



به نام خدایی که جان می دهد



Psychotherapy of Depression

دکتر مهدی پور اصغر

روان پزشک و فلوشیپ روان درمانی

دانشیار گروه روان پزشکی

دانشگاه علوم پزشکی مازندران

 drpourasghar

Aims :

- textbook ?
- Article ?

Treatment goals:

1. patient's safety
2. complete diagnostic evaluation
3. treatment plan that addresses not only the immediate symptoms but also the patient's prospective well-being.

Combined Treatments (medication and psychotherapy)

1. poor response
2. Noncompliance
3. inadequate dosages
4. short treatment period



Psychotherapies for MDD

1. Psychoanalytically Oriented Therapy
2. Cognitive behavioral therapy
- 3. Interpersonal psychotherapy**
- 4. Family therapy**

Psychoanalytically Oriented Therapy

- change in a patient's personality structure or character
- interpersonal trust, capacity for intimacy, coping mechanisms, the capacity to grieve, and the ability to experience a wide range of emotions

Cognitive behavioral therapy

- beck
- helping patients identify and test negative cognitions
- Behavioral activation

Interpersonal psychotherapy

Gerald Klerman(1980)

focuses on current interpersonal problems:

- early dysfunctional relationships**
- precipitating or perpetuating the symptoms**

interpersonal models (Meyer and Sullivan) and attachment theory (Bowlby),

12 to 16 weekly

lack of assertiveness, impaired social skills, and distorted thinking' may be addressed but only in the context of interpersonal relationships

Family Therapy

- Role of the entire family in the maintenance of the patient's symptoms
- Role of patient's symptoms on well-being of the whole family



The National Institute of Mental Health (NIMH)

Treatment of Depression

- Low social dysfunction/ interpersonal therapy
- low cognitive dysfunction/cognitive-behavioral therapy and pharmacotherapy
- work dysfunction /pharmacotherapy,
- high depression severity / interpersonal therapy and pharmacotherapy.

GUIDELINE FEBRUARY 2019

American Psychological Association (APA)

CLINICAL PRACTICE GUIDELINE

for the Treatment of Depression

(minor depression, major depression, dysthymia,
intermittent depression, or having depression symptoms
at or above a pre specified level)

Across Three Age Cohorts

children and adolescents; general adults; and
older adults (ages 60 and over).

GUIDELINE FEBRUARY 2019

- Ten systematic reviews and meta-analyses, along with other literature and observations from practitioners and patients, served as the basis for the guideline

Recommendations for the Adolescent Population from the APA Guideline Development Panel for the Treatment of Depression

Recommendation for use

- initial treatment:
 - cognitive-behavioral therapy
 - interpersonal psychotherapy adapted for adolescents
- There was insufficient evidence to recommend (psychotherapy # fluoxetine)
- Other therapies ?!



Recommendations for the Adult Population from the APA Guideline Development Panel for the Treatment of Depression

Recommendation for use:

sharing decision-making with the patient

- comparative effectiveness research finds either similar effects between treatments (psychotherapy # pharmacotherapy)

or

- insufficient evidence to determine that one treatment can be offered over another.

Recommendations for the Adult Population from the APA Guideline Development Panel for the Treatment of Depression

Psychotherapy:

- Behavioral therapy
- Cognitive, **cognitive-behavioral** and mindfulness-based cognitive-therapy(MBCT)
- **Interpersonal psychotherapy**
- Psychodynamic therapies
- Supportive therapy

Recommendations for the Adult Population from the APA Guideline Development Panel for the Treatment of Depression

Complementary and Alternative Treatments:

Exercise Monotherapy

Bright light therapy

Yoga

Acupuncture

Tai Chi

- Monotherapy with MDD show some small to medium benefits / no evidence
- Monotherapy with subclinical depression efficacy when compared with control

Recommendations for the Adult Population from the APA Guideline Development Panel for the Treatment of Depression

PARTIAL or NONRESPONDERS to INITIAL ANTIDEPRESSANT
TREATMENT:

- Recommendation for use

1. Switch to cognitive therapy alone

or

2. Switch to another antidepressant medication

Recommendations for the Adult Population from the APA Guideline Development Panel for the Treatment of Depression

PARTIAL or NONRESPONDERS to INITIAL ANTIDEPRESSANT
TREATMENT:

- Conditional recommendation for use
 1. Add psychotherapy (CBT-IPT-psychodynamic)
 2. Augment with another antidepressant

Recommendations for the Adult Population from the APA Guideline Development Panel for the Treatment of Depression

PARTIAL or NONRESPONDERS to INITIAL ANTIDEPRESSANT
TREATMENT:

- Insufficient evidence for a recommendation between :
 1. Augmenting with guided cognitive-behavioral therapy self-help
 2. Switching to another second-generation antidepressant

Recommendations for the Adult Population from
the APA Guideline Development Panel
for the Treatment of Depression

Relapse Prevention:

Psychotherapy > antidepressant medication

Psychotherapy : (CBT, MBCT, IPT)



Recommendations for the Older Adult Population from the APA Guideline Development Panel for the Treatment of Depression

Recommendation for use:

shared decision-making with the patient:

- cognitive-behavioral therapy (group)
- life review (group) based interventions

- Combined pharmacotherapy and IPT

Recommendations for the Older Adult Population from the APA Guideline Development Panel for the Treatment of Depression

Conditional recommendation for use:

- Cognitive-behavioral therapy (individual)
- Combination cognitive-behavioral therapy with pharmacotherapy
- Interpersonal psychotherapy and pharmacotherapy
- Interpersonal psychotherapy (individual)
- Problem-solving therapy (group)

Recommendations for the Older Adult Population from the APA Guideline Development Panel for the Treatment of Subthreshold/minor depression

Conditional recommendation for use:

- Cognitive-behavioral therapy (internet , individual, group)
- Life review course (group)
- Problem-solving therapy (individual)
-

Recommendations for the Older Adult Population from the APA Guideline Development Panel for the Treatment of MDD or minor depression + cognitive impairment/dementia

Conditional recommendation for use:

- Problem-solving therapy (individual)
- Problem-solving behavioral therapy (individual) or pleasant events behavioral therapy (individual)

Recommendations for the Older Adult Population
from the APA Guideline Development Panel for
the Treatment of Persistent depressive disorder
in the context of cognitive impairment or
dementia

Conditional recommendation for use:

- Problem-solving therapy (individual)

Recommendations for the Older Adult Population from the APA Guideline Development Panel for the Treatment of Prevention of Recurrence MDD

Recommendation for use:

- Combination interpersonal psychotherapy and pharmacotherapy
- Combination supportive care and pharmacotherapy

می برد روزی تو را خواب عدم بیدار باش
آمد و رفت نفس ها جنبش گهواره است

با سپاس فراوان از توجه شما