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Randomized controlled trial of interpersonal psychotherapy versus enhanced treatment as usual for women with co-occurring depression and pelvic pain

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ABSTRACT

Objective: Our study assessed the effectiveness of Interpersonal Psychotherapy (IPT) tailored for biomedical patients with depression and pain. IPT was compared to enhanced treatment as usual (E-TAU) among women with co-occurring depression and chronic pain presenting for care at a women's health or family medicine practice. We hypothesized that women presenting to urban medical practices with depression and chronic pain would benefit from IPT tailored to address their needs to a greater degree than from E-TAU.
Methods: We conducted a randomized controlled psychotherapy trial of 61 women from 2 urban medical practices who met criteria for major depressive disorder and chronic pelvic pain. Participants were assigned to receive either 8 sessions of IPT or a facilitated psychotherapy referral to a community mental health center, and assessed for depression, social interactions, and pain at 0-, 12-, 24-, and 36-weeks, with score on the Hamilton Rating Scale for Depression as the primary outcome. Both intent-to-treat (ITT) and causal modeling analyses correcting for treatment attendance were conducted.
Results: ITT analyses were not significant. In causal modeling analyses, participants assigned to IPT showed significantly more improvement for depression and social interactions, but not for pain.
Conclusion: IPT may be a viable option as part of a comprehensive treatment program for women in medical practices with depression and chronic pain.
Clinical Trials Registration: Clinical Trials.gov, www.clinicaltrials.gov, NCT00895999.

Introduction

Reproductive-aged women are among those at greatest risk for both depression [1] and chronic pain [2]. Mood disorders and pain-related chronic medical conditions are the two leading causes of decreased quality of life [3], with annual costs of chronic pain and depression estimated at $215 billion and $80 billion respectively in the United States [4,5]. Moreover, treatment engagement, adherence, and outcomes consistently are worse for those with depression and pain than for those with depression alone. Specifically, patients with depression and chronic pain have more severe depression, longer time to remission, poorer remission rates, and more partial response rates [6–13] compared to patients with depression only. Women who have the added burden of socioeconomic disadvantage face poverty, low educational attainment, multiple life stressors and limited resources, in addition to factors likely interfering further with their treatment engagement and response, such as trauma exposure, chronic life stress, and poor health [14–16]. To meet these challenges, tailored approaches that are responsive to the complex, concurrent difficulties facing women with pain and depression are required.

Women living with socioeconomic disadvantage and African American women often report using their medical doctors as their primary resource for both physical and mental health care [17,18], and indicate a preference for psychotherapy over medication for treatment of depression [19–21]. Interpersonal Psychotherapy (IPT) is an evidence-based, time-limited psychotherapy that focuses on interpersonal issues associated with both the onset and maintenance of depression [22,23]. IPT is an effective treatment for individuals with physical illnesses [24–27], and patients in primary care and women's health settings [28–31]. IPT also has been found to be an excellent fit for low-income women and women of color with multiple social adversities and limited support [29,30,32]. Given the strong outcomes for IPT among socioeconomically disadvantaged women with health related concerns, we conducted a preliminary study for women with depression and pain, using specific treatment adaptations to address pain and treatment engagement [33], Interpersonal Psychotherapy for depressed

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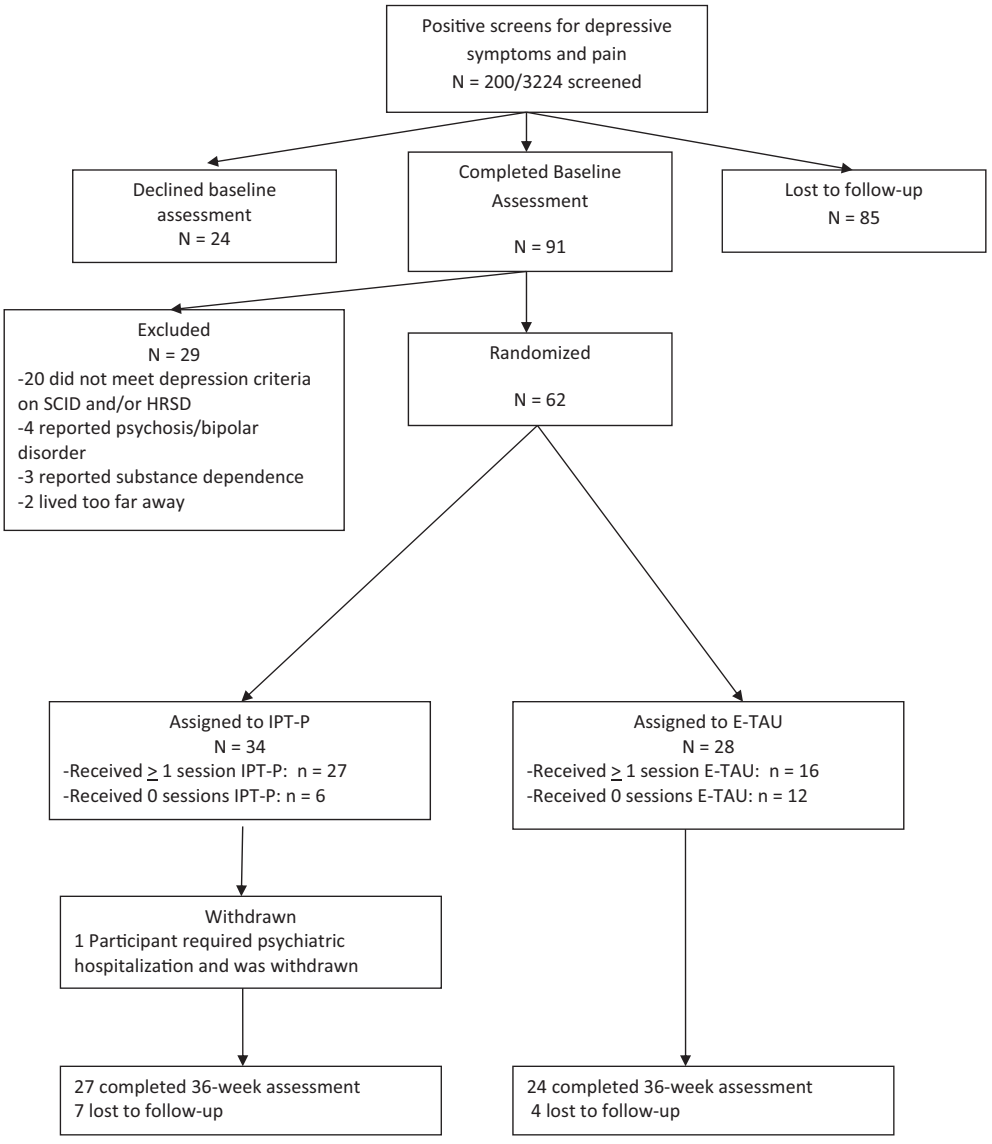

Fig. 1. CONSORT diagram.

patients with pain (IPT-P). Results from the study showed improvements in depression and social function [34], leading us to our next step: a controlled trial of our adapted IPT, with an active comparison condition.

In the current study, we compared IPT-P to enhanced treatment as usual (E-TAU), in which participants were provided with facilitated referrals for psychotherapy in a community mental health center. We hypothesized that IPT-P would prove more effective than E-TAU for depression outcomes among women with depression and pain presenting to primary care and obstetrics and gynecology practices. Our primary outcome was the severity score on the Hamilton Rating Scale of Depression. We also hypothesized that IPT-P would yield significant improvements in social interactions, pain, and daily function compared to E-TAU.

Method

Settings and participants

Women from two urban medical practices (obstetrics and gynecology and family medicine) were recruited between February, 2009 and September, 2011. We targeted women with chronic pelvic pain for several reasons: their elevated risk for under-treatment of depression [35,36]; the lack of studies assessing what treatments are effective among women with pelvic pain [37]; to reduce the heterogeneity of the types of pain interference experienced among participants; and because of the focus on women's health in this study. Thus, women with chronic pelvic pain seeking routine medical care were the focus of recruitment efforts. Moreover, given that screenings were held in health clinic settings, patients generally were not seeking depression care independently. Multiple recruitment strategies were employed. First, eligibility screens were conducted by research assistants while patients were waiting to be seen in exam rooms. Second, patients who had been diagnosed by their provider with chronic pelvic pain were sent letters inviting them to contact study staff if they were interested in learning more about a study for women trying to cope with the stress of chronic pelvic pain. Third, signs were posted in clinic exam rooms, waiting rooms, and bathrooms, inviting women who were having trouble living with chronic pelvic pain to contact study staff.

Potential participants received an initial screening to determine eligibility for the baseline assessment. The brief initial screening included: 1) the PHQ-2 [38] to determine if there was significant depressed mood and/or anhedonia defined as a score >3; and 2) the SF-36 pain scale [39,40] to determine if there was moderate or greater