

SOUTHWESTERN NEWS

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NIMH AWARDS \$1.6 MILLION TO STUDY BEST WAY TO KEEP DEPRESSION FROM RECURRING

DALLAS – May 3, 2000 – Just about everyone gets the “rainy-day blues” every once in a while, but patients who suffer from recurring bouts of major depression experience emotional pain quite distinct from occasional low moods.

A team led by Dr. Robin Jarrett, associate professor of psychiatry at UT Southwestern Medical Center at Dallas, is trying to help patients who suffer from these recurring episodes of major depression. Jarrett is principal investigator of the UT Southwestern portion of a new study investigating whether cognitive therapy, a proven treatment for depression, can prevent relapses and recurrences of the disorder as well as standard antidepressant medication can. Dr. Michael Thase leads the team at The University of Pittsburgh – Western Psychiatric Institute and Clinic, which is also participating in the study.

A National Institute of Mental Health (NIMH) \$1.6 million grant will fund the research project, which will involve seriously depressed patients who have suffered at least two major depressive episodes during their lives.

"Cognitive therapy is a form of psychotherapy that focuses on evaluating negative thinking patterns and helping the patient develop coping skills targeted at reducing and preventing depressive symptoms," Jarrett said. "Previous research has demonstrated that depression-specific psychotherapy is as effective as antidepressant medication in reducing depression symptoms in many outpatients.

"Studies have shown that between 50 percent and 85 percent of depressed patients treated with cognitive therapy improve, which is comparable to medication," Jarrett said. "More research is needed, however, on the extent to which cognitive therapy may prevent a major depressive relapse or a recurrence of the illness compared to medication.

"We do know that somewhere between 50 percent and 80 percent of people who experience a major depressive disorder experience a relapse or recurrence within two years after

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DEPRESSION – 2

recovery from the presenting episode."

In the first part of the study, 340 patients will receive 16 to 20 sessions of cognitive therapy over a three-month period. Participants will include men and women between the ages of 18 and 70 who are currently depressed and who have suffered from depression at least once before. They must be drug-free, physically healthy and not currently being treated for major depressive disorder.

Study participants for the second, eight-month phase will be drawn from eligible patients treated during the first phase. They will be divided into three groups. One group will be given "booster" sessions of cognitive therapy; one group will receive treatment with an antidepressant medication; and the third group will be given placebos. All eligible patients will continue with follow-up visits, some for as long as 32 months.

"According to NIMH, nearly 10 million people in the United States within any six-month period experience serious depression," Jarrett said. "These people and their loved ones pay an enormous price for the pain and impairment caused by the illness.

"Depression can affect all aspects of life, including your sleep, appetite, and thoughts about yourself, our world and the future. Depressive illness can affect your ability to maintain your job or to enjoy interpersonal relationships and can be treated effectively when people seek help."

Anyone considering participating in this study may contact Dr. Dolores Kraft, project director and assistant professor of psychiatry, at 214-648-5351.

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