**Why happy pills could be replaced by therapy: Patients with severe depression benefit as much from treatment as they do from taking tablets**

* **Experts compared antidepressants and cognitive behavioural therapy**
* **They found no statistical difference in response between two treatments**
* **Yet, prescriptions have almost doubled over last 10 years in Britain**

By [Ben Spencer for the Daily Mail](http://www.dailymail.co.uk/home/search.html?s=&authornamef=Ben+Spencer+for+the+Daily+Mail)

Published: 01:52, 9 December 2015 | Updated: 08:13, 9 December 2015

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 29 million in 2004 to 57 million 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.

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