



Review

Systematic review and meta-analysis of group cognitive behavioural psychotherapy treatment for sub-clinical depression

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ABSTRACT

Background: Studies investigating effectiveness of group psychotherapy intervention in sub-threshold depression have shown varying results with differing effect sizes.**Aims:** A systematic review of randomised controlled trials of group psychotherapy in adults with sub-threshold depression has been conducted to present the best available evidence in relation to its effect on depressive symptomatology and prevention of incident major depression.**Methods:** Electronic search for RCTs and a meta-analysis using random effects models to obtain a pooled estimate.**Results:** Eight studies from six clinical trials met the inclusion criteria. Group psychotherapy is an effective intervention for reducing depressive symptoms in adults with sub-threshold depression in comparison to waiting list controls (MD = −3.48, 95% CI: −5.02, −1.93). The reported benefits for group intervention in reducing depressive symptoms in comparison to other active interventions did not reach statistical significance (MD = 0.37 95% CI: −1.29, 2.04). The benefit of group psychotherapy at follow-up is not maintained. Group psychotherapies do not appear to reduce the risk of incident depressive disorder during the follow up (RR = 1.15 95% CI: 0.85, 1.54). Dutch studies had bigger effect sizes than studies from other countries. The quality of reporting of all the studies was suboptimal.**Conclusions:** The results of this meta-analysis show that group CBT interventions for patients with sub-threshold depression have a significant effect on depressive symptomatology at post treatment in both working age and older adult population. However it does not appear to reduce the incidence of major depressive disorders and has minimal or no effect on depressive symptomatology during follow-up.

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Abbreviations: CBT, Cognitive Behavioural Therapy; cCBT, Computerised Cognitive Behavioural Therapy.

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1. Background

1.1 Most patients with depressive symptoms do not reach the minimum diagnostic criteria for major depression, and are described as having minor or sub-syndromal or sub-threshold depression (Cuijpers and Smit, 2004; Anonymous, 2003). For sub-threshold depression, different definitions based on the number of depressive symptoms, duration of symptoms, exclusion criteria and associated functional impairment have been proposed (Pincus et al., 1999). Judd and colleagues defined the category *sub-syndromal symptomatic depression* as ‘any two or more simultaneous symptoms of depression, present for most or all of the time, at least two weeks in duration, associated with evidence of social dysfunction, occurring in individuals who do not meet criteria for diagnoses of major depression and/or dysthymia (Judd et al., 1994; Ayuso-Mateos et al., 2010). Sub-threshold depression is common and clinically important (Lyness et al., 2007), as it has detrimental effects on health and disability (Wagner et al., 2000), well-being, quality of life, psychosocial functioning (Rapaport and Judd, 1998; Cuijpers et al., 2004; Preisig and Merikangas, 2001) and job performance (Martin et al., 1996). It is associated with an increase in utilisation of medical services, increased mortality rate (Cuijpers and Smit, 2002, Cuijpers and Schoevers, 2004), and it is a risk factor for suicide (Draper, 1996, Rubinowitz and Runeson, 2002). Because minor depression is more prevalent than depressive disorders (Rucci et al., 2003) the total economic cost of minor depression is comparable to that of major depression (Cuijpers et al., 2007a).

1.2 People with sub-threshold depression are at an increased risk of incident depressive disorders both at short term (Cuijpers and Smit, 2004; Cuijpers et al., 2007a) and long term (Fergusson et al., 2005; Lyness et al., 2007). Patients with subclinical depressive symptoms are frequently treated with antidepressants (Esposito et al., 2007). Whilst in patients with severe depression, the benefit of antidepressants over placebo is substantial (Fournier et al., 2010), the, addition of an antidepressant in the usual management of patients with minor depression is unlikely to improve clinical outcomes (Hermens et al., 2007).

1.3 Individual psychological interventions for patients with sub-threshold depression have a significant effect on reducing depressive symptoms in adolescents (Clarke et al., 1995, 2001), adults (Allart-van Dam et al., 2003, 2007; Lynch et al., 1997; Willemse et al., 2004) and older adults (Haringsma and Engels, 2006; Mossey et al., 1996). The number of psychotherapists is often limited in clinical practice with long waiting lists preventing timely delivery of psychotherapeutic interventions. One possible solution would be to provide group based rather than individual psychotherapy. There is only a small difference in effects (0.20)

between individual interventions and group interventions in the treatment of depression (Cuijpers et al., 2007b). Group interventions are well suited to meet the needs of patients with depressive symptoms, as it is often accompanied by social isolation, physical disability and bereavement (Haight and Gibson, 2005). It is estimated that the costs of group therapy are about half of the costs of individual therapy (Vos et al., 2005). The findings from one meta-analysis indicate that the drop-out rate is significantly higher in individual therapy compared to groups, group therapies are at least as acceptable as individual therapies, and that additional advantages conferred by groups may increase treatment adherence (Cuijpers et al., 2007).

1.4 Psychotherapy studies aimed at preventing the onset of major depression in those with sub-threshold depression have provided mixed results with some studies (Clarke et al., 1995, 2001), but not others (Willemse et al., 2004; Allart-van Dam et al., 2003) favouring psychotherapeutic interventions. A meta-analysis of psychological interventions of sub-threshold depression by Cuijpers and colleagues confirms that psychological treatments for sub-threshold depression is effective mainly in the short-term with a modest effect size (Cuijpers et al., 2007a). This meta-analysis included adolescent studies and does not report combined effects of group psychotherapies. Since that systematic review in 2006, there have been several good quality clinical trials of group psychological interventions in sub-threshold depression (MacPherson et al., 2010; Konnert et al., 2009; Spek et al., 2007, 2008). No meta-analyses or systematic review has examined the effect of group psychotherapies in sub-threshold depression in adults. Therefore we decided to conduct such a systematic review.

1.5 The aim of the study was to conduct a systematic review with a comprehensive meta-analysis of randomised controlled trials of group psychotherapy in sub-threshold depression. We specifically want to investigate if group psychological interventions reduce depressive symptoms post treatment, and whether these interventions result in a reduced incidence of new cases of major depressive disorder. In addition, the methodological quality and quality of reporting of the eligible clinical trials included in the meta-analyses will be evaluated.

2. Methods

2.1. Identification and selection of studies

Data sources: The search strategy was designed to access both published and unpublished materials until October 2013. Medline, Embase, PsychInfo, CINAHL, British Nursing Index and Cochrane central register of controlled trials were searched. Major bodies

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