

Interpersonal Psychotherapy (IPT) proved to be effective for the treatment of acute depressive episodes for which it was originally developed. However, for chronic depression (dysthymia), IPT with or without pharmacotherapy did not show a benefit over pharmacotherapy alone in terms of symptom reduction (Browne et al., 2002; Markowitz et al., 2005). In the study of Markowitz et al. (2005) it was not even superior to the control condition. However, the investigations using IPT with dysthymic patients had some shortcomings such as the use of a non-modified version of IPT (Browne et al., 2002) or insufficient statistical power (De Mello et al., 2001; Markowitz et al., 2005).

Data reanalysis from a larger study (Schramm et al., 2007) with 45 inpatients suffering from chronic Major Depressive Disorder that were randomized to 5 weeks of either combined treatment with IPT (15 individual and 8 group sessions) plus pharmacotherapy or to standard treatment (pharmacotherapy plus Clinical Management). The study included a prospective naturalistic follow-up, 3- and 12-months after discharge.

The brief, but intensive combined treatment program had significant acute and long-term benefits over medication monotherapy in chronically depressed inpatients. In summary, while limited by some factors, the results of this study provide hope that with intensive treatment chronically depressed patients have a good chance of getting well relatively quickly and with lasting effects.

References

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S45.02

Cognitive behavioral therapy of chronic depression

M. Hautzinger. *Department of Clinical & Physiological Psychology, University of Tübingen, Tübingen, Germany*

There are a few studies available about cognitive behavioural treatment of mild chronic depressive disorders (dysthymia). These studies adapted only classical elements of shortterm cbt to this special group of patients. There are only clinical impressions and some case reports for cbt with more severely chronic depressed cases. I plan to present some general ideas about chronic depression and implications for cbt intervention. Our model of an intensive form of outpatient psychotherapy with chronic major depression has ten moduls over 45 to 60 individual sessions. We only have first experiences on single case level. More sophisticated and controlled studies are planned but will not start before we have more data to evaluate effect sizes and decide about appropriate outcome measures. The presentation

will lay out the few available results of published studies, describe out treatment rationale and elements (moduls), and hopes to stimulate interest in more engagement to work and to investigate chronic depression.

S45.03

Cognitive Behavioral Analysis System of Psychotherapy (CBASP) - A new approach for chronic depression

D.J.F. Van Schaik, P. Van Oppen, J. Wiersma, A.T.F. Beekman. *Stichting Buitenamstel de Geestgronden/ Department of Psychiatry, VU University Medical Center, Amsterdam, The Netherlands*

Background: Chronic depressions are difficult to treat. A new form of psychotherapy, CBASP, has been specifically developed for this subgroup of depressed patients by James McCullough (USA). In a large multisite randomized controlled trial, the combination of CBASP with antidepressant medication was considerably more effective than antidepressants alone (response rates of 73% versus 48% respectively). Therefore, CBASP is regarded as an evidence based therapy for chronic depression and mentioned in most depression treatment guidelines. Yet, the dissemination of this form of psychotherapy is still limited.

Methods: In the Netherlands, 25 therapists were trained by McCullough, and participate in a recently started (June 2007) randomized controlled trial, comparing CBASP with usual care in outpatient psychiatric clinics. The basic structure of the CBASP sessions is cognitive behaviorally oriented. Patients are learned to perform analyses of specific situations, and bring in and discuss a situational analysis form every session. As this approach alone often fails in chronic depressed patients, who are often emotionally detached and avoidant, other techniques are used to develop a -therapeutic relationship, and to confront the patient with his/her behavior and opportunities to change. These techniques concern transference issues, and so-called disciplined personal involvement of the therapist.

Results: This presentation will focus on the content of the CBASP therapy and on our experiences in learning and providing CBASP. Additionally, the study design of the randomized controlled trial will be presented.

Conclusion: CBASP is an interesting and promising treatment for chronically depressed patients.

Interactive Clinical Session: Visions in the treatment of schizophrenia

YP08.01

Catie and Star*D

A. Joubert. *Lundbeck Institute, Copenhagen, Denmark*

After great anticipation and with high expectations the initial results of the CATIE (Schizophrenia) and the Star*D (Depression) studies have been published. Many results have been inconclusive, but more importantly, most significant outcomes have been highly controversial - from the inclusion criteria, patients selection, outcome measures used for evaluating efficacy, to the lack of full randomization and the doses used.

This presentation will present a review of both studies' results, covering the data that have been published thus far, and address some of the controversies.