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| 2. | [Antidepressants as effective as counselling](#doc_id_2) The Daily Telegraph (London), December 9, 2015 Wednesday, NEWS; Pg. 2, 545 words, Laura Donnelly |

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| 3. | [Counselling as effective as antidepressants](#doc_id_3) The Daily Telegraph (London), December 9, 2015 Wednesday, NEWS; Pg. 2, 545 words, Laura Donnelly |

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| 4. | [Why talking therapy may take the place of happy pills](#doc_id_4) Scottish Daily Mail, December 9, 2015 Wednesday, NEWS; Pg. 25, 457 words, Ben Spencer |

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| 5. | Why happy pills could be replaced by therapy: Patients with severe depression benefit as much from treatment as they do from taking tablets MailOnline, December 9, 2015 Wednesday, 8:13 AM; 514 words, BEN SPENCER |

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DAILY MAIL (London)

**December** 9, 2015 Wednesday

**WHY HAPPY PILLS COULD BE REPLACED**

**LENGTH:** 359 words

**THERAPY**

BY BEN SPENCER MEDICAL CORRESPONDENT

PATIENTS with severe depression benefit as much from psychological **therapy** as they do from pills, research suggests.

Experts compared **antidepressants** and cognitive behavioural **therapy** (**CBT**) - a form of counselling that seeks to change thought processes.

They found no statistical **difference** between the two treatments in terms of response or remission.

In a study published in the British Medical Journal, the authors said patients should now be given a choice of treatment.

**CBT** is a so-called talking **therapy'** that seeks to change habits of thought and behaviour to combat a range of problems from anorexia, anxiety and depression to fear of the dentist. It uses a strategy similar to that used in the popular mindfulness' technique - making patients more aware of their thoughts and feelings and how they react to them.

But campaigners worry that GPs are prescribing drugs because of the long waiting lists for such psychological **therapies**. In the meantime prescriptions have almost doubled from 29million in 2004 to 57million last year. Some 9 per cent of Britons have taken **antidepressants** recently - the fourth highest rate in Europe.

In the latest study, US and Austrian scientists assessed data from 11 studies involving 1,511 patients with depression.

The authors, from the University of North Carolina and Danube University, admitted the results should be interpreted cautiously' but were consistent with other research. They wrote: The available evidence suggests no **difference** in treatment effects of second-generation **antidepressants** and cognitive behavioural **therapies**, either alone or in combination, in major depressive disorder.'

Professor Anthony Cleare, of King's College, London, and Professor Shirley Reynolds, of Reading University, both said a choice of treatments would benefit patients.

But Dr Paul Keedwell, a consultant psychiatrist based in London, said **antidepressants** are often essential. And Professor Guy Goodwin, of Oxford University, said: In the real world patients with severe depression are rarely able to engage with demanding talking **therapies**.'

b.spencer@dailymail.co.uk

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**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Papers

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The Daily Telegraph (London)

**December** 9, 2015 Wednesday

Edition 2;

National Edition

**Antidepressants as effective as counselling**

**BYLINE:** Laura Donnelly

**SECTION:** NEWS; Pg. 2

**LENGTH:** 545 words

**ANTIDEPRESSANTS** are no more effective than counselling in tackling depression, a study has found.

The BMJ research comes amid soaring levels of prescriptions, with a doubling in the numbers of the drugs being given over the past decade.

Researchers examined 11 trials which compared **antidepressants** such as Prozac with psychological approaches, usually involving cognitive behavioural **therapy** (**CBT**).

The study found no statistical **difference** between drugs and **therapy** when it came to their effectiveness for moderate to severe depression.

The UK now has the seventh highest prescribing rate for **antidepressants** in the Western world, with around four million Britons taking them each year - twice as many as a decade ago.

Mental health charities have raised concerns that the drugs are often doled out because they are cheaper and there are long waits for other help, such as counselling.

Last year a report found that one in 10 patients seeking talking **therapies** waits more than a year before their needs are even assessed.

Guidance from the National Institute of Health and Care Excellence says those with moderate to severe depression should be offered a combination of medication and counselling, with account taken of a patient's preferences.

Researchers led by Danube University in Austria analysed the results of 11 randomised controlled trials, involving more than 1,500 patients.

Some were on modern **antidepressants** - known as selective serotonin reuptake inhibitors - while others were having regular counselling sessions.

Overall, there was an improvement of around 45 per cent in depression scores among patients in both groups, the research found.

Last year there were 57.1 million **antidepressant** medicines dispensed in England - almost twice as many as in 2004. Researchers said many patients might prefer psychological treatments, but end up taking **antidepressants** because of limited access to counselling.

Psychiatrists said the findings also suggested there could be a case for teaching school pupils basic **therapies** and interventions such as mindfulness, in an attempt to help prevent depression.

Prof Sir Simon Wessely, president of the Royal College of Psychiatrists, said: "This confirms what many have been saying for some time. Both **antidepressants** and talking **therapies** such as **CBT** should be offered for patients with depressive illnesses."

The professor of psychological medicine at the Institute of Psychiatry, Psychology & Neuroscience at King's College London, said decisions were likely to come down to patient preference and the availability of counselling services. "We should remember that it's not either/or here - the evidence repeatedly shows that the best outcomes comes from both together," he said.

"If I were to develop depression I would want both **antidepressants** and talking **therapies**."

Prof Shirley Reynolds, director of the Charlie Waller Institute at the University of Reading, said: "This research is important because it suggests that, when possible, patients should be given the opportunity to choose what treatment they would prefer."

Rachel Boyd, information manager for Mind, the charity, said other studies had found that people who were given an informed choice of treatment options were far more likely to feel that **therapy** was effective.

**LOAD-DATE:** December 9, 2015

**LANGUAGE:** ENGLISH

**PUBLICATION-TYPE:** Newspaper

**JOURNAL-CODE:** DTL

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The Daily Telegraph (London)

**December** 9, 2015 Wednesday

Edition 1;

Scotland

**Counselling as effective as antidepressants**

**BYLINE:** Laura Donnelly

**SECTION:** NEWS; Pg. 2

**LENGTH:** 545 words

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**LOAD-DATE:** December 9, 2015

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**JOURNAL-CODE:** DTL

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Scottish Daily Mail

**December** 9, 2015 Wednesday

Edition 1;

Scotland

**Why talking therapy may take the place of happy pills**

**BYLINE:** Ben Spencer

**SECTION:** NEWS; Pg. 25

**LENGTH:** 457 words

PATIENTS with severe depression benefit as much from psychological **therapy** as they do from pills, research suggests.

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It uses a strategy similar to that used in the popular 'mindfulness' technique - making patients more aware of their thoughts and feelings and how they react to them.

But campaigners worry that family doctors are prescribing drugs because of the long waiting lists for such psychological **therapies**.

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In the latest study, US and Austrian scientists assessed data from 11 studies involving 1,511 patients with depression.

The authors, from the University of North Carolina and Danube University, admitted the results 'should be interpreted cautiously' but were consistent with other research.

They wrote: 'The available evi-dence suggests no **difference** in treatment effects of second-generation **antidepressants** and cognitive behavioural **therapies**, either alone or in combination, in major depressive disorder.' Professor Anthony Cleare, of King's College, London, and Professor Shirley Reynolds, of Reading University, both said a choice of treatments would benefit patients.

'Arguments over which type of treatment is most effective should not obscure the fact that too many patients are currently not getting adequate treatment for depression,' he said. He added: 'The good news from this study is patients can be reassured that both **antidepressants** and psychological **therapies** like **CBT** are likely to be effective treatments for depression.

'The key message is that a choice of treatments should be available to all patients with depression.' But Dr Paul Keedwell, a consultant psychiatrist based in London, said **antidepressants** are often essential.

'Clinical experience suggests that patients with severe or melancholic depression require **antidepressants**, preferably with some form of talking **therapy**,' he added.

Professor Guy Goodwin, of Oxford University, added: 'In the real world patients with severe depression are rarely able to engage with demanding talking **therapies**.'

'Choice would benefit patients'

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**JOURNAL-CODE:** DMLscot

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