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Influence of initial severity of depression on effectiveness of low intensity interventions: meta-analysis of individual patient data

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STUDY QUESTION Do patients with more severe depression benefit less from “low intensity” psychological therapy than those with milder depression?

SUMMARY ANSWER No, patients with more severe depression show at least as much clinical benefit from low intensity interventions as less depressed patients.

WHAT IS KNOWN AND WHAT THIS PAPER ADDS

To better manage the high prevalence of depression in the community, many services seek to provide simple forms of psychological therapy (low intensity interventions), but whether patients with more severe depression are suitable for such interventions is not known. We found no clinically meaningful differences in treatment effects between more and less severely ill patients receiving low intensity interventions.

SELECTION CRITERIA FOR STUDIES We searched published systematic reviews, updated with a search of the Cochrane Library, for randomised controlled trials of low intensity interventions (such as interventions provided through written materials or the internet with limited professional support) in patients with depression.

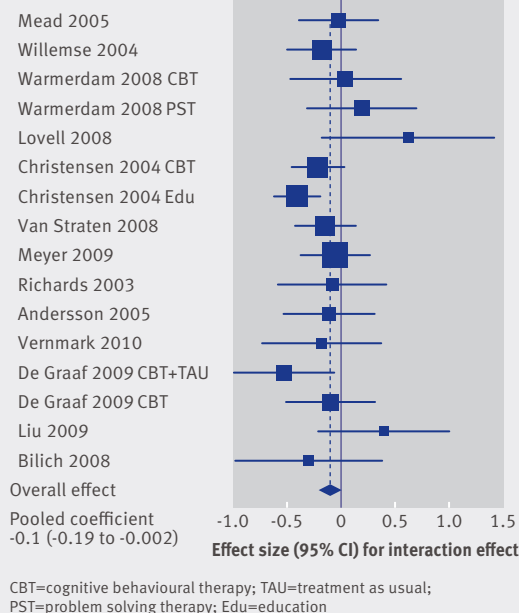
Primary outcome(s)

Our primary outcome was the relation between initial depression severity (measured with the Beck Depression Inventory or Center for Epidemiologic Studies Depression Scale) and the amount of clinical benefit (change in depression score) that patients received from low intensity interventions.

Main results and role of chance

We used individual patient data from 16 trials including 2470 patients. We found a significant interaction between baseline severity and treatment effect (coefficient -0.1 (95% CI -0.19 to -0.002)), suggesting that patients who are more severely depressed at baseline demonstrate larger treatment effects from low intensity interventions than those who are less severely depressed. However, the magnitude of the interaction was small and may not be clinically significant.

Interactions between baseline severity of depression and effect of low intensity interventions



Bias, confounding, and other reasons for caution

We were unable to access all published data on low intensity interventions, obtaining individual patient data from just over half of the 29 eligible studies. Although we found no clinically meaningful differences in treatment effects between more and less severely ill patients receiving low intensity interventions, patients with more severe depression are more likely to continue to show clinically significant levels of distress after low intensity treatments and may require additional care.

Study funding/potential competing interests

The study was funded as part of the UK National Institute of Health Research (NIHR) School for Primary Care Research. BM is an employee of GAIA AG, Hamburg, which owns one of the low intensity interventions considered in this paper. PB has been a paid consultant to the British Association for Counselling and Psychotherapy.

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