

SOUTHWESTERN NEWS

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EMBARGOED UNTIL 3 P.M. CDT, THURSDAY, APRIL 12, 2001

UT SOUTHWESTERN RESEARCHERS SHOW COGNITIVE THERAPY CAN PREVENT RELAPSES OF MAJOR DEPRESSION

DALLAS – April 13, 2001 – Researchers at UT Southwestern Medical Center at Dallas have shown for the first time that continuing cognitive therapy for eight months after an episode of depression has remitted can reduce relapse and recurrence in patients at highest risk for further depressive episodes.

Cognitive therapy helps depressed patients recognize and remedy negative thinking or dysfunctional thinking patterns. Previous research at UT Southwestern and elsewhere has shown that cognitive therapy reduces symptoms in adults with major depressive disorder as effectively as antidepressant medication.

Dr. Robin Jarrett, professor of psychiatry, and her associates report in today's issue of the *Archives of General Psychiatry* that depressive relapse was significantly reduced in patients with recurrent major depressive disorder who responded to acute-phase cognitive therapy and then went on to receive eight months of continuation-phase cognitive therapy. No antidepressant medication was prescribed in either phase.

Jarrett said to prevent relapse and recurrence depressed patients who have responded to antidepressant medication routinely continue taking the medication after their depression remits. Previous research has shown that 80 percent of depressed patients treated with medication experience a relapse or recurrence when they discontinue medication. Until now, no one has compared the results of continuing cognitive therapy for unmedicated patients to discontinuing the cognitive therapy.

"To our knowledge, this is the first randomized clinical trial comparing cognitive therapy with and without a continuation phase in patients who responded to therapy but remain at high risk for relapse and recurrence because they have a history of recurrent depression," Jarrett said.

(MORE)

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The investigators enrolled 156 patients between the ages of 18 and 65 in the study. After 20 sessions of acute-phase cognitive therapy, they were randomly divided into two groups. One group received continuation-phase cognitive therapy for eight months, and one group received no further therapy for eight months. The patients in continuation-phase cognitive therapy showed a 10 percent relapse rate, compared to the other group, which had a 31 percent relapse rate.

The patients were followed for an additional 16 months.

The researchers' findings showed that over 24 months, continuation therapy was even more effective in younger patients and in those whose remission was unstable.

For patients who became depressed early in life, continuation-phase cognitive therapy reduced relapse and recurrence to 16 percent compared to 67 percent in the control patients, Jarrett said. Similarly, 37 percent of the patients relapsed or recurred who had unstable remission during the final weeks of the acute phase and who continued the cognitive therapy, compared to 62 percent of patients with unstable remission who discontinued cognitive therapy.

Other UT Southwestern researchers who participated in the study included Dr. Dolores Kraft, adjunct assistant professor of psychiatry; Dr. Barbara M. Foster, academic computing services instructor; Dr. G. Greg Eaves, psychiatry associate; and Dr. Paul C. Silver, clinical assistant professor of psychiatry.

The National Institute of Mental Health funded the research.

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