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European Psychiatric Association Guidance on psychotherapy in chronic depression across Europe

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ABSTRACT

Purpose: Patients with chronic depression (CD) by definition respond less well to standard forms of psychotherapy and are more likely to be high utilizers of psychiatric resources. Therefore, the aim of this guidance paper is to provide a comprehensive overview of current psychotherapy for CD. The evidence of efficacy is critically reviewed and recommendations for clinical applications and research are given.
Methods: We performed a systematic literature search to identify studies on psychotherapy in CD, evaluated the retrieved documents and developed evidence tables and recommendations through a consensus process among experts and stakeholders.
Results: We developed 5 recommendations which may help providers to select psychotherapeutic treatment options for this patient group. The EPA considers both psychotherapy and pharmacotherapy to be effective in CD and recommends both approaches. The best effect is achieved by combined treatment with psychotherapy and pharmacotherapy, which should therefore be the treatment of choice. The EPA recommends psychotherapy with an interpersonal focus (e.g. the Cognitive Behavioural Analysis System of Psychotherapy [CBASP]) for the treatment of CD and a personalized approach based on the patient's preferences.
Discussion: The DSM-5 nomenclature of persistent depressive disorder (PDD), which includes CD subtypes, has been an important step towards a more differentiated treatment and understanding of these complex affective disorders. Apart from dysthymia, ICD-10 still does not provide a separate entity for a chronic course of depression. The differences between patients with acute episodic depression and those with CD need to be considered in the planning of treatment. Specific psychotherapeutic treatment options are recommended for patients with CD.
Conclusion: Patients with chronic forms of depression should be offered tailored psychotherapeutic treatments that address their specific needs and deficits. Combination treatment with psychotherapy and pharmacotherapy is the first-line treatment recommended for CD. More research is needed to develop more effective treatments for CD, especially in the longer term, and to identify which patients benefit from which treatment algorithm.

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1. Introduction

About 20 to 30% of major depressive disorders (MDD) have a chronic course and 47% of patients in specialized mental health care have chronic depressive symptoms [1–6]. Three percent to 6% of the adult population in Western countries develop chronic depression (CD) [4,7,8]. The 12-month prevalence of CD, defined as a depressive syndrome lasting longer than 2 years, is 1.5% in the US [9], while lifetime prevalence rates are approximately 3 to 6% in community and primary care samples [10]. CD is one of the leading causes of disability worldwide and represents an increasing burden of disease [11]. Compared with episodic depression, CD is associated with higher economic costs [12] and health care service use [13]. Moreover, CD shows a larger proportion of comorbidities with other psychiatric Axis I and especially Axis II disorders [9], a stronger adverse impact on quality of life [14], increased disability in physical and psychological functioning [9,15] and a higher rate of hospitalization and risk of suicide [6,16]. Treatment options for CD include pharmacological and psychotherapeutic interventions and, in severe and treatment-resistant cases, even stimulation techniques such as electroconvulsive therapy (ECT). CD is more difficult to treat and shows lower response rates [17,18] than acute episodic depression. The aim of this Guidance Paper from the European Psychiatric Association (EPA) is to provide a comprehensive state-of-the-art overview on psychotherapeutic interventions for CD. We critically review the evidence of efficacy for these treatments and present recommendations for clinical applications and research.

1.1. Definition of chronic depression

The fourth edition (text revision) of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) of the American Psychiatric Association (APA) [19] classifies depressive disorder as having a chronic course if it lasts more than 2 years. According to DSM-IV-TR (see also Keller et al. [20]), CD can be divided into 4 subtypes:

- dysthymic disorder;
- chronic major depressive disorder (cMDD, i.e. MDD lasting for at least 2 years);
- double depression (MDD superimposed on a dysthymic disorder);
- recurrent MDD with incomplete recovery between episodes.

Over the last few years, experts of the field have stated that these 4 forms of depression might have more similarities than differences [8,21] and proposed that a single diagnosis that combines all subtypes into one diagnosis might be called the "CD spectrum disorders". Consequently, some authors suggest that depressive disorders should instead be divided into acute and chronic forms [6,15]. They also propose that dysthymic disorder and double depression might be one form of depression [22], because 40% of patients with dysthymic disorder are found to have coexisting MDD [23] and 95.1% of patients with dysthymic disorder have a lifetime major depressive episode (MDE) [22]. Moreover, the comorbidity of MDD and dysthymia is one of the most common among DSM-IV disorders (National Comorbidity Survey conducted by Kessler et al.) [24]. Therefore, in DSM-5 the diagnostic entity "persistent depressive disorder (dysthymia)" (PDD) was introduced to clearly distinguish CD from episodic forms of depression. The criterion of duration rather than severity of illness was selected as the discriminating factor between PDD and MDD. In DSM-5, PDD is categorized into 4 entities to identify different courses (Fig. 1): PDD, as defined by symptoms over the last 2 years, (1) with persistent MDE that becomes chronic, (2) with intermittent MDE with current episode, (3) with dysthymic symptoms, and (4) with intermittent major depressive episodes (MDE) without current episode. Moreover, PDD can be classified as mild, moderate and severe. In this guidance paper, we use the term CD rather than PDD because most of the studies on psychotherapy for chronic or persistent depression were published before DSM-5 was introduced. In the future, however, one term should be used consistently in medical practice and research.

The current ICD-10 classification does not allow a chronic course of MDD to be coded in a similar way as DSM-5, so future

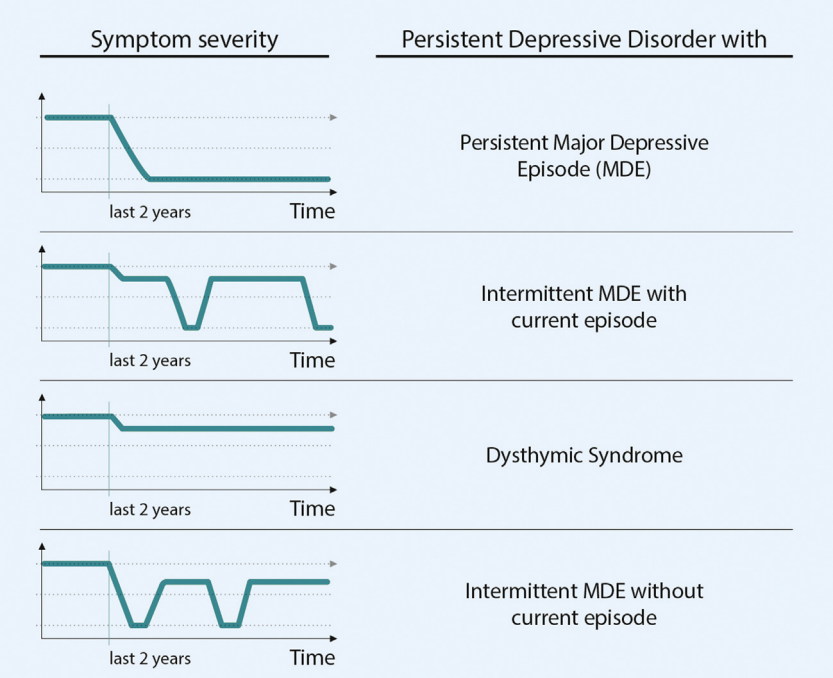

Fig. 1. Clinical presentations of chronic depression (CD) according to DSM-5.