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Research report

Prevention of depression in subclinically depressed adults: Follow-up effects on the 'Coping with Depression' course

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Abstract

Background: People with subclinical depressive symptoms are at increased risk of depressive disorder, little is known on the prevention of depressive disorder in this population. This study evaluates the long-term preventive effects of an effective depression treatment, the Coping with Depression (CWD) course. This paper describes the effect of the CWD course on the incidence of depressive episodes and depressive symptoms, and explores whether the initial level of symptoms and gender has differential intervention effects.

Methods: Participants ($N=104$) were adults with subclinical depressive symptoms, who were randomly assigned to either a preventive group course condition, the 'Coping with Depression' course, or to an assessment-and-advice-only control group condition. Follow-up results were measured 6 and 12 months after completion of the course.

Results: The CWD course showed to be effective in preventing depressive symptomatology but there was no evidence that the course prevented depressive disorder. 25% of the control group and 27.3% of the course group developed a depressive disorder within a year.

Initial depressive symptomatology moderated the outcomes: only participants with low initial symptomatology appeared to benefit in the long term from course participation.

Conclusions: The CWD course is effective as a treatment for subclinical depression. Preventive effects are restricted to participants with initially low depression levels. Therefore, this subgroup should be targeted in future depression-prevention practices and in future prevention studies.

Keywords: Depression prevention; Randomized controlled trial; Subclinical depression

People with subclinical depressive symptoms are found to have an increased risk of developing a depressive episode (Horwath et al., 1994). As subclinical depressive symptoms are highly prevalent in the community (Judd, 1995; Kessler et al., 1997; Johnson et al., 1992), people with depressive symptoms constitute an important target group for depression prevention.

Interventions targeting subclinically depressed participants are generally found to result in a reduction of depressive symptomatology at immediate post-intervention measurements (Gillham et al., 2000). The reduction of depressive symptoms is hypothesized to

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lower the risk of subsequent depressive disorder. Indeed, randomized trials on depression prevention in adolescents at risk showed that the incidence of depressive disorder can be reduced (Clarke et al., 1995, 2001).

This study focuses on the long-term efficacy of the 'Coping with Depression' course (Lewinsohn and Clarke, 1984) as a preventive intervention for subclinically depressed adults. As treatment for depression, the course has repeatedly proven to be effective in a variety of populations (Cuijpers, 1998).

Initial depression level was found to be an important predictor of posttest depression level in two studies that investigated the influence of client variables on the outcome of the 'Coping with Depression' course in clinically depressed adults (Steinmetz et al., 1983; Hoberman et al., 1988). Few depression prevention studies investigated the impact of pretest depression levels on preventive effects. For the Coping with Depression course, it is not known whether initial depression level moderates the potential preventive effects.

We conducted a randomized controlled trial with a no-intervention control group to test the course on its longer-term preventive merits. The short-term results, with a focus on relief of depressive symptomatology, were described previously (Allart et al., 2003). In summary, the earlier findings showed that participants in the experimental condition exhibited fewer depressive symptoms 1 month after completion of the course as compared to the control group, and there was evidence that change in depressive cognitions acted as a mediator of change in depression level.

In the present article on the preventive merits of the course, we will present the results of two follow-up assessments, one at 6 and one at 12 months. We hypothesized that participants of the 'Coping with Depression' course would have less depressive symptomatology and lower incidence of depressive disorder than those in the control condition. Also, the long-term effects of the course on intermediate variables–depressive cognition, pleasant activities, social skills, self-esteem–were tested, and we investigated whether changes in these variables during the course mediated the depression level at the two follow-up assessments. We explored the results in relation to initial depression level and gender as several studies found differential effects for gender and pretest symptom levels (Gillham et al., 2000). We expected participants with lower initial depression levels to show superior preventive effects.

1. Methods

A detailed description of the methodology has been reported previously (Allart et al., 2003). Core aspects of the method are highlighted here.

1.1. Participants

By means of a call in local newspapers and on local television, adults between the ages of 18 and 65 not currently undergoing psychosocial or medical treatment for mental problems were invited to take part in a depression screening test. 324 participants were screened for psychopathology. The outcome of the screening was discussed with the participants and treatment was recommended if necessary. Following the discussion of the screening results, participants received information on the purpose and the design of the experimental study, and the participants' informed consent was obtained. The participants were then randomly assigned (with stratification by sex and on a 2:1 basis) to the experimental 'group course' condition or the control condition.

Of the 324 people assessed, 214 were excluded from the study: 150 interviewees met one of the exclusion criteria and 64 refused to participate. Participants had to meet the following criteria: (a) an elevated level of depressive symptoms, as indicated by a score of 10 or higher on the Beck Depression Inventory (BDI; Beck et al., 1961, 1979); (b) no current diagnosis of major depression or a lifetime history of bipolar disorder as measured with the Composite International Diagnostic Interview (CIDI; WHO, 1997); (c) no current psychiatric diagnosis warranting treatment or likely to interfere with participation in the group course; and (d) willingness to give their informed consent.

The study sample consisted of 110 participants who were randomly assigned to the experimental condition ($n=68$) or the control condition ($n=42$). The male–female ratio was 2:3 and the mean age was 45.6 years (S.D.=9.9). CIDI diagnoses showed that a majority of the participants ($n=65$, 59.1%) had had an episode of depression in the past, 23 in the control group (54.8%) and 42 (61.8%) in the course group (which difference was not significant). Conditions did not differ on depressive symptoms as assessed during the screening ($t(108)=-0.54$, $p=0.59$), age ($t(108)=0.082$, $p=0.94$), gender ($\chi^2(1, N=110)=0.29$, $p=0.59$) and educational level ($\chi^2(4, N=108)=6.7$, $p=0.15$). Analyses on the effects of the intervention were performed on all participants that returned pretest measures ($N=104$). Pretest measures of depressive symptoms and general mental health did not differ between the experimental and control group