30 action on depression abstracts, september/november '13

(Akhter, Fiedorowicz et al. 2013; Batink, Peeters et al. 2013; Cavanagh, Strauss et al. 2013; Chocano-Bedoya, O'Reilly et al. 2013; Cooney, Dwan et al. 2013; Crump, Sundquist et al. 2013; Cruz, Roter et al. 2013; Driessen, Van et al. 2013; Grigoriadis, VonderPorten et al. 2013; Grigoriadis, VonderPorten et al. 2013; Grigoriadis, VonderPorten et al. 2013; Gyani, Shafran et al. 2013; Kelleher, Corcoran et al. 2013; Kmietowicz 2013; Krieger, Altenstein et al. 2013; Krpan, Kross et al. 2013; Lucas, O'Reilly et al. 2013; MacPherson, Richmond et al. 2013; Maniglio 2013; Pompili, Gonda et al. 2013; Reisch, Steffen et al. 2013; Richards, Hill et al. 2013; Rohde, Lewinsohn et al. 2013; Sachs and Drugs 2013; Sareen, Henriksen et al. 2013; Thase 2013; Thase 2013; Wiltink, Michal et al. 2013; Withers, Tarasoff et al. 2013; Yerevanian and Choi 2013)

Akhter, A., J. G. Fiedorowicz, et al. (2013). **"Seasonal variation of manic and depressive symptoms in bipolar disorder."** Bipolar Disorders 15(4): 377-384. http://dx.doi.org/10.1111/bdi.12072

Objectives Analyses of seasonal variation of manic and depressive symptoms in bipolar disorder in retrospective studies examining admission data have yielded conflicting results. We examined seasonal variation of mood symptoms in a prospective cohort with long-term follow-up: the Collaborative Depression Study (CDS). Methods The CDS included participants from five academic centers with a prospective diagnosis of bipolar I or II disorder. The sample was limited to those who were followed for at least 10 years of annual or semi-annual assessments. Time series analyses and autoregressive integrated moving average (ARIMA) models were used to assess seasonal patterns of manic and depressive symptoms. Results A total of 314 individuals were analyzed (bipolar I disorder, n = 202; bipolar II disorder, n = 112), with both disorders exhibiting the lowest frequency of depressive symptoms in summer and the highest around the winter solstice, though the winter peak in symptoms was statistically significant only with bipolar I disorder. Variation of manic symptoms was more pronounced in bipolar II disorder, with a significant peak in hypomanic symptomatology in the months surrounding the fall equinox. Conclusions Significant seasonal variation exists in bipolar disorder, with manic/hypomanic symptoms peaking around the fall equinox and depressive symptoms peaking in the months surrounding the winter solstice in bipolar I disorder.

Batink, T., F. Peeters, et al. (2013). **"How does MBCT for depression work? Studying cognitive and affective mediation pathways."** PLoS ONE 8(8): e72778. http://dx.doi.org/10.1371%2Fjournal.pone.0072778

(Free full text available) Mindfulness based cognitive therapy (MBCT) is a non-pharmacological intervention to reduce current symptoms and to prevent recurrence of major depressive disorder. At present, it is not well understood which underlying mechanisms during MBCT are associated with its efficacy. The current study (n = 130) was designed to examine the roles of mindfulness skills, rumination, worry and affect, and the interplay between those factors, in the mechanisms of change in MBCT for residual depressive symptoms. An exploratory but systematic approach was chosen using Sobel-Goodman mediation analyses to identify mediators on the pathway from MBCT to reduction in depressive symptoms. We replicated earlier findings that therapeutic effects of MBCT are mediated by changes in mindfulness skills and worry. Second, results showed that changes in momentary positive and negative affect significantly mediated the efficacy of MBCT, and also mediated the effect of worry on depressive symptoms. Third, within the group of patients with a prior history of ≤ 2 episodes of MDD, predominantly changes in cognitive and to a lesser extent affective processes mediated the effect of MBCT. However, within the group of patients with a prior history of ≥ 3 episodes of MDD, only changes in affect were significant mediators for the effect of MBCT.

Cavanagh, K., C. Strauss, et al. (2013). **"A randomised controlled trial of a brief online mindfulness-based intervention."** Behaviour Research and Therapy 51(9): 573-578. http://www.sciencedirect.com/science/article/pii/S0005796713001149

Abstract Objectives There is growing evidence that mindfulness has positive consequences for both psychological and physical health in both clinical and non-clinical populations. The potential benefits of mindfulness underpin a range of therapeutic intervention approaches designed to increase mindfulness in both clinical and community contexts. Self-guided mindfulness-based interventions may be a way to increase access to the benefits of mindfulness. This study explored whether a brief, online, mindfulness-based intervention can increase mindfulness and reduce perceived stress and anxiety/depression symptoms within a student population. Method One hundred and four students were randomly allocated to either immediately start a two-week, self-guided, online, mindfulness-based intervention or a wait-list control. Measures of mindfulness, perceived stress and anxiety/depression were administered before and after the intervention period. Results Intention to treat analysis identified significant group by time interactions for mindfulness skills, perceived stress and anxiety/depression symptoms. Participation in the intervention was associated with significant improvements in all measured domains, where no significant changes on these measures were found for the control group. Conclusions This provides evidence in support of the feasibility and effectiveness of shorter self-guided mindfulness-based interventions. The limitations and implications of this study for clinical practice are discussed.

Chocano-Bedoya, P. O., E. J. O'Reilly, et al. (2013). **"Prospective study on long-term dietary patterns and incident depression in middle-aged and older women."** Am J Clin Nutr 98(3): 813-820. http://ajcn.nutrition.org/content/98/3/813.abstract

Background: Although individual nutrients have been investigated in relation to depression risk, little is known about the overall role of diet in depression.Objective: We examined whether long-term dietary patterns derived from a food-frequency questionnaire (FFQ) predict the development of depression in middle-aged and older women.Design: We conducted a prospective study in 50,605 participants (age range: 50–77 y) without depression in the Nurses' Health Study at baseline (1996) who were followed until 2008. Long-term diet was assessed by using FFQs every 4 y since 1986. Prudent (high in vegetables) and Western (high in meats) patterns were identified by using a principal component analysis. We used 2 definitions for clinical depression as follows: a strict definition that required both a reported clinical diagnosis and use of antidepressants (3002 incident cases) and a broad definition that further included women who reported either a clinical diagnosis or antidepressant use (7413 incident cases).Results: After adjustment for age, body mass index, and other potential confounders, no significant association was shown between the diet patterns and depression risk under the strict definition. Under the broad definition, women with the highest scores for the Western pattern had 15% higher risk of depression (95% CI: 1.04, 1.27; P-trend = 0.01) than did women with the lowest scores, but after additional adjustment for psychological scores at baseline, results were no longer significant (RR: 1.09; 95% CI: 0.99, 1.21; P-trend = 0.08).Conclusion: Overall, results of this large prospective study do not support a clear association between dietary patterns from factor analysis and depression risk.

Cooney, G. M., K. Dwan, et al. (2013). ***"Exercise for depression."*** <u>Cochrane Database Syst Rev</u> 9: CD004366. <u>http://www.ncbi.nlm.nih.gov/pubmed/24026850</u>

BACKGROUND: Depression is a common and important cause of morbidity and mortality worldwide. Depression is commonly treated with antidepressants and/or psychological therapy, but some people may prefer alternative approaches such as exercise. There are a number of theoretical reasons why exercise may improve depression. This is an update of an earlier review first published in 2009. OBJECTIVES: To determine the effectiveness of exercise in the treatment of depression in adults compared with no treatment or a comparator intervention. SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Controlled Trials Register (CCDANCTR) to 13 July 2012. This register includes relevant randomised controlled trials from the following bibliographic databases: The Cochrane Library (all years); MEDLINE (1950 to date); EMBASE (1974 to date) and PsycINFO (1967 to date). We also searched <u>www.controlled-trials.com</u>, ClinicalTrials.gov and the WHO International Clinical Trials Registry Platform. No date or language restrictions were applied to the search.We conducted an additional search of the CCDANCTR up to 1st March 2013 and any potentially eligible trials not already included are listed as 'awaiting classification.' SELECTION CRITERIA: Randomised controlled trials in which exercise (defined according to American College of Sports Medicine criteria) was compared to standard treatment, no treatment or a placebo treatment, pharmacological treatment, psychological treatment or other active treatment in adults (aged 18 and over) with depression, as defined by trial authors. We included cluster trials and those that randomised individuals. We excluded trials of postnatal depression. DATA COLLECTION AND ANALYSIS: Two review authors extracted data on primary and secondary outcomes at the end of the trial and end of follow-up (if available). We calculated effect sizes for each trial using Hedges' g method and a standardised mean difference (SMD) for the overall pooled effect, using a random-effects model risk ratio for dichotomous data. Where trials used a number of different tools to assess depression, we included the main outcome measure only in the meta-analysis. Where trials provided several 'doses' of exercise, we used data from the biggest 'dose' of exercise, and performed sensitivity analyses using the lower 'dose'. We performed subgroup analyses to explore the influence of method of diagnosis of depression (diagnostic interview or cut-off point on scale), intensity of exercise and the number of sessions of exercise on effect sizes. Two authors performed the 'Risk of bias' assessments. Our sensitivity analyses explored the influence of study quality on outcome. MAIN RESULTS: Thirty-nine trials (2326 participants) fulfilled our inclusion criteria, of which 37 provided data for meta-analyses. There were multiple sources of bias in many of the trials; randomisation was adequately concealed in 14 studies, 15 used intention-to-treat analyses and 12 used blinded outcome assessors.For the 35 trials (1356 participants) comparing exercise with no treatment or a control intervention, the pooled SMD for the primary outcome of depression at the end of treatment was -0.62 (95% confidence interval (CI) -0.81 to -0.42), indicating a moderate clinical effect. There was moderate heterogeneity (I(2) = 63%).When we included only the six trials (464 participants) with adequate allocation concealment, intention-to-treat analysis and blinded outcome assessment, the pooled SMD for this outcome was not statistically significant (-0.18, 95% CI -0.47 to 0.11). Pooled data from the eight trials (377 participants) providing long-term follow-up data on mood found a small effect in favour of exercise (SMD -0.33, 95% CI -0.63 to -0.03).Twenty-nine trials reported acceptability of treatment, three trials reported quality of life, none reported cost, and six reported adverse events. For acceptability of treatment (assessed by number of drop-outs during the intervention), the risk ratio was 1.00 (95% CI 0.97 to 1.04).Seven trials compared exercise with psychological therapy (189 participants), and found no significant difference (SMD -0.03, 95% CI -0.32 to 0.26). Four trials (n = 300) compared exercise with pharmacological treatment and found no significant difference (SMD -0.11, -0.34, 0.12). One trial (n = 18) reported that exercise was more effective than bright light therapy (MD -6.40, 95% CI -10.20 to -2.60).For each trial that was included, two authors independently assessed for sources of bias in accordance with the Cochrane Collaboration 'Risk of bias' tool. In exercise trials, there are inherent difficulties in blinding both those receiving the intervention and those delivering the intervention. Many trials used participant self-report rating scales as a method for post-intervention analysis, which also has the potential to bias findings. AUTHORS' CONCLUSIONS: Exercise is moderately more effective than a control intervention for reducing symptoms of depression, but analysis of methodologically robust trials only shows a smaller effect in favour of exercise. When compared to psychological or pharmacological therapies, exercise appears to be no more effective, though this conclusion is based on a few small trials.

Crump, C., K. Sundquist, et al. (2013). ***"Comorbidities and mortality in bipolar disorder: A Swedish national cohort study."*** <u>JAMA Psychiatry</u> 70(9): 931-939. <u>http://dx.doi.org/10.1001/jamapsychiatry.2013.1394</u>

Importance Bipolar disorder is associated with premature mortality, but the specific causes and underlying pathways are unclear. Objective To examine the physical health effects of bipolar disorder using outpatient and inpatient data for a national population.Design, Setting, and Participants National cohort study of 6 587 036 Swedish adults, including 6618 with bipolar disorder. Main Outcomes and Measures Physical comorbidities diagnosed in any outpatient or inpatient setting nationwide and mortality (January 1, 2003, through December 31, 2009). Results Women and men with bipolar disorder died 9.0 and 8.5 years earlier on average than the rest of the population, respectively. All-cause mortality was increased 2-fold among women (adjusted hazard ratio [aHR], 2.34; 95% CI, 2.16-2.53) and men (aHR, 2.03; 95% CI, 1.85-2.23) with bipolar disorder, compared with the rest of the population. Patients with bipolar disorder had increased mortality from cardiovascular disease, diabetes mellitus, chronic obstructive pulmonary disease (COPD), influenza or pneumonia, unintentional injuries, and suicide for both women and men and cancer for women only. Suicide risk was 10-fold among women (aHR, 10.37; 95% CI, 7.36-14.60) and 8-fold among men (aHR, 8.09; 95% CI, 5.98-10.95) with bipolar disorder, compared with the rest of the population. Substance use disorders contributed only modestly to these findings. The association between bipolar disorder and mortality from chronic diseases (ischemic heart disease, diabetes, COPD, or cancer) was weaker among persons with a prior diagnosis of these conditions (aHR, 1.40; 95% CI, 1.26-1.56) than among those without a prior diagnosis (aHR, 2.38; 95% CI, 1.95-2.90; Pinteraction = .01). Conclusions and Relevance In this large national cohort study, patients with bipolar disorder died prematurely from multiple causes, including cardiovascular disease, diabetes, COPD, influenza or pneumonia, unintentional injuries, and suicide. However, chronic disease mortality among those with more timely medical diagnosis approached that of the general population, suggesting that better provision of primary medical care may effectively reduce premature mortality among persons with bipolar disorder.

Cruz, M., D. L. Roter, et al. (2013). ***"Appointment length, psychiatrists' communication behaviors, and medication management appointment adherence."*** <u>Psychiatr Serv</u> 64(9): 886-892. <u>http://www.ncbi.nlm.nih.gov/pubmed/23771555</u>

OBJECTIVE: The authors explored the relationship between critical elements of medication management appointments (appointment length, patient-centered talk, and positive nonverbal affect among providers) and patient appointment adherence. METHODS: The authors used an exploratory, cross-sectional design employing quantitative analysis of 83 unique audio recordings of split treatment medication management appointments for 46 African-American and 37 white patients with 24 psychiatrists at four ambulatory mental health clinics. All patients had a diagnosis of depression. Data collected included demographic information; Patient Health Questionnaire-9 scores for depression severity; psychiatrist verbal and nonverbal communication behaviors during medication management appointments, identified by the Roter Interaction Analysis System during analysis of audio recordings; and appointment adherence. Bivariate analyses were employed to identify covariates that might influence appointment adherence. Generalized estimating equations (GEEs) were employed to assess the relationship

between appointment length, psychiatrist patient-centered talk, and positive voice tone ratings and patient appointment adherence, while adjusting for covariates and the clustering of observations within psychiatrists. Wald chi square analyses were used to test whether all or some variables significantly influenced appointment adherence. RESULTS: GEE revealed a significant relationship between positive voice tone ratings and appointment adherence (p=.03). Chi square analyses confirmed the hypothesis of a positive and significant relationship between appointment adherence and positive voice tone ratings (p=.03) but not longer visit length and more patient-centered communication. CONCLUSIONS: The nonverbal conveyance of positive affect was associated with greater adherence to medication management appointments by depressed patients. These findings potentially have important implications for communication skills training and adherence research.

Driessen, E., H. L. Van, et al. (2013). *"The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: A randomized clinical trial."* Am J Psychiatry 170(9): 1041-1050.
http://www.ncbi.nlm.nih.gov/pubmed/24030613
OBJECTIVE: The efficacy of psychodynamic therapies for depression remains open to debate because of a paucity of high-quality studies. The authors compared the efficacy of psychodynamic therapy with that of cognitive-behavioral therapy (CBT), hypothesizing nonsignificant differences and the noninferiority of psychodynamic therapy relative to CBT. METHOD: A total of 341 adults who met DSM-IV criteria for a major depressive episode and had Hamilton Depression Rating Scale (HAM-D) scores >/=14 were randomly assigned to 16 sessions of individual manualized CBT or short-term psychodynamic supportive therapy. Severely depressed patients (HAM-D score >24) also received antidepressant medication according to protocol. The primary outcome measure was posttreatment remission rate (HAM-D score </=7). Secondary outcome measures included mean posttreatment HAM-D score and patient-rated depression score and 1-year follow-up outcomes. Data were analyzed with generalized estimating equations and mixed-model analyses using intent-to-treat samples. Noninferiority margins were prespecified as an odds ratio of 0.49 for remission rates and a Cohen's d value of 0.30 for continuous outcome measures. RESULTS: No statistically significant treatment differences were found for any of the outcome measures. The average posttreatment remission rate was 22.7%. Noninferiority was shown for posttreatment HAM-D and patient-rated depression scores but could not be demonstrated for posttreatment remission rates or any of the follow-up measures. CONCLUSIONS: The findings extend the evidence base of psychodynamic therapy for depression but also indicate that time-limited treatment is insufficient for a substantial number of patients encountered in psychiatric outpatient clinics.

Grigoriadis, S., E. H. VonderPorten, et al. (2013). *"The effect of prenatal antidepressant exposure on neonatal adaptation: A systematic review and meta-analysis."* J Clin Psychiatry 74(4): e309-320.
http://www.ncbi.nlm.nih.gov/pubmed/23656856
OBJECTIVE: Conflicting reports on potential risks of antidepressant exposure during gestation for the infant have been reported in the literature. This systematic review and meta-analysis on immediate neonatal outcomes were conducted to clarify what, if any, risks are faced by infants exposed to antidepressants in utero. Subanalyses address known methodological limitations in the field. DATA SOURCES: MEDLINE, EMBASE, CINAHL, and PsycINFO were searched from their start dates to June 2010. Various combinations of keywords were utilized including, but not limited to, depressive/mood disorder, pregnancy/pregnancy trimesters, antidepressant drugs, and neonatal effects. STUDY SELECTION: English language and cohort and case-control studies reporting on a cluster of signs defined as poor neonatal adaptation syndrome (PNAS) or individual clinical signs (respiratory distress and tremors) associated with pharmacologic treatment were selected. Of 3,074 abstracts reviewed, 735 articles were retrieved and 12 were included in this analysis. DATA EXTRACTION: Two independent reviewers extracted data and assessed the quality of the articles. RESULTS: Twelve studies were retrieved that examined PNAS or the signs of respiratory distress and tremors in the infant. There was a significant association between exposure to antidepressants during pregnancy and overall occurrence of PNAS (odds ratio [OR] = 5.07; 95% CI, 3.25-7.90; P < .0001). Respiratory distress (OR = 2.20; 95% CI, 1.81-2.66; P < .0001) and tremors (OR = 7.89; 95% CI, 3.33-18.73; P < .0001) were also significantly associated with antidepressant exposure. For the respiratory outcome, studies using convenience samples had significantly higher ORs (Q1 = 5.4, P = .020). No differences were found in any other moderator analyses. CONCLUSIONS: An increased risk of PNAS exists in infants exposed to antidepressant medication during pregnancy; respiratory distress and tremors also show associations. Neonatologists need to be prepared and updated in their management, and clinicians must inform their patients of this risk.

Grigoriadis, S., E. H. VonderPorten, et al. (2013). *"Antidepressant exposure during pregnancy and congenital malformations: Is there an association? A systematic review and meta-analysis of the best evidence."* J Clin Psychiatry 74(4): e293-308. http://www.ncbi.nlm.nih.gov/pubmed/23656855
OBJECTIVE: Depression is often not optimally treated during pregnancy, partially because of conflicting data regarding antidepressant medication risk. This meta-analysis was conducted to determine whether antenatal antidepressant exposure is associated with congenital malformations and to assess the effect of known methodological limitations. DATA SOURCES: EMBASE, CINAHL, PsycINFO, and MEDLINE were searched from their start dates to June 2010. Keywords of various combinations were used, including, but not limited to depressive/mood disorder, pregnancy, antidepressant drug/agent, congenital malformation, and cardiac malformation. STUDY SELECTION: English language studies reporting congenital malformations associated with antidepressants were included. Of 3,074 abstracts reviewed, 735 studies were retrieved and 27 studies were included. DATA EXTRACTION: Two reviewers working independently assessed article quality. Data on use of any antidepressant, including fluoxetine and paroxetine specifically, were extracted. Outcomes included congenital malformations, major congenital malformations, cardiovascular defects, septal heart defects (ventral septal defects and atrial septal defects), and ventral septal defects only. RESULTS: Nineteen studies were above quality threshold and make up the primary meta-analyses. Pooled relative risks (RRs) were derived by using random-effects methods. Antidepressant exposure was not associated with congenital malformations (RR = 0.93; 95% CI, 0.85-1.02; P = .113) or major malformations (RR = 1.07; 95% CI, 0.99-1.17; P = .095). However, increased risk for cardiovascular malformations (RR = 1.36; 95% CI, 1.08-1.71; P = .008) and septal heart defects (RR = 1.40; 95% CI, 1.10-1.77; P = .005) were found; the RR for ventral septal defects was similar to septal defects, although not significant (RR = 1.54; 95% CI, 0.71-3.33; P = .274). Pooled effects were significant for paroxetine and cardiovascular malformations (RR = 1.43; 95% CI, 1.08-1.88; P = .012). These results are contrasted with those addressing methodological limitations but are typically consistent. CONCLUSIONS: Overall, antidepressants do not appear to be associated with an increased risk of congenital malformations, but statistical significance was found for cardiovascular malformations. Results were robust in several sensitivity analyses. Given that the RRs are marginal, they may be the result of uncontrolled confounders. Although the RRs were statistically significant, none reached clinically significant levels.

Grigoriadis, S., E. H. VonderPorten, et al. (2013). *"The impact of maternal depression during pregnancy on perinatal outcomes: A systematic review and meta-analysis."* J Clin Psychiatry 74(4): e321-341.
http://www.ncbi.nlm.nih.gov/pubmed/23656857

OBJECTIVE: Depression often remains undertreated during pregnancy and there is growing evidence that untoward perinatal outcomes can result. Our systematic review and meta-analysis was conducted to determine whether maternal depression during pregnancy is associated with adverse perinatal and infant outcomes. DATA SOURCES: MEDLINE, EMBASE, CINAHL, and PsycINFO were searched from their start dates to June 2010. Keywords utilized included depressive/mood disorder, postpartum/postnatal, pregnancy/pregnancy trimesters, prenatal or antenatal, infant/neonatal outcomes, premature delivery, gestational age, birth weight, NICU, preeclampsia, breastfeeding, and Apgar. STUDY SELECTION: English language studies reporting on perinatal or child outcomes associated with maternal depression were included, 3,074 abstracts were reviewed, 735 articles retrieved, and 30 studies included. DATA EXTRACTION: Two independent reviewers extracted data and assessed article quality. All studies were included in the primary analyses, and between-group differences for subanalyses are also reported. RESULTS: Thirty studies were eligible for inclusion. Premature delivery and decrease in breastfeeding initiation were significantly associated with maternal depression (odds ratio [OR] = 1.37; 95% CI, 1.04 to 1.81; P = .024; and OR = 0.68; 95% CI, 0.61 to 0.76; P < .0001, respectively). While birth weight (mean difference = -19.53 g; 95% CI, -64.27 to 25.20; P = .392), low birth weight (OR = 1.21; 95% CI, 0.91 to 1.60; P = .195), neonatal intensive care unit admissions (OR = 1.43; 95% CI, 0.83 to 2.47; P = .195), and preeclampsia (OR = 1.35; 95% CI, 0.95 to 1.92; P = .089) did not show significant associations in the main analyses, some subanalyses were significant. Gestational age (mean difference = -0.19 weeks; 95% CI, -0.53 to 0.14; P = .262) and Apgar scores at 1 (mean difference = -0.05; 95% CI, -0.28 to 0.17; P = .638) and 5 minutes (mean difference = 0.01; 95% CI, -0.08 to 0.11; P = .782) did not demonstrate any significant associations with depression. For premature delivery, a convenience sample study design was associated with higher ORs (OR = 2.43; 95% CI, 1.47 to 4.01; P = .001). CONCLUSIONS: Maternal depression during pregnancy is associated with increased odds for premature delivery and decreased breastfeeding initiation; however, the effects are modest. More research of higher methodological quality is needed.

Gyani, A., R. Shafran, et al. (2013). ***"Enhancing recovery rates: Lessons from year one of IAPT."*** Behaviour Research and Therapy 51(9): 597-606. http://www.sciencedirect.com/science/article/pii/S0005796713001150

(Available in free full text) Abstract Background The English Improving Access to Psychological Therapies (IAPT) initiative aims to make evidence-based psychological therapies for depression and anxiety disorder more widely available in the National Health Service (NHS). 32 IAPT services based on a stepped care model were established in the first year of the programme. We report on the reliable recovery rates achieved by patients treated in the services and identify predictors of recovery at patient level, service level, and as a function of compliance with National Institute of Health and Care Excellence (NICE) Treatment Guidelines. Method Data from 19,395 patients who were clinical cases at intake, attended at least two sessions, had at least two outcomes scores and had completed their treatment during the period were analysed. Outcome was assessed with the patient health questionnaire depression scale (PHQ-9) and the anxiety scale (GAD-7). Results Data completeness was high for a routine cohort study. Over 91% of treated patients had paired (pre-post) outcome scores. Overall, 40.3% of patients were reliably recovered at post-treatment, 63.7% showed reliable improvement and 6.6% showed reliable deterioration. Most patients received treatments that were recommended by NICE. When a treatment not recommended by NICE was provided, recovery rates were reduced. Service characteristics that predicted higher reliable recovery rates were: high average number of therapy sessions; higher step-up rates among individuals who started with low intensity treatment; larger services; and a larger proportion of experienced staff. Conclusions Compliance with the IAPT clinical model is associated with enhanced rates of reliable recovery.

Kelleher, I., P. Corcoran, et al. (2013). ***"Psychotic symptoms and population risk for suicide attempt: A prospective cohort study."*** JAMA Psychiatry 70(9): 940-948. http://dx.doi.org/10.1001/jamapsychiatry.2013.140

Importance Up to 1 million persons die by suicide annually. However, a lack of risk markers makes suicide risk assessment one of the most difficult areas of clinical practice. Objective To assess psychotic symptoms (attenuated or frank) as a clinical marker of risk for suicide attempt.Design, Setting, and Participants Prospective cohort study of 1112 school-based adolescents (aged 13-16 years), assessed at baseline and at 3 and 12 months for self-reported psychopathology, psychotic symptoms, and suicide attempts.Main Outcomes and Measures Suicide attempts at the 3- and 12-month follow-up and acute suicide attempts (defined as those occurring in the 2 weeks before an assessment). Results Of the total sample, 7% reported psychotic symptoms at baseline. Of that subsample, 7% reported a suicide attempt by the 3-month follow-up compared with 1% of the rest of the sample (odds ratio [OR], 10.01; 95% CI, 2.24-45.49), and 20% reported a suicide attempt by the 12-month follow-up compared with 2.5% of the rest of the sample (OR, 11.27; 95% CI, 4.44-28.62). Among adolescents with baseline psychopathology who reported psychotic symptoms, 14% reported a suicide attempt by 3 months (OR, 17.91; 95% CI, 3.61-88.82) and 34% reported a suicide attempt by 12 months (OR, 32.67; 95% CI, 10.42-102.41). Adolescents with psychopathology who reported psychotic symptoms had a nearly 70-fold increased odds of acute suicide attempts (OR, 67.50; 95% CI, 11.41-399.21). Differences were not explained by nonpsychotic psychiatric symptom burden, multimorbidity, or substance use. In a causative model, the population-attributable fraction of suicide attempts would be 56% to 75% for psychotic symptoms. Conclusions and Relevance Adolescents with psychopathology who report psychotic symptoms are at clinical high risk for suicide attempts. More careful clinical assessment of psychotic symptoms (attenuated or frank) in mental health services and better understanding of their pathological significance are urgently needed.

Kmietowicz, Z. (2013). ***"Evidence that exercise helps in depression is still weak, finds review."*** BMJ 347: f5585. http://www.bmj.com/content/347/bmj.f5585

An analysis of trials that looked at the effectiveness of exercise in treating depression found it to be of moderate benefit, but when the analysis was narrowed to only good quality trials it found no additional benefit in exercise. The review, from the Cochrane Library, concluded that more large trials are needed to find out whether exercise is as effective as antidepressants or psychological treatments and to pinpoint how much and what type of exercise helps people with depression. The last Cochrane review on exercise for depression, published in 2012, found only limited evidence that exercise was helpful, but the publication of several new studies meant an update was needed. The latest review analysed the results of 39 trials involving 2326 people with a diagnosis of depression. The researchers used Hedges's g method to calculate effect sizes for each trial and a random effects model risk ratio for dichotomous data to calculate a standardised mean difference (SMD) for the overall pooled effect. The researchers' review of 35 trials that compared exercise with control treatment or no treatment in 1356 people found moderate benefit in using exercise to treat depression (SMD −0.62 (95% confidence interval −0.81 to −0.42). And pooled data from eight trials involving 377 people found that exercise had a small effect on mood in the long term (SMD −0.33 (−0.63 to −0.03)). However, a separate analysis focusing on just high quality trials (six trials, 464 participants) in which the treatment allocated to the participants was adequately concealed found that the effect of exercise was not significant (SMD −0.18 (−0.47 to 0.11)). Exercise was found to be as effective as psychological therapy (seven trials, 189 people) and antidepressants (four trials, 300 people), although these few trials were small and of low quality. One very small trial (18 participants) found that exercise was more effective than bright light therapy (mean difference −6.4 (−10.20 to −2.6)). Gillian Mead, from the Centre for Clinical Brain Sciences at the University of Edinburgh and one of the review authors, said, "Our review suggested that exercise might have a moderate effect on depression. We can't tell from currently available evidence which kinds

of exercise regimes are most effective or whether the benefits continue after a patient stops their exercise programme. "When we looked only at those trials that we considered to be high quality, the effect of exercise on depression was small and not statistically significant. The evidence base would be strengthened by further large scale, high quality studies."

Krieger, T., D. Altenstein, et al. (2013). *"Self-compassion in depression: Associations with depressive symptoms, rumination, and avoidance in depressed outpatients."* Behavior Therapy 44(3): 501-513.
http://www.sciencedirect.com/science/article/pii/S0005789413000397

Self-compassion involves being kind to oneself when challenged with personal weaknesses or hardship and has been claimed to be associated with resilience in various areas. So far, there are only a handful of studies that investigate self-compassion and its relation to clinical depression. Therefore, the principal goals of the present study were (a) to compare self-compassion in clinically depressed patients and never-depressed subjects, (b) to investigate self-compassion and its relation to cognitive-behavioral avoidance and rumination in depressed outpatients, and (c) to investigate rumination and avoidance as mediators of the relationship between self-compassion and depressive symptoms. One hundred and forty-two depressed outpatients and 120 never-depressed individuals from a community sample completed a self-report measure of self-compassion along with other measures. Results indicate that depressed patients showed lower levels of self-compassion than never-depressed individuals, even when controlled for depressive symptoms. In depressed outpatients, self-compassion was negatively related to depressive symptoms, symptom-focused rumination, as well as cognitive and behavioral avoidance. Additionally, symptom-focused rumination and cognitive and behavioral avoidance mediated the relationship between self-compassion and depressive symptoms. These findings extend previous research on self-compassion, its relation to depression, as well as processes mediating this relationship, and highlight the importance of self-compassion in clinically depressed patients. Since depressed patients seem to have difficulties adopting a self-compassionate attitude, psychotherapists are well advised to explore and address how depressed patients treat themselves.

Krpan, K. M., E. Kross, et al. (2013). *"An everyday activity as a treatment for depression: The benefits of expressive writing for people diagnosed with major depressive disorder."* J Affect Disord 150(3): 1148-1151.
http://www.ncbi.nlm.nih.gov/pubmed/23790815

BACKGROUND: The benefits of expressive writing have been well documented among several populations, but particularly among those who report feelings of dysphoria. It is not known, however, if those diagnosed with Major Depressive Disorder (MDD) would also benefit from expressive writing. METHODS: Forty people diagnosed with current MDD by the Structured Clinical Interview for DSM-IV participated in the study. On day 1 of testing, participants completed a series of questionnaires and cognitive tasks. Participants were then randomly assigned to either an expressive writing condition in which they wrote for 20 min over three consecutive days about their deepest thoughts and feelings surrounding an emotional event (n=20), or to a control condition (n=20) in which they wrote about non-emotional daily events each day. On day 5 of testing, participants completed another series of questionnaires and cognitive measures. These measures were repeated again 4 weeks later. RESULTS: People diagnosed with MDD in the expressive writing condition showed significant decreases in depression scores (Beck Depression Inventory and Patient Health Questionnaire-9 scores) immediately after the experimental manipulation (Day 5). These benefits persisted at the 4-week follow-up. LIMITATIONS: Self-selected sample. CONCLUSIONS: This is the first study to demonstrate the efficacy of expressive writing among people formally diagnosed with current MDD. These data suggest that expressive writing may be a useful supplement to existing interventions for depression.

Lucas, M., E. J. O'Reilly, et al. (2013). *"Coffee, caffeine, and risk of completed suicide: Results from three prospective cohorts of American adults."* World J Biol Psychiatry. http://www.ncbi.nlm.nih.gov/pubmed/23819683

Objective.To evaluate the association between coffee and caffeine consumption and suicide risk in three large-scale cohorts of US men and women. Methods. We accessed data of 43,599 men enrolled in the Health Professionals Follow-up Study (HPFS, 1988-2008), 73,820 women in the Nurses' Health Study (NHS, 1992-2008), and 91,005 women in the NHS II (1993-2007). Consumption of caffeine, coffee, and decaffeinated coffee, was assessed every 4 years by validated food-frequency questionnaires. Deaths from suicide were determined by physician review of death certificates. Multivariate adjusted relative risks (RRs) were estimated with Cox proportional hazard models. Cohort specific RRs were pooled using random-effect models. Results. We documented 277 deaths from suicide. Compared to those consuming </= 1 cup/week of caffeinated coffee (< 8 oz/237 ml), the pooled multivariate RR (95% confidence interval [CI]) of suicide was 0.55 (0.38-0.78) for those consuming 2-3 cups/day and 0.47 (0.27-0.81) for those consuming >/= 4 cups/day (P trend < 0.001). The pooled multivariate RR (95% CI) for suicide was 0.75 (0.63-0.90) for each increment of 2 cups/day of caffeinated coffee and 0.77 (0.63-0.93) for each increment of 300 mg/day of caffeine. Conclusions. These results from three large cohorts support an association between caffeine consumption and lower risk of suicide.

MacPherson, H., S. Richmond, et al. (2013). *"Acupuncture and counselling for depression in primary care: A randomised controlled trial."* PLoS Med 10(9): e1001518. http://dx.doi.org/10.1371%2Fjournal.pmed.1001518

(Free full text downloadable) Background: Depression is a significant cause of morbidity. Many patients have communicated an interest in non-pharmacological therapies to their general practitioners. Systematic reviews of acupuncture and counselling for depression in primary care have identified limited evidence. The aim of this study was to evaluate acupuncture versus usual care and counselling versus usual care for patients who continue to experience depression in primary care. Methods and Findings: In a randomised controlled trial, 755 patients with depression (Beck Depression Inventory BDI-II score ≥20) were recruited from 27 primary care practices in the North of England. Patients were randomised to one of three arms using a ratio of 2:2:1 to acupuncture (302), counselling (302), and usual care alone (151). The primary outcome was the difference in mean Patient Health Questionnaire (PHQ-9) scores at 3 months with secondary analyses over 12 months follow-up. Analysis was by intention-to-treat. PHQ-9 data were available for 614 patients at 3 months and 572 patients at 12 months. Patients attended a mean of ten sessions for acupuncture and nine sessions for counselling. Compared to usual care, there was a statistically significant reduction in mean PHQ-9 depression scores at 3 months for acupuncture (−2.46, 95% CI −3.72 to −1.21) and counselling (−1.73, 95% CI −3.00 to −0.45), and over 12 months for acupuncture (−1.55, 95% CI −2.41 to −0.70) and counselling (−1.50, 95% CI −2.43 to −0.58). Differences between acupuncture and counselling were not significant. In terms of limitations, the trial was not designed to separate out specific from non-specific effects. No serious treatment-related adverse events were reported. Conclusions: In this randomised controlled trial of acupuncture and counselling for patients presenting with depression, after having consulted their general practitioner in primary care, both interventions were associated with significantly reduced depression at 3 months when compared to usual care alone.

Maniglio, R. (2013). *"The impact of child sexual abuse on the course of bipolar disorder: A systematic review."* Bipolar Disorders 15(4): 341-358. http://dx.doi.org/10.1111/bdi.12050

Objectives: The aim of this review was to elucidate the impact of child sexual abuse on all clinical phenomena that occur after the onset of bipolar disorder, including associated clinical features that are not part of the diagnostic criteria for the

disorder. Methods: Five databases were searched and supplemented with a hand search of reference lists from retrieved papers. Study quality was assessed using a validated quality assessment tool. Blind assessments of study eligibility and quality were conducted by two independent researchers to reduce bias, minimize errors, and enhance the reliability of findings. Disagreements were resolved by consensus. Results: Eighteen studies that included a total of 2996 adults and youths with bipolar disorder and met the minimum quality criteria necessary to ensure objectivity and not invalidate results were analyzed. Across studies, child sexual abuse was strongly (and perhaps directly) associated with posttraumatic stress disorder; whereas it was less strongly (and perhaps indirectly) related to suicide attempts, alcohol and/or drug abuse or dependence, psychotic symptoms, and an early age of illness onset. In regard to the association between child sexual abuse and other clinical variables concerning the course of bipolar disorder, evidence was scant or conflicting. Conclusions: Child sexual abuse is associated (either directly or indirectly) with some clinical phenomena that represent a more severe form of bipolar disorder. Although such a traumatic experience may directly affect the development of posttraumatic stress disorder, the effects of early sexual abuse on later suicidal behavior, substance abuse, and psychotic symptoms may operate through the mediating influences of certain psychopathological or neurobiological variables.

Pompili, M., X. Gonda, et al. (2013). *"Epidemiology of suicide in bipolar disorders: A systematic review of the literature."* Bipolar Disorders 15(5): 457-490. http://dx.doi.org/10.1111/bdi.12087
(Free full text available) Objective Suicidal behavior is a major public health problem worldwide, and its prediction and prevention represent a challenge for everyone, including clinicians. The aim of the present paper is to provide a systematic review of the existing literature on the epidemiology of completed suicides in adult patients with bipolar disorder (BD). Methods We performed a Pubmed/Medline, Scopus, PsycLit, PsycInfo, and Cochrane database search to identify all relevant papers published between 1980 and 2011. A total of 34 articles meeting our inclusion criteria were included in the present review. Results Several prospective follow-up contributions, many retrospective analyses, and a few psychological autopsy studies and review articles investigated the epidemiology of completed suicides in patients with BD. The main finding of the present review was that the risk for suicide among BD patients was up to 20–30 times greater than that for the general population. Conclusion Special attention should be given to the characteristics of suicides in patients with BD. Better insight and understanding of suicide and suicidal risk in this very disabling illness should ultimately help clinicians to adequately detect, and thus prevent, suicidal acts in patients with BD.

Reisch, T., T. Steffen, et al. (2013). *"Change in suicide rates in switzerland before and after firearm restriction resulting from the 2003 "Army XXI" reform."* Am J Psychiatry 170(9): 977-984. http://ajp.psychiatryonline.org/article.aspx?articleid=1722046
OBJECTIVE: Firearms are the most common method of suicide among young men in Switzerland. From March 2003 through February 2004, the number of Swiss soldiers was halved as a result of an army reform (Army XXI), leading to a decrease in the availability of guns nationwide. The authors investigated the patterns of the overall suicide rate and the firearm suicide rate before and after the reform. METHOD: Using a naturalistic study design, the authors compared suicide rates before (1995-2003) and after the intervention (2004-2008) in the affected population (men ages 18-43) and in two comparison groups (women ages 18-44 and men ages 44-53). Data were received from the Swiss Federal Statistical Office. Interrupted time series analysis was used to control for preexisting temporal trends. Alternative methods (Poisson regression, autocorrelation analysis, and surrogate data tests) were used to check validity. RESULTS: The authors found a reduction in both the overall suicide rate and the firearm suicide rate after the Army XXI reform. No significant increases were found for other suicide methods overall. An increase in railway suicides was observed. It was estimated that 22% of the reduction in firearm suicides was substituted by other suicide methods. The attenuation of the suicide rate was not compensated for during the follow-up years. Neither of the comparison groups showed statistically significant changes in firearm suicide rate and overall suicide rate. CONCLUSIONS: The restriction of firearm availability in Switzerland resulting from the Army XXI reform was followed by an enduring decrease in the general suicide rate.

Richards, D. A., J. J. Hill, et al. (2013). *"Clinical effectiveness of collaborative care for depression in UK primary care (CADET): Cluster randomised controlled trial."* BMJ 347: f4913. http://www.bmj.com/content/347/bmj.f4913
(Full text freely available) OBJECTIVE: To compare the clinical effectiveness of collaborative care with usual care in the management of patients with moderate to severe depression. DESIGN: Cluster randomised controlled trial. SETTING: 51 primary care practices in three primary care districts in the United Kingdom. PARTICIPANTS: 581 adults aged 18 years and older who met ICD-10 (international classification of diseases, 10th revision) criteria for a depressive episode on the revised Clinical Interview Schedule. We excluded acutely suicidal patients and those with psychosis, or with type I or type II bipolar disorder; patients whose low mood was associated with bereavement or whose primary presenting problem was alcohol or drug abuse; and patients receiving psychological treatment for their depression by specialist mental health services. We identified potentially eligible participants by searching computerised case records in general practices for patients with depression. INTERVENTIONS: Collaborative care, including depression education, drug management, behavioural activation, relapse prevention, and primary care liaison, was delivered by care managers. Collaborative care involved six to 12 contacts with participants over 14 weeks, supervised by mental health specialists. Usual care was family doctors' standard clinical practice. MAIN OUTCOME MEASURES: Depression symptoms (patient health questionnaire 9; PHQ-9), anxiety (generalised anxiety disorder 7; GAD-7), and quality of life (short form 36 questionnaire; SF-36) at four and 12 months; satisfaction with service quality (client satisfaction questionnaire; CSQ-8) at four months. RESULTS: 276 participants were allocated to collaborative care and 305 allocated to usual care. At four months, mean depression score was 11.1 (standard deviation 7.3) for the collaborative care group and 12.7 (6.8) for the usual care group. After adjustment for baseline depression, mean depression score was 1.33 PHQ-9 points lower (95% confidence interval 0.35 to 2.31, P=0.009) in participants receiving collaborative care than in those receiving usual care at four months, and 1.36 points lower (0.07 to 2.64, P=0.04) at 12 months. Quality of mental health but not physical health was significantly better for collaborative care than for usual care at four months, but not 12 months. Anxiety did not differ between groups. Participants receiving collaborative care were significantly more satisfied with treatment than those receiving usual care. The number needed to treat for one patient to drop below the accepted diagnostic threshold for depression on the PHQ-9 was 8.4 immediately after treatment, and 6.5 at 12 months. CONCLUSIONS: Collaborative care has persistent positive effects up to 12 months after initiation of the intervention and is preferred by patients over usual care.

Rohde, P., P. M. Lewinsohn, et al. (2013). *"Key characteristics of major depressive disorder occurring in childhood, adolescence, emerging adulthood, and adulthood."* Clinical Psychological Science 1(1): 41-53. http://cpx.sagepub.com/content/1/1/41.abstract
(Available in free full text) This article summarizes characteristics of major depressive disorder (MDD) in the Oregon Adolescent Depression Project, using data from 816 participants (56% female; 89% White). Contrasting four developmental periods (childhood, 5.0–12.9 years of age; adolescence, 13.0–17.9; emerging adulthood, 18.0–23.9; adulthood, 24–30), we examine MDD incidence/recurrence, gender, comorbidity, duration, and suicide attempts across periods. MDD first incidence was

lower in childhood compared to subsequent periods and higher in emerging adulthood than in adulthood. Cumulative incidence was 51%. Recurrence was lower during childhood than remaining periods, which did not differ. Female gender predicted first-incident MDD in all four periods but was unassociated with recurrence. Comorbidity rates were comparable across periods. MDD duration was greater in childhood than in remaining periods. Suicide attempt rates were significantly higher during adolescence than during either emerging adulthood or adulthood. Depression research should focus on MDD during emerging adulthood, adolescent suicidal behavior, the continuing role of gender into adulthood, and the ubiquity of MDD.

Sachs, H. C. and C. o. Drugs (2013). *"The transfer of drugs and therapeutics into human breast milk: An update on selected topics."* Pediatrics. http://pediatrics.aappublications.org/content/early/2013/08/20/peds.2013-1985.abstract
(Available in free full text) Many mothers are inappropriately advised to discontinue breastfeeding or avoid taking essential medications because of fears of adverse effects on their infants. This cautious approach may be unnecessary in many cases, because only a small proportion of medications are contraindicated in breastfeeding mothers or associated with adverse effects on their infants. Information to inform physicians about the extent of excretion for a particular drug into human milk is needed but may not be available. Previous statements on this topic from the American Academy of Pediatrics provided physicians with data concerning the known excretion of specific medications into breast milk. More current and comprehensive information is now available on the Internet, as well as an application for mobile devices, at LactMed (http://toxnet.nlm.nih.gov). Therefore, with the exception of radioactive compounds requiring temporary cessation of breastfeeding, the reader will be referred to LactMed to obtain the most current data on an individual medication. This report discusses several topics of interest surrounding lactation, such as the use of psychotropic therapies, drugs to treat substance abuse, narcotics, galactagogues, and herbal products, as well as immunization of breastfeeding women. A discussion regarding the global implications of maternal medications and lactation in the developing world is beyond the scope of this report. The World Health Organization offers several programs and resources that address the importance of breastfeeding (see http://www.who.int/topics/breastfeeding/en/).

Sareen, J., C. A. Henriksen, et al. (2013). *"Common mental disorder diagnosis and need for treatment are not the same: Findings from a population-based longitudinal survey."* Psychological Medicine 43(09): 1941-1951. http://dx.doi.org/10.1017/S003329171200284X
Background Controversy exists regarding whether people in the community who meet criteria for a non-psychotic mental disorder diagnosis are necessarily in need of treatment. Some have argued that these individuals require treatment and that policy makers need to develop outreach programs for them, whereas others have argued that the current epidemiologic studies may be diagnosing symptoms of distress that in many cases are self-limiting and likely to remit without treatment. All prior studies that have addressed this issue have been cross-sectional. We examined the longitudinal outcomes of individuals with depressive, anxiety and substance use (DAS) disorder(s) who had not previously received any treatment. Method Data came from a nationally representative US sample. A total of 34 653 non-institutionalized adults (age ≥20 years) were interviewed at two time points, 3 years apart. DAS disorders, mental health service use and quality of life (QoL) were assessed at both time points. Results Individuals with a DAS disorder who had not previously received any treatment were significantly more likely than those who had been previously treated to have remission of their index disorder(s) without subsequent treatment, to be free of co-morbid disorder(s) and not to have attempted suicide during the 3-year follow-up period (50.7% v. 33.0% respectively, p < 0.05). At wave 2, multiple linear regression demonstrated that people with a remission of their baseline DAS disorder(s) had levels of functioning similar to those without a DAS disorder. Conclusions Individuals with an untreated DAS disorder at baseline have a substantial likelihood of remission without any subsequent intervention.

Thase, M. E. (2013). *"Antidepressant combinations: Cutting edge psychopharmacology or passing fad?"* Curr Psychiatry Rep 15(10): 403. http://www.ncbi.nlm.nih.gov/pubmed/24052267
This article reviews the rationale for and history of combining antidepressants, as well as the current state of the evidence, in the treatment of major depression. Although it has long been suggested that some individuals may benefit from regimens that combine two dissimilar antidepressants, enthusiasm for this practice has waxed and waned and there was never a strong empirical foundation to support this practice. The tangibly better safety profiles of the newer generation antidepressants, both singly and in combination, have permitted greater use of such combinations in contemporary practice than ever before. Combinations that pair a selective serotonin reuptake inhibitor (SSRI) or serotonin norepinephrine reuptake inhibitor (SNRI) with a dissimilar antidepressant, such as bupropion or mirtazapine, are now widely used for patients who have not responded to trials of first- or second-line antidepressant monotherapies and have been tested as a potential way of speeding the benefits of treatment. However, there still is no strong evidence that even the most widely used combinations have particular merit and clinicians should be mindful that alternatives exist with more established efficacy. Moreover, aside from selected cases of drug-drug interactions, it may take full therapeutic doses of both drugs across a typically adequate duration of exposure to achieve the desired effects of combined treatment.

Thase, M. E. (2013). *"Comparative effectiveness of psychodynamic psychotherapy and cognitive-behavioral therapy: It's about time, and what's next?"* American Journal of Psychiatry 170(9): 953-956. http://dx.doi.org/10.1176/appi.ajp.2013.13060839
(Free full text available) Since depression is one of the world's greatest public health problems, conducting research to accurately weigh the benefits and risks of commonly used interventions should be as much a research priority as developing novel treatments or investigating mechanisms of disease pathophysiology. Psychotherapy is one of the most widely used classes of treatment, but unfortunately there is no commercial entity analogous to the pharmaceutical industry to support research and development of the current and next generations of interventions. The impact of this state of affairs is particularly evident with respect to the ability to conduct larger-scale studies of comparative treatment effectiveness, for which there are only a handful of relevant studies. Thus, although psychodynamic psychotherapy has been used to treat depressed outpatients for decades, the utility of this time-honored approach, as measured by the results of randomized controlled trials of treatment efficacy and effectiveness, has not been extensively studied. The study by Driessen et al. in this issue of the Journal is therefore noteworthy because it provides some of the strongest evidence to date that short-term psychodynamic psychotherapy is an effective treatment for major depressive disorder ... The primary finding of this trial was that psychodynamic psychotherapy was noninferior to CBT; posttreatment score remission rates were 21% (26/122) and 24% (27/111) for the psychodynamic psychotherapy and CBT groups, respectively. No significant differences were seen between treatments on any measure at any time point, and the overall pattern of results generally followed the primary outcome, namely that psychodynamic psychotherapy was not inferior to CBT. ... From another vantage point, whereas Driessen et al. demonstrated that psychodynamic psychotherapy was not inferior to CBT, they also showed that the outcomes of depressed outpatients were far from ideal, even when receiving good treatments from capable therapists. Indeed, the outcomes of both psychotherapy groups are strikingly comparable to those observed in the CBT arms included in the second level of the Sequenced Treatment Alternatives to Relieve Depression study, which likewise was an inclusive, multicenter study aimed at evaluating comparative

effectiveness under real-world conditions. Since many clinicians may have already believed that the findings of Driessen et al. were true (i.e., the two therapies are comparably effective), perhaps the more important finding of this study is to underscore the harsh reality that we still need more effective treatments for major depressive disorder, and this need is as true for psychotherapy as it is for pharmacotherapy.

Wiltink, J., M. Michal, et al. (2013). ***"Associations between depression and different measures of obesity (BMI, WC, WHTR, WHR)."*** BMC Psychiatry 13(1): 223. http://www.biomedcentral.com/1471-244X/13/223

   (Free full text available) BACKGROUND: Growing evidence suggests that abdominal obesity is a more important risk factor for the prognosis of cardiovascular and metabolic diseases than BMI. Somatic-affective symptoms of depression have also been linked to cardiovascular risk. The relationship between obesity and depression, however, has remained contradictory. Our aim was therefore to relate body mass index (BMI) and different measures for abdominal obesity (waist circumference, WC, waist-to-hip ratio, WHR, waist-to-height ratio, WHtR) to somatic vs. cognitive-affective symptoms of depression. METHODS: In a cross-sectional population based study, data on the first N=5000 participants enrolled in the Gutenberg Health Study (GHS) are reported. To analyze the relationship between depression and obesity, we computed linear regression models with the anthropometric measure (BMI, WC, WHR, WHtR) as the dependent variable and life style factors, cardiovascular risk factors and psychotropic medications as potential confounders of obesity/depression. RESULTS: We found that only the somatic, but not the cognitive-affective symptoms of depression are consistently positively associated with anthropometric measures of obesity. CONCLUSIONS: We could demonstrate that the somatic-affective symptoms of depression rather than the cognitive-affective symptoms are strongly related to anthropometric measures. This is also true for younger obese starting at the age of 35 years. Our results are in line with previous studies indicating that visceral adipose tissue plays a key role in the relationship between obesity, depression and cardiovascular disease.

Withers, A. C., J. M. Tarasoff, et al. (2013). ***"Is depression with atypical features associated with trauma history?"***] Clin Psychiatry 74(5): 500-506. http://www.ncbi.nlm.nih.gov/pubmed/23759453

   OBJECTIVE: Although studies have linked childhood trauma to depression resembling the atypical subtype, a majority of these studies did not use DSM-IV criteria for atypical features nor assess trauma both before and after depression onset. This study examined the relationship between atypical depression and lifetime trauma with the hypothesis that atypically depressed patients would report a higher number of trauma exposures than nonatypically depressed patients. METHOD: Raters blind to depressive subtype investigated trauma history by reviewing the Structured Clinical Interview for DSM-IV-TR Axis I Disorders-Patient Edition (SCID-I/P) posttraumatic stress disorder modules and social history sections in charts of depressed outpatients who had participated in treatment studies between 1985 and 2010. Rates of trauma both before and after depression onset were compared for 292 depressed patients with and without DSM-IV-defined atypical features using chi2 tests and binary logistic regressions. This chart review was conducted from 2009 to 2011. RESULTS: Lifetime trauma was reported significantly more often by depressed patients with atypical features than by those without (P < .001). Patients with atypical features reported significantly more traumatic experiences both prior to (P = .012) and following (P = .015) depression onset. When sex and age at onset or duration of depression were used as covariates, depressive subtype was a significant predictor of reported trauma both prior to (P = .028) and following (P = .011) depression onset. CONCLUSIONS: These results suggest that a relationship exists between atypical depression and lifetime trauma that may be more complex than the etiologic pathways outlined in prior research. Rather, trauma and atypical depression may be interrelated throughout life.

Yerevanian, B. I. and Y. M. Choi (2013). ***"Impact of psychotropic drugs on suicide and suicidal behaviors."*** Bipolar Disorders 15(5): 594-621. http://dx.doi.org/10.1111/bdi.12098

   (Free full text available) Objective To examine the impact of psychotropic drugs on suicide and suicidal behaviors in bipolar disorders. Methods A Medline search of articles published from January 1960 to January 2013 was performed using relevant keywords to identify studies examining the relationship of psychotropic drugs to suicidal behaviors. The publications were further reviewed for relevant references and information. Additionally, the US Food and Drug Administration Center for Drug Evaluation Research website was searched. Results The available studies used differing methodologies, making interpretation of the findings difficult. Studies suggest that antidepressants may increase suicidal risk in bipolar disorder, this possibly being related to the induction of broadly defined mixed states. There is no evidence that antiepileptic drugs as a class increase suicidal risk in patients with bipolar disorder. Only lithium provides convincing data that it reduces the risk of suicide over the long term. There is little known regarding the effects of antipsychotics, as well as anti-anxiety and hypnotic drugs, on suicidal behavior. Conclusions The available evidence for the impact of psychotropics on suicidal risk in patients with bipolar disorder is largely methodologically flawed and, except for a few instances, clinically not useful at this point. Adequately powered, prospective randomized controlled studies are needed to assess the impact of each class of psychotropic and each psychotropic as well as common combination therapies. Until such studies have been carried out, clinicians are urged to exercise caution in using these drugs and rely on the traditional means of carefully assessing and monitoring patients with bipolar disorder who are at high risk for suicide.