Psychosomatics 2016:57:616–623

Original Research Reports

Treating Depression: What Patients Want; Findings From a Randomized Controlled Trial in Primary Care

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Objective: *To highlight clinical and sociodemographic factors associated with patients' preference in the treatment of depression, we conducted a randomized controlled trial comparing the efficacy of selective serotonin reuptake inhibitors and interpersonal counseling in patients with a major depressive episode.* **Methods:** *Patients, recruited from a psychiatric consultation service in the primary care setting, were asked to express their preference for the type of treatment before randomization to one of the 2 intervention arms. Severity of depressive symptoms and functional impairment was assessed using the 21-item Hamilton Rating Scale for Depression and the Work and Social Adjustment Scale, respectively.* **Results:** *A total of 170 patients were evaluated, 87 (51.2%) patients expressed their preference for interpersonal counseling and 83 (48.8%) for selective serotonin reuptake inhibitors. Depression severity and treatment preference showed significant correlations. Preference for interpersonal counseling was related to mild depression and greater functional impairment, whereas patients with moderate or severe depression were more likely to prefer medication. Remission rates and functional level were not related to treatment preference at the end of the study.* **Conclusion:** *Treatment preference is a critical factor, influenced by clinical and sociodemographic characteristics, and further studies are needed to improve its clinical relevance.*

(Psychosomatics 2016; 57:616–623)

Key words: depression, primary care, psychotherapy, antidepressant, interpersonal counseling, preference.

INTRODUCTION

Major depression is among the most common psychiatric conditions, representing a public health issue that leads to poor quality of life and increases disability and personal suffering.[1] Despite the availability of evidence-based treatments, the full remission of symptoms is not achieved in a high proportion of patients ranging from 30–50%.[2] Adherence to antidepressant drugs remains low, especially in the primary health care setting.[3] Recent data also showed that the benefit of antidepressant medication compared with placebo increases with severity of depressive symptoms,[4] while for mild to moderate depression the efficacy of a brief structured psychosocial intervention could be higher than that of SSRIs.[5]

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By addressing the growing need to optimize the available resources in the primary care setting where psychologic interventions are often lacking, research has recently focused on tailored interventions. In particular, one of the factors more often studied is the patients' treatment preference as a differential predictor of depression outcome.[6,7] It is increasingly undeniable that patients' preference for treatment options may vary, and that a patient-centered approach is essential for effective management.[8–10]

Previous studies on patients' preference showed how it may affect clinical and relational aspects of the caring process, including the beginning of the prescribed treatment, compliance to it, and the degree of therapeutic alliance with the clinician.[11] On the contrary, there is contrasting evidence that the choice of pharmacologic or psychologic interventions based on the preference may offer advantages in terms of remission from depressive symptoms.[12]

Although it is well established that depressed patients more frequently favor psychologic interventions,[8] there are few data on factors associated with treatment preference.[13] Female sex, high level of education, and a family history of depression have been related with a preference for psychotherapy.[14] Likewise, it has been highlighted how preference may vary according to age, race, working status, history of previous treatments, and patients' opinions about the causes and consequences of depression.[14–18] There are even fewer available indications concerning the relation between clinical variables and treatment preference. Among these observations, the effect of depression severity has been mixed with some studies finding no difference in preferences,[14,15] and others reporting a positive relationship between more severe depressive symptomatology and the choice of pharmacological intervention.[17,19] However, at least 1 study has provided the opposite evidence, showing that higher levels of depressive symptoms were associated with more negative attitudes toward antidepressant treatment.[20]

As most studies on depression treatment preference have been conducted in English-speaking countries, there is a need to broaden the research on this issue in other contexts. It is possible to hypothesize important differences that may appear between countries, related to sociocultural factors, or to health care system organizations.

To evaluate sociodemographic and clinical factors associated with patients' treatment preference, we use data from a randomized controlled trial (RCT) conducted in Italy and comparing a brief psychologic intervention, the interpersonal counseling (IPC), with selective serotonin reuptake inhibitors (SSRIs) in a sample of primary care patients who are depressed. In addition, our trial allows assessment of the effect of preference on outcome and thus expands current knowledge on this controversial topic.

METHODS

Design

This is a multicenter randomized controlled trial comparing IPC vs SSRI for primary care patients with major depression (DEPICS Study). The full protocol for the DEPICS study has been described in detail in previous work.[7] Before randomization to 1 of the 2 interventions, patients were asked to express their preference for the psychologic or for the pharmacologic treatment.

The protocol of this study was approved by the Ethical Committee of the University Hospital of Bologna and registered in the Australian New Zealand Clinical Trials Registry (ANZCTR) as ACTRN 12608000479303.

Participants

Patients were recruited from university-based psychiatric consultation-liaison services specifically dedicated to primary care physicians that were encouraged to refer patients recognized as suffering from depression; patients were seen by a consultant psychiatrist and evaluated for the possible inclusion in the study.

Inclusion criteria were age of 18 years or more, a diagnosis of major depressive episode, a Hamilton Depression Rating Scale (HDRS, 21-item version) score ≥ 13,[21] and no more than 1 past major depressive episode treated with antidepressants or psychotherapy. We excluded patients with 2 or more previous depressive episodes treated with antidepressants or psychotherapy and with borderline or antisocial personality disorder because of the different pattern of response to treatment and the less-favorable prognosis.[22,23]