COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

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EVIDENCE TO GO

Research Updates for Health Professionals

Inside This Volume:

Cognitive behavior therapy for depression in primary care: Systematic review and meta-analysis

All monthly updates prepared by volunteer early career professional members of the Evidence To Go subcommittee of the CFHA Research & Evaluation Committee. Updates are peer reviewed by CFHA researchers.

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Stay up to Date with Key Findings in Integrated Care

The purpose of this bulletin is to provide brief summaries of new research studies for healthcare professionals and administrators who are interested in keeping up with the latest discoveries but do not have enough time to read the entire journal articles. The articles are chosen based on interest to CFHA members as well as overall importance to the field. There are always limitations to the study findings, so we encourage you to read the entire article.

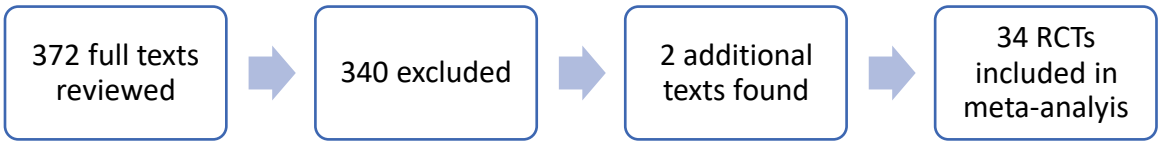
"Sometimes I only have one minute to scan an email for research updates. This bulletin gives me the opportunity to quickly gather information that pertains to my area of practice..."

- Giuliana McQuirt, Psy.D.

This Meta-Analysis Says CBT in Primary Care Works

Study Process

- Intervention = cognitive therapy, behavior therapy, or combo of the two
- Patients met diagnostic criteria for unipolar depression, scored above recognized depression cutoff for depression, OR had depressive symptoms and were ≥ 18 years
- More than half of sample recruited from primary care OR intervention delivered in primary care
- RCT where CBT compared to control condition
- Effect of CBT estimable



POOLED POSTTREATMENT EFFECT ON DEPRESSION SYMPTOMS WAS A SMALL EFFECT SIZE (*g* = 0.22) IN FAVOR of CBT!

Important Findings:
1. Effects sustained at follow-up
2. CBT effective for patients with sub-clinical depression symptoms
3. All CBT formats (i.e., individual, group, self-guided) more effective than control
4. Remission rates similar to studies of CBT outside primary care
5. Smaller effect when CBT delivered in primary care vs. patients recruited from primary care but received treatment elsewhere
6. Length or number of sessions did not change the effect (Mean number of sessions included 9.6 (sd=3.8) and mean length was 58 min (sd=21.6 min)

Find the article:

Santoft, F., Axelsson, E., Ost, L-G., Hedman-Lagerlof, M., Fust, J., & Hedman-Lagerlof, E. (2019). Cognitive behavior therapy for depression in primary care: Systematic review and meta-analysis. *Psychological Medicine*, *49*, 1266-1274. DOI: https://doi.org/10.1017/S0033291718004208