CBT group. The results therefore show that continuing treatment with CBT in people who have already responded to medication reduces the risk of re-

Table 1. Summary of studies included in the systematic review

Studies / Year / Country	Type of study	Sample	Purpose	Results
Ammerman et al ⁷ 2013 U.S.A.	Randomized clinical trial Duration: 15 one-hour individual Cognitive Behavioral Therapy (CBT) sessions.	93 young mothers with major depressive disorder. 2 treatment groups: Group of mothers who received CBT in-house (IH-CBT) n = 47, Group of mothers who received standard home visits (SHV) n=46.	Investigating the effectiveness of CBT in treating depression in mothers at home.	Mothers receiving IH-CBT showed improvements in all indicators of depression compared to mothers receiving SHV and the benefits were maintained at follow-up. 70.7% of mothers who received IH-CBT were no longer depressed after treatment compared with 30.2% of mothers who received SHV. IH-CBT is an effective treatment for depression in mothers in home visitation programs.
Zhang et al ⁸ 2016 CHINA	Randomized clinical trial Duration: 12 weeks, two-hour CBT sessions.	62 patients with mild depression. 2 treatment groups: Control group receiving antidepressant n = 30, Intervention group receiving antidepressant and group CBT n = 32.	Evaluation of the effectiveness of group CBT in combination with antidepressants in terms of quality of life and social function of patients.	Greater improvement in the symptoms of depression and anxiety in the intervention group compared to the control group. Greater improvement in social functioning and quality of life in the intervention group compared to the control group. Greater improvement in the intervention group remained both after the end of the 12 weeks of group CBT, as well as after one year. CBT in combination with antidepressants is better than treatment with antidepressants alone.
Zu et al ⁹ 2014 CHINA	Randomized clinical trial Duration: 6 months.	180 patients with moderate-severe major depressive disorder. 4 treatment groups: Patients receiving Cognitive Behavioral Therapy (CBT), Patients receiving antidepressants alone (MED), Patients receiving combined CBT and antidepressant (COMB), Patients who received the standard treatment by receiving psychoeducational intervention (ST).	Investigation of the effect of Cognitive Behavioral Therapy (CBT) in patients with moderate-severe major depressive disorder on depressive symptoms.	The recession rates for the MED, CBT, COMB and ST groups were 54.2%, 48%, 75% and 53.5% respectively. A high rate of remission of depressive symptoms was observed in the group receiving CBT in combination with antidepressants (COMB).

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Stikkelbroek ¹⁰ et al 2020 HOLLAND	Randomized clinical trial Duration: 15 sessions of Individual Cognitive Behavioral Therapy (CBT).	88 adolescents with depression. 2 treatment groups: Patients receiving individual Cognitive Behavioral Therapy (CBT), Patients receiving treatment as usual (TAU),	Investigating the effectiveness of Cognitive Behavioral Therapy (CBT) from treatment as usual (TAU).	The results in the CBT group and the TAU group showed a 76% reduction in post-treatment depressive symptoms compared to 76% respectively. No significant differences in depressive symptoms were found between the two groups. Both CBT and TAU intervention were effective in treating adolescents with symptoms of depression.
Clarke et al ¹¹ 2016 U.S.A.	Randomized clinical trial Duration: 2 years.	212 adolescents with major depressive disorder. 2 treatment groups: Patients receiving treatment as usual (TAU), Patients receiving TAU plus Individual Cognitive Behavioral Therapy (CBT).	Investigating the effectiveness of CBT in primary health care.	CBT has had clinical benefits and has been shown to reduce the risk of future recurrent episodes of depression.
Kennard et al ¹² 2008 U.S.A.	Randomized clinical trial Duration: 6 months.	46 adolescents with major depressive disorder. 2 treatment groups: Patients receiving antidepressant medication management (MM), Patients receiving antidepressant medication management plus Cognitive Behavioral Therapy (MM + CBT).	Investigating the effectiveness of Cognitive Behavioral Therapy (CBT) for prevention.	The MM treatment group had a higher risk of relapse than the MM + CBT treatment group. The MM + CBT treatment group reduced the risk of recurrence by eight times compared to the MM treatment group. Patient satisfaction was significantly higher in the MM + CBT treatment group.
Emslie et al ¹³ 2015 U.S.A.	Randomized clinical trial Duration: 78 weeks.	144 adolescents with major depressive disorder. 2 treatment groups: Patients receiving medication management (MM), Patients receiving medication management plus Cognitive Behavioral Therapy (MM + CBT).	Investigating the effectiveness of Cognitive Behavioral Therapy (CBT) in preventing relapse of depression.	The MM + CBT treatment group had a lower risk of recurrence than the MM treatment group during follow-up. The probability of recurrence was lower in the MM + CBT group with 36% compared to the MM group with 62%. The addition of CBT reduces the risk of recurrence even after the end of treatment.

Nakagawa ¹⁴ et al 2017 JAPAN	Randomized clinical trial Duration: 16 sessions of Individual Cognitive Behavioral Therapy (CBT).	80 patients with major depressive disorder. 2 treatment groups: Patients receiving treatment as usual (medication), Patients receiving CBT and treatment as usual.	Investigating the effectiveness of Cognitive Behavioral Therapy (CBT) as an adjunct to treatment as usual.	Patients who received CBT as a supplement to usual care showed a reduction in depressive symptoms at 16 weeks and the effect of treatment was maintained for at least 12 months. Pharmacotherapy-resistant patients may benefit from the addition of CBT to treatment as usual.
Wiles et al ¹⁵ 2013 GREAT BRITAIN	Randomized clinical trial Duration: 12 to 18 sessions of Individual Cognitive Behavioral Therapy (CBT).	469 patients. 2 treatment groups: Patients receiving usual care (pharmacotherapy), Patients receiving CBT as a supplement to usual care.	Investigating the long-term effectiveness and efficiency of Cognitive Behavioral Therapy (CBT) as a complement to usual care.	CBT as an adjunct to usual care is effective in reducing depressive symptoms that persist for more than 12 months. CBT has helped patients manage their depression.
Wiles et al ¹⁶ 2016 GREAT BRITAIN	Randomized clinical trial Duration: 12 to 18 sessions of Individual Cognitive Behavioral Therapy (CBT).	469 patients. 2 treatment groups: Patients receiving usual care (antidepressant) Patients receiving CBT as a supplement to usual care.	Investigating the long-term effectiveness and efficiency of Cognitive Behavioral Therapy (CBT) as a complement to usual care.	The group receiving CBT had fewer depressive symptoms than the group receiving usual treatment. The benefits of CBT are maintained for more than 3 years.
Naeem et al ¹⁷ 2011 PAKISTAN	Randomized clinical trial Duration: more than 6 Cognitive Behavioral Therapy (CBT) sessions.	17 patients with depression 2 treatment groups: Patients receiving CBT and antidepressants, Patients receiving antidepressants.	Evaluating the effectiveness of culturally adapted CBT.	The treatment group receiving CBT and antidepressants showed improvement in terms of depression, anxiety and physical symptoms compared to the group receiving antidepressants. Culturally adapted antidepressant CBT has been effective in reducing the symptoms of depression and anxiety in Pakistan.

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Hwang et al ¹⁸ 2015 U.S.A.	Randomized clinical trial Duration: 12 sessions of Cognitive Behavioral Therapy (CBT) or Culturally Adapted Cognitive Behavioral Therapy (CA-CBT).	50 Chinese-American patients with major depression. 2 treatment groups: Patients receiving Cognitive Behavioral Therapy (CBT), Patients receiving Culturally Adapted Cognitive Behavioral Therapy (CA-CBT).	Evaluation of the effectiveness of CBT and culturally adapted CBT (CA-CBT).	Both the CBT group and the CA-CBT group experienced a reduction in depressive symptoms. The CA-CBT group showed a greater reduction in depressive symptoms compared to the CBT group.
A-Tjak ¹⁹ et al 2018 HOLLAND	Randomized clinic test Duration: 20 sessions of Individual Cognitive Behavioral Therapy (CBT) or Acceptance and Commitment Therapy (ACT) respectively.	82 patients with major depressive disorder. 2 treatment groups: Patients receiving ACT, Patients receiving CBT.	Evaluation of the effectiveness of Acceptance and Commitment Therapy (ACT) in comparison with Cognitive Behavioral Therapy (CBT).	Depression rates were 80% and 75% for CBT and ACT, respectively. Patients in both groups reported a reduction in depressive symptoms and an improvement in quality of life after treatment. Both CBT and ACT are equally effective in treating major depressive disorder.

lapse by eight times compared to those who have been taking antidepressants for just 6 months.¹²

Emslie et al,¹³ investigated the effectiveness of Cognitive Behavioral Therapy (CBT) in preventing relapse of depression. The study sample was adolescents aged 8 to 17 years with Major Depressive Disorder (MDD) treated with fluoxetine for 6 weeks and who were randomized to continued medication management (MM) or continued medication management plus CBT (MM + CBT) for an additional 6 months. Follow-up evaluations were performed at 52 and 78 weeks, respectively. 144 adolescents were randomized to MM (n = 69) or MM + CBT (n = 75). The MM + CBT group had a significantly lower risk of recurrence than the MM group throughout the 78-week follow-up period (risk ratio = 0.467). The chance of recurrence during the 78-week period was lower in the MM + CBT group than in the MM group (36% vs. 62%). The mean time to relapse was longer in the MM + CBT group compared with the MM group at 3 months. Therefore, the addition of CBT had the effect of reducing the risk of relapse, even after the end of treatment.¹³

Nakagawa et al,¹⁴ investigated the effectiveness of Cognitive Behavioral Therapy (CBT) as an adjunct to treatment as usual (TAU) medication in patients with drug-resistant depression to reduce depressive symp-

toms. The sample of the study was 80 patients aged 20 to 65 years with major depressive disorder, lasting 16 weeks with follow-up (follow-up) at 12 months. Patients were randomized to either a CBT supplement group with TAU or a TAU group. The results showed that patients in the CBT supplementation group showed a reduction in depressive symptoms at 16 weeks and the effect of treatment was maintained for at least 12 months. In conclusion, the study showed that drug-resistant patients may benefit from the addition of CBT to treatment as usual.¹⁴

In the randomized controlled trial COBALT Wiles et al,¹⁵ examined the efficacy and effectiveness of CBT as an adjunct to usual care (pharmacotherapy) for primary care patients with treatment-resistant depression (TRD) compared with usual care alone. A total of 469 patients were randomized to intervention group (n = 234) or usual care (= 235), to be followed up at 6 and 12 months. The results showed that the simultaneous use of routine care and CBT is effective in reducing depressive symptoms and lasts for over 12 months. The intervention was also cost effective. Patients also reported that CBT, which was delivered individually, helped them manage their depression.¹⁵

In the second trial of COBALT Wiles et al,¹⁶ 469 primary

care patients with depressive symptoms were randomized to receive 12 to 18 sessions of individual CBT or to continue their usual care (antidepressants). Most participants had chronic and severe depression with co-morbid anxiety disorders. Patients receiving CBT supplementation had fewer depressive symptoms. Research has also shown that the benefits of CBT are fully sustained. For more than 3 years after the end of treatment the benefits were maintained in participants receiving CBT and the results were similar at 6 and 12 months.¹⁶

There is ample research in favor of Cognitive Behavioral Therapy (CBT) in the western world. However, limited research has been conducted on the effectiveness of CBT in non-Western cultures. Research by Naeem et al,¹⁷ evaluated CBT's intervention in depression in Pakistan, adapted to local cultural standards. The aim was to evaluate the effectiveness of culturally adapted CBT. In a randomized controlled trial, a combination of CBT and antidepressants was compared with antidepressants only. 17 patients with depression were invited to participate and were randomized to the intervention and control group. Patients receiving CBT showed a statistically significant improvement in depression, anxiety, and physical symptoms compared with the group receiving antidepressants alone. In conclusion, a culturally sensitive, CBT-mediated intervention has been effective in reducing the symptoms of depression and anxiety in Pakistan.¹⁷

The study of Hwang et al,¹⁸ evaluated the effectiveness of CBT and culturally adapted CBT (CA-CBT) in treating major depression in Chinese-American adults. The randomized clinical trial involved 50 Chinese-Americans in a community mental health clinical setting. Participants were categorized according to whether they had already taken antidepressants, when they first visited the clinic, and were randomized to 12 CBT or CA-CBT sessions. The results showed that CA-CBT participants showed a greater overall reduction in depressive symptoms compared to CBT participants. The differences in dropout rates for the two groups were similar but not statistically significant. In conclusion, participants in both the CBT and CA-CBT groups showed significant reductions in depressive symptoms. The results also show that cultural adjustments in CBT may have additional benefits for treatment.¹⁸

A-Tjak et al,¹⁹ evaluated the effectiveness of Acceptance and Commitment Therapy (ACT) compared to Cognitive Behavioral Therapy (CBT) in terms of depressive symptoms and quality of life. Eighty-two patients

with major depressive disorder were randomized to a group receiving ACT or to a group receiving CBT for 20 sessions, respectively. The results showed that after treatment, depression remission rates were 75% and 80% for ACT and CBT interventions, respectively. Patients in both groups reported a reduction in depressive symptoms and an improvement in quality of life after treatment. In conclusion, both ACT and CBT are equally effective in treating major depressive disorder.¹⁹

Discussion:

This systematic review aims to investigate the effectiveness of Cognitive Behavioral Therapy (CBT) in patients with depression. In the analysis, there were included 13 studies and in all studies, the sample consisted of patients diagnosed with depression.

Cognitive Behavioral Therapy was delivered individually or in groups, alone or in combination with pharmacotherapy. The majority of studies include Cognitive Behavioral Therapy in conjunction with pharmacotherapy and the rest of the studies delivered Cognitive Behavioral Therapy individually, in groups or on their own.

More specifically, Zhang et al, Kennard et al, Esmilie et al, Nakagawa et al, and Naeem et al delivered CBT in combination with pharmacotherapy. In contrast, Ammerman et al, Stikkelbroek et al, Wiles et al¹⁵, Wiles et al¹⁶ and A-Tjak et al delivered CBT individually. Hwang et al delivered CBT alone. Zhang et al also handed over CBT as a group. Clarke et al delivered CBT both individually and in combination with pharmacotherapy. Zu et al also delivered CBT both in combination with pharmacotherapy and alone.

It has been observed that the implementation of CBT differs between studies. More specifically, CBT is implemented by Nurses in the study of Ammerman et al, by Psychotherapists in the study of Zhang et al and by Clinical Psychologists in the study of Zu et al and Naeem et al, by Psychologists in the studies of Kennard et al and Esmilie et al, by CBT Therapists in the studies of Clarke et al and Hwang et al and by Therapists in the studies of Stikkelbroek et al, Wiles et al¹⁵, Wiles et al¹⁶ and A-Tjak et al. Also in the study of Nakagawa et al it was implemented by Psychiatrists, Clinical Psychologist and Nurse.

The analysis of the results showed that individual CBT is effective in reducing depressive symptoms.^{10,15,16,19} It also helped patients manage depression¹⁵. In patients who received individual CBT, improvements were recorded in all indicators and 70.7% of mothers were no longer depressed after treatment.⁷ In the study by

Clarke et al., individual CBT had a clinical benefit and was shown to reduce the risk of future recurrent episodes of depression.¹¹ CBT has been effective in improving depressive symptoms, quality of life and social functioning according to Zhang et al.⁸

CBT in relation to the use of pharmacotherapy, had a positive effect on depression. More specifically, according to the study of Zhang et al, an improvement in the symptoms of depression, quality of life and social function of patients was observed.⁸ A similar effect of reducing depressive symptoms was observed in the study of Nakagawa et al¹⁴ and in the study of Zu et al with high rate of depression reduction of 75%.⁹ The study by Naeem et al also showed a reduction in depression, anxiety and physical symptoms.¹⁷ A lower risk of recurrence of depression with a 36% chance of recurrence was found throughout the follow-up according to Emslie et al.¹³ Kennard et al observed an eight-fold reduction in the risk of recurrence of depression and higher patient satisfaction.¹² Clarke et al also noted a significant clinical benefit that may reduce the risk of future recurrent depressive episodes.¹¹

Regarding the study of the long-term effectiveness of CBT in reducing long-term depressive symptoms, Wiles et al. observed that the results were maintained for more than 12 months,¹⁵ while in the study of Wiles et al, for more than 3 years.¹⁶ Also in the study of Nakagawa et al they were maintained for at least 12 months.¹⁴

Evaluating the effectiveness of Acceptance and Commitment Therapy (ACT) compared to Cognitive Behavioral Therapy (CBT), it was found that both CBT and ACT are equally effective in depression, reducing depression and improving the patients' life quality.¹⁹

Examining the effectiveness of CBT in preventing relapse of depression, Kennard et al found that CBT reduced the risk of relapse by eight times,¹² and similar to the results of Emslie et al found that CBT had a lower risk of relapse.¹³ Also according to Clarke et al, CBT has been shown to be significant in reducing the risk of future recurrent episodes of depression.¹¹

Regarding the effectiveness of CBT in the Community context, there was an improvement in all indicators of depression according to Ammerman et al,⁷ and a simi-

lar result was observed in the study of Hwang et al observing a reduction in depressive symptoms.¹⁸ CBT in the Community context has proved to be effective for depression.

Finally, few studies have investigated the effectiveness of CBT in non-Western populations. Evaluating the effectiveness of culturally adapted CBT according to Naeem et al, conducted in Pakistan, and the study of Hwang et al, conducted in the US on Chinese-Americans, found to have a positive effect on reducing depressive symptoms.^{17, 18}

Limitations of systematic review

There are some limitations to this systematic review. The main limitation is the small number of studies resulting in unsafe conclusions. Also, studies published in English only were reviewed, which led to the exclusion of a number of publications in other languages.

Conclusions

A systematic review shows that CBT is effective in patients with depression, both in group and individual sessions in both adolescents and adults. There is also some research that cites and demonstrates the effectiveness of CBT in a strictly Community context and specifically with home delivery. In addition, CBT has been shown to be important in preventing the recurrence of major depressive disorder with or without medication, and in reducing the risk of future recurrent depressive episodes in both adults and adolescents, while the use of CBT in conjunction with moderate-to-severe depression and the benefits can last up to a year after the end of CBT sessions. And because depression is a recurrent or chronic condition that affects individuals throughout their lives, CBT has been shown to be effective in the long run with beneficial effects lasting over 12 months and more than 3 years. Finally, the cultural adaptation of the CBT to meet the specificities of specific populations has been successful in reducing depressive symptoms. In cases of severe depression, short-term CBT interventions can lead to relapse and require more intensive treatment with concomitant antidepressants.

ΠΕΡΙΛΗΨΗ

Αποτελεσματικότητα της Γνωσιακής Συμπεριφορικής Θεραπείας στους ασθενείς με κατάθλιψη

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Εισαγωγή: Η κατάθλιψη είναι μια ψυχική διαταραχή που προκαλεί διαταραχές της διάθεσης, όπου χαρακτηρίζονται από απώλεια της αίσθησης του ελέγχου και μια υποκειμενική εμπειρία μεγάλης δυσφορίας. Η Γνωσιακή Συμπεριφορική Θεραπεία (CBT) φαίνεται να είναι αποτελεσματική στην κατάθλιψη και ως εκ τούτου καθίσταται αναγκαία η διερεύνηση της αποτελεσματικότητας της.

Σκοπός: Η διερεύνηση της αποτελεσματικότητας της Γνωσιακής Συμπεριφορικής Θεραπείας (CBT) στους ασθενείς με κατάθλιψη. Διερευνώντας την αποτελεσματικότητα της ατομικής και ομαδικής CBT, την αποτελεσματικότητα της σε κοινοτικό πλαίσιο, την αποτελεσματικότητα της σε συνάρτηση με τη χορήγηση φαρμακοθεραπείας και την μακροπρόθεσμη αποδοτικότητα της CBT.

Υλικό και Μέθοδος: Πραγματοποιήθηκε συστηματική ανασκόπηση της βιβλιογραφίας στις βάσεις δεδομένων Pubmed, Cochrane και Scopus για τα έτη 2007-2021. Λέξεις κλειδιά που χρησιμοποιήθηκαν ήταν οι ακόλουθες: depression, major depressive disorder, depressive symptoms, cognitive behavioral therapy (CBT), psychotherapy, group therapy, individual therapy, antidepressants, pharmacotherapy. Κριτήρια ένταξης των μελετών ήταν η γλώσσα συγγραφής να είναι η αγγλική, ο πληθυσμός των ερευνών να είναι ενήλικες, έφηβοι και παιδιά ανεξαρτήτου φύλου που πάσχουν από κατάθλιψη και κριτήρια αποκλεισμού των μελετών ήταν η παρέμβαση με CBT μέσω διαδικτύου ή τηλεφώνου. Η αρχική αναζήτηση κατέληξε σε 21.587 μελέτες, από τις οποίες οι 13 συμπεριλήφθηκαν στην παρούσα συστηματική ανασκόπηση.

Αποτελέσματα: Η Γνωσιακή Συμπεριφορική Θεραπεία (CBT) είναι αποτελεσματική στην πρόληψη της υποτροπής της κατάθλιψης, καθώς μειώνει τον κίνδυνο υποτροπής κατά οκτώ φορές και τον κίνδυνο μελλοντικών επαναλαμβανόμενων επεισοδίων κατάθλιψης. Επίσης η CBT σε συνάρτηση με την χρήση της φαρμακοθεραπείας, είχε θετική επίδραση στην κατάθλιψη, βελτιώνοντας τα σωματικά συμπτώματα, τα συμπτώματα κατάθλιψης και άγχους, την ποιότητα ζωής και την κοινωνική λειτουργία των ασθενών. Επιπλέον η αποτελεσματικότητα της CBT παρατηρήθηκε να διατηρείται για περισσότερο από 3 έτη.

Συμπεράσματα: Η Γνωσιακή Συμπεριφορική Θεραπεία (CBT) είναι αποτελεσματική σε ασθενείς με κατάθλιψη τόσο σε ατομικές όσο και σε ομαδικές συνεδρίες CBT αλλά και στο κοινοτικό πλαίσιο. Επίσης η CBT σε συνδυασμό με την φαρμακοθεραπεία ενδείκνυται στην θεραπεία της κατάθλιψης και είναι αποτελεσματική σε βάθος χρόνου.

Λέξεις-ευρετηρίου: κατάθλιψη, μείζονα καταθλιπτική διαταραχή, γνωσιακή συμπεριφορική θεραπεία, ομαδική θεραπεία, ατομική θεραπεία, αντικαταθλιπτικά.

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