

Cognitive Behavioral Therapy For Depression and Anxiety Disorders

Review 18

Vittengl, J. R., Clark, L. A., Dunn, T. W., & Jarrett, R. B. (2007). Reducing relapse and recurrence in unipolar depression: A comparative meta-analysis of CBT's effects. *Journal of Consulting and Clinical Psychology, 75*, 475–488. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/17563164>.

Objectives	Using a meta-analysis, examine the following three questions: (1) How common is relapse-recurrence among responders to acute-phase cognitive behavioral therapy (A-CBT)? (2) Does A-CBT reduce relapse-recurrence more than other acute-phase treatments? (3) Does continuation CBT (C-CBT) reduce relapse-recurrence more than other active treatments or controls?
Studies Included	Twenty-eight U.S. and international studies from 1986 to 2006
Participants in the Studies	Adults diagnosed with major depressive disorder
Settings	Inpatient and outpatient settings
Outcomes	Relapse-recurrence rates
Limitations of the Studies	The number of studies available for some contrasts was small, so some conclusions may shift as more studies become available; studies included mostly White patients, so results may not be generalizable to other ethnic groups; several variables were found to moderate estimates of relapse-recurrence after A-CBT; only about half the studies included documented adherence and/or competence in CBT; several studies excluded details about the amount of treatment received by patients.

Results

Relapse-recurrence is common among responders to acute phase A-CBT. Specifically, approximately 54 percent of responders to A-CBT will relapse-recur within 2 years if they do not receive continuation-phase treatment. However, A-CBT reduces relapse-recurrence significantly when compared with acute-phase pharmacotherapy discontinued (i.e., pharmacotherapy administered within a short time frame). A-CBT significantly reduced relapse-recurrence regardless of whether A-CBT was continued with acute-phase pharmacotherapy. C-CBT reduces relapse-recurrence significantly compared to nonactive comparison conditions over the course of treatment and at follow-up. C-CBT reduces relapse-recurrence at levels similar to other active continuation-phase treatments (e.g., pharmacotherapy) at the end of continuation-phase treatment and at follow-up.