



Special review article

The effect of psychotherapeutic interventions on positive and negative affect in depression: A systematic review and meta-analysis



Nikolaos Boumparis^{a,*}, Eirini Karyotaki^{a,b}, Annet Kleiboer^{a,b}, Stefan G. Hofmann^c, Pim Cuijpers^{a,b}

^a Department of Clinical Psychology, VU University Amsterdam, Amsterdam, The Netherlands

^b EMGO, Institute of Health Care Research, VU University Medical Centre, Amsterdam, The Netherlands

^c Department of Psychological and Brain Sciences, Boston University, Boston, MA, USA

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ABSTRACT

Background: Depression is a mental disorder characterized by high and dysregulated negative affect in addition to diminished positive affect. To our knowledge, there has been no systematic review of the impact of psychotherapeutic interventions on these affective dimensions.

Methods: Two comprehensive literature searches for all randomized controlled trials of psychotherapy in adults with depression were performed. The first from 1996 to December 31, 2014 and the second from January 1, 2015 to December 31, 2015. The primary outcome was the mean score of positive and negative affect. Depressive symptoms were measured to be included as a predictor in the meta-regression analyses.

Results: Ten studies with 793 adults with depression were included. All studies assessed positive and negative affect. Psychotherapeutic interventions resulted in significantly increased positive affect ($g=0.41$; 95% CI: 0.16–0.66 $p=0.001$), and significantly decreased negative affect ($g=0.32$; 95% CI: 0.15–0.78, $p=0.001$) in depressed adults. Because of the small number and substantial heterogeneity of the existing studies the meta-regression analyses produced conflicting results. As a consequence, we were unable to sufficiently demonstrate whether NA and depressive symptoms are in fact correlated or not.

Limitations: Given the small number and heterogeneity of the included studies, the findings should be considered with caution.

Conclusions: Psychotherapeutic interventions demonstrate low to moderate effects in enhancing positive and reducing negative affect in depressed adults.

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* Correspondence to: Department of Clinical Psychology, VU University Amsterdam, Van der Boeorchstraat 1, 1081 BT Amsterdam, The Netherlands.

E-mail address: niko_boumparis@t-online.de (N. Boumparis).

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1. Introduction

Depressive disorders represent a common and major public health concern. They affect approximately 9.5% of the United States adult population per year (Kessler et al., 2005) with a lifetime prevalence rate of about 12.7% for men and 21.3% for women (Kessler et al., 1994). Evidence of more than 350 randomized controlled trials demonstrate that a great variety of psychotherapeutic interventions for depressive disorders exists and that they effectively reduce depressive symptoms (Cuijpers et al., 2008a). These treatments have been proven to result in better outcomes when contrasted with treatment as usual, waiting list, and placebo pill (Cuijpers et al., 2008c). Furthermore, psychotherapeutic interventions have been shown to be about equally effective as pharmacotherapies (Cuijpers et al., 2013).

According to Watson and Tellegen (1985), affect can be divided into two separate dimensions; positive (PA) and negative affect (NA). Intriguingly, recent studies have reported that PA might operate as a source of resilience in buffering stress levels (Fredrickson, 2001; Ong et al., 2006; Steptoe and Wardle, 2005), might play a protective role in the development of depression (Bos et al., 2013; Lindahl and Archer, 2013), can predict postpartum depressive symptoms (Raes et al., 2014), and finally, seems to mediate recovery in depressive patients (Hart et al., 2008). Watson and his colleagues (Clark and Watson, 1991; Watson et al., 1988) additionally reported that decreased PA is associated with sadness, lack of energy, apathy, inattentiveness, lack of interest and lack of self-confidence, which are pivotal symptoms of depression. Hofmann et al. (2012) recently presented a transdiagnostic model stating that mood (and anxiety) disorders are the result of dysregulated NA, coupled with a deficiency in PA. This model is supported by recent studies suggesting that increased and dysregulated NA is positively associated with elevated stress levels (Dua, 1993), depressive symptoms (Aldao et al., 2010; Thomsen, 2006; Young and Dictrich, 2015), and may predict the onset of depression (Bos et al., 2013; Nolen-Hoeksema et al., 2008). This is also in line with the Research Domain Criteria (RDoC) initiative by National Institute of Mental Health (NIMH) (Insel et al., 2010) that aims at establishing a dimensional approach to mental disorders that links psychological conditions directly to psychopathological mechanisms. The RDoC initiative identified five initial candidate domains including PA (reward seeking, learning, habit formation) and NA (fear, distress, aggression) (Sanislow et al., 2010). The objective of the present study is to examine the effect of psychotherapy on NA and PA. We hypothesized that psychotherapy is associated with a decrease in NA and an increase in PA. Moreover, we expect that changes in depression are primarily associated with an increase in PA, as predicted by the model of Hofmann et al. (2012).

2. Methods

2.1. Identification of studies

We used an existing database of randomized trials of psychotherapeutic interventions for depression in adults. This database has already been used by several published meta-analyses, and its detailed description can be found in Cuijpers et al. (2008a). This database has been developed and is constantly updated by a systematic literature search of the following databases: Cochrane Central Register of Controlled Trials, PubMed, PsycINFO and EMBASE from 1996 to December 31, 2014. Furthermore, we performed an additional systematic search to search for studies published from January 1, 2015, up to December 31, 2015. Our initial selection was based on titles and abstracts. If these did not provide sufficient information to assess the eligibility criteria, full-text articles were retrieved and evaluated regarding our inclusion criteria. As a result of these searches, we examined 18,114 abstracts from Pubmed (4348 abstracts), PsycInfo (3433), Embase (6308) and the Cochrane Central Register of Controlled Trials (4025) in total. In these computerized searches, various key terms covering the concepts of psychotherapeutic interventions and depression were employed in diverse combinations. Both MeSH terms and text words were included in the search process. For a detailed description of the searches, we direct the reader to the paper by Cuijpers et al. (2008b). From the 18,114 abstracts (12,364 after removal of duplicates), we retrieved 1769 full-text papers for possible inclusion in the present systematic review and meta-analysis, of which 1759 were excluded because they did not meet the inclusion criteria. We also conducted additional searches by checking references of the included studies (Horsley et al., 2011) to ensure that no relevant study is missing. No language restrictions were applied. Our aim was to identify all available psychotherapeutic interventions in which PA and NA affect was measured at post-test. Also, to strengthen the generalizability of our findings we decided to conduct later a sensitivity analysis only including studies that apply conventional therapies according to the work of Cuijpers et al. (2008a). Such conventional therapies are cognitive-behaviour therapy, nondirective supportive therapy, behavioral activation therapy, psychodynamic therapy, problem-solving therapy, interpersonal psychotherapy, and social skills training.

2.2. Eligibility criteria

We included (a) randomized controlled trials, (b) comparing psychotherapeutic interventions, (c) with waiting list, psychoeducation, or placebo (d) aimed at adults with depression based on a clinical interview or through a valid self-report scale, and (e) including a measurement of PA and NA of the participants at baseline and post-test rated through a valid self-report scale.

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