# Cognitive Behavioral Therapy For Depression and Anxiety Disorders

## Review 5

Haby, M. M., Donnelly, M., Corry, J., & Vos, T. (2006). Cognitive behavioural therapy for depression, panic disorder and generalized anxiety disorder: A meta-regression of factors that may predict outcome. *Australian and New Zealand Journal of Psychiatry, 40*, 9–19. PubMed abstract available at http://www.ncbi.nlm.nih.gov/pubmed/16403033.

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| **Objectives** | Determine the efficacy of cognitive behavioral therapy (CBT) on depression, panic disorder, and generalized anxiety disorder (GAD), and determine which factors, such as the intensity and provider of CBT, impact efficacy. |
| **Studies Included** | Thirty-three U.S. and international studies from 1984 to 2000 |
| **Participants in the Studies** | Adults 18 or older with a diagnosis of depression, panic disorder (with or without agoraphobia), or GAD |
| **Settings** | Settings were not reported for all the studies. |
| **Outcomes** | Diagnostic symptoms, functioning, health-related quality-of-life measures |
| **Limitations of the Studies** | Heterogeneity between studies; the level of training the therapist had undergone was not always clear; no inpatient samples used, so results should not be generalized to this population |

## Results

Overall, CBT is an effective treatment for depression, panic disorder, and GAD. The impact of treatment type, duration and intensity of treatment, type of disorder, mode of therapy, type of therapists employed, and therapist training on the effectiveness of CBT were examined. The impact of the year of study, country, type of control group, language, number of patients completing the study, and attrition rates were also assessed. Results indicated that only the type of control group and the inclusion of patients with severe signs and symptoms were significant predictors of effect size. Specifically, CBT was significantly less effective for patients with severe signs and symptoms. Studies that compared CBT to a wait-list control group found significantly larger effect sizes than those comparing CBT to an attention placebo, but not when comparing CBT to a pill placebo. Mode of therapy, therapist type/training, size of study, year of study, country, duration of therapy, language, and attrition rates from the control groups were not significantly predictive of the effectiveness of CBT. Further research is needed to determine whether CBT is effective when provided by people other than psychologists and whether it is effective for non-English-speaking patient groups (all but three of the included studies were conducted in English).