

some instances, the mood stabilizer may actually induce mild depression, and psychiatrists may therefore choose to decrease the dosage of the mood stabilizer. If depression is severe, they may add an SSRI or a second mood stabilizer. If the patient experiences rapid cycling between mania and depression despite long-term treatment, antidepressants should be avoided altogether.

Psychotherapy

Psychotherapy is the treatment of an emotional, behavioral, personality, or psychiatric disorder by means of verbal and nonverbal communication, as opposed to the use of medication or physical interventions. It is commonly used in the treatment of patients with depression. Like any medical treatment, it has advantages and disadvantages.

Used on its own, psychotherapy produces few physiological side effects—an especially important consideration for older adults who are often taking more than one type of medication. Psychotherapy may also help patients with depression learn to cope with, or avoid factors contributing to, a recurrence of depression and offers the possibility of effective treatment for patients who have not responded to medications. However, it may take longer to achieve any benefit using psychotherapy—six to eight weeks or longer as compared with four to six weeks for medication. Also, psychotherapy alone is not effective in patients with severe depression.

Based on the severity of the depression and factors specific to each patient, therapists select a combination of different approaches from the range of psychotherapeutic techniques described on the pages 36–39. Essential to all psychotherapy is the establishment of a trusting relationship with the therapist, enabling the patient to share confidences, life experiences, and problems. Some patients are unable to communicate owing to severe physical debilitation or delusions caused by depression. As a result, they may not benefit from psychotherapy until medications or other treatments improve the depression. If psychotherapy alone produces no response by 6 weeks or only a partial response by 12 weeks, medication should be strongly considered.

Psychotherapy also plays a role in bipolar disorder. Environmental factors, such as stress, may trigger episodes of mania or depression, and counseling may help patients identify and deal with these triggers as well as gain insight into their condition. Psychotherapy also can help patients deal with the dysfunctional thinking often associated with bipolar disorder. Counseling that

NEW RESEARCH

Telephone Psychotherapy Helps People With Depression

Follow-up calls and psychotherapy done by telephone can boost the effectiveness of standard depression treatment, a new study suggests. This finding is important because over two thirds of people with depression discontinue medication or stop going to psychotherapy early.

The study included 600 people with depression whose primary care physician had just prescribed antidepressant medication. The people were randomized to standard care with antidepressant medication, standard care plus telephone follow-up from a care manager, or standard care plus telephone follow-up and eight telephone sessions of psychotherapy.

After six months, people who received telephone psychotherapy were more likely to have significant reductions in depression scores than those who received standard care (58% vs. 43%). They were also more likely to report that their depression was “much improved” and that they were “very satisfied” with treatment. Telephone follow-up alone also improved ratings of improvement and satisfaction, but to a lesser degree than telephone follow-up plus psychotherapy.

Such telephone programs potentially may allow health care professionals “to engage patients who might not be reached by traditional in-person treatment,” the researchers write.

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