

Combination treatment best for depressed teens

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NEW YORK (Reuters Health) - A combination of the antidepressant drug fluoxetine (Prozac) and a type of psychotherapy called cognitive-behavior therapy (CBT) appears to be the safest, most effective way to treat moderate-to-severe depression in adolescents, according to a study published today.

Depression affects roughly 5 percent of adolescents, causing difficulties for patients and their families and increasing the risk for suicide, Dr. John S. March, from Duke University in Durham, North Carolina, and colleagues point out in the Archives of General Psychiatry.

In the Treatment for Adolescents with Depression Study, 439 depressed 12- to 17-year olds were randomly assigned to receive fluoxetine or placebo medication with or without CBT for 12 weeks.

CBT, which involves learning to recognize and address distorted thoughts and feelings that lead to depression and emotional distress, consisted of 15 one-hour sessions during the initial 12 weeks and then less frequently during the remainder of the study.

After 12 weeks, 73 percent of patients receiving fluoxetine and CBT, 62 percent of those receiving fluoxetine only, and 48 percent of those receiving CBT only responded to treatment.

At the end of 36 weeks, 243 of the 327 patients were still in the study. Response rates were 86 percent for combination therapy, 81 percent for fluoxetine only and 81 percent for CBT only.

At the beginning of the study, roughly 40 percent of teens in the combination therapy group, 26 percent of those in the fluoxetine group and 25 percent of those in the CBT group warranted prompt evaluation for suicidal tendencies.

A drop in suicidal thoughts was noted in all of the active treatment groups, although the effect was more pronounced in the combination therapy and CBT-only groups than in the fluoxetine-only group.

Similarly, suicidal events -- defined as suicidal attempts, thoughts and behaviors or preparatory actions toward suicide -- occurred in 8.4 percent of patients in the combination therapy group and 6.3 percent of those in the CBT only group, compared with 14.7 percent of those treated with fluoxetine only. This suggests that CBT may protect against suicidal events in patients taking fluoxetine, the researchers note.

The results suggest that "treatment with fluoxetine alone or in combination with CBT accelerates the (clinical) response," the authors conclude. "Adding CBT to medication enhances the safety of medication," by decreasing suicidal thoughts.

Taken together, these findings suggest that fluoxetine plus CBT is better than either intervention alone, they add.

SOURCE: Archives of General Psychiatry, October 2007.

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