

Tavistock Adult Depression Study



Information for referrers

What is the study?

The Tavistock Adult Depression Study (TADS) has been evaluating the role of psychoanalytic psychotherapy in the treatment of primary care patients with treatment resistant depression since 2002. We are now recruiting a last cohort of 40 patients to add to the 90 patients already in the trial.

Who is eligible?

The patients who are eligible for the study are those with Major Depressive Disorder that have been resistant to previous treatment including medication and psychological interventions.

Suitable patients are likely to be complex cases with long histories and who are well known to GPs. They may be generally thought of as less suitable for very brief forms of psychological therapy or for psychotherapy. TADS is a random allocation controlled trial design. We are asking whether a dynamic treatment of medium length – sixty sessions – offers benefit to this group. The control group is a 'treatment as usual' condition in which patients may receive any other kind of treatment as arranged by their GP apart from psycho-dynamic psychotherapy.

All participants in the trial are rigorously followed-up. We hope that patients will be willing to take part, not only for the support this offers, but also for the contribution the study's findings are likely to make to improving services.

A fuller description of the study is given below, but if you would like any further information or have questions, please contact a member of the research team.

We find that visiting practices in order to discuss the trial in more detail is often helpful. This provides an opportunity to answer any queries or concerns you may have about referring patients to the study.

We can meet either with individual GPs or a practice, usually at a team meeting. Let us know if you would like us to arrange to visit your practice.

Contact Details

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Research Team

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Chronic and recurrent depression

Depression is very common; half of all women and a quarter of men will be depressed at some point in their lives. Most of these episodes are 'self-limiting' and are managed with the support of family and friends and the individuals' own inner resources. However, in one in ten, depression becomes a serious condition. A third of these will never fully recover and will suffer continuously for many years, sometimes requiring hospitalisation. This sort of depression significantly reduces the quality of life, with a higher incidence of suicide as well as increased mortality rates from other illnesses. There are also damaging consequences for the sufferer's family.

There have been many research studies examining the effectiveness of anti-depressant medication. Studies have shown benefits from cognitive treatments for non-severe and non-chronic depressions. How-



ever, in more severe and chronic depressive conditions, both the research and the treatments available are very limited.

Why a trial of psychotherapy & why does it need to be randomised?

Our research programme examines the role of psychoanalytic psychotherapy in the treatment of these patients.

This complex psychological intervention sets out to address the personal and psychological issues which we think underlie chronic depression. As evidenced-based guidelines and commissioning have assumed greater importance, there is a need for controlled trials of psychodynamic and psychoanalytic treatments in depression. The mainly clinical research that is currently available about the benefits of these potentially valuable therapies is insufficient. Random allocation to treatment and control conditions is necessary in order to determine whether the treatment is effective.

The current lack of randomised controlled trials in psychotherapy is a barrier to the development of improved services. The narratives derived from therapy sessions will be incorporated into the study, both in relation to the experiences of the patients and the professionals working with them.

We are well positioned to carry out this trial as we have a pool of trained therapists and a body of clinical and research expertise. On a practical level we are accessible to a relatively large number of patients. You or your patient may well have more questions about the randomisation methodology than we have considered here. We are always willing to discuss and answer questions in person or by telephone.

How is a patient referred to the study?

If you think your patient meets the eligibility criteria for the study, you can refer them by completing one of the referral forms provided. If you do not have a referral form or eligibility guide please contact us and we will be happy to fax, post or email one to you. Before referring, please check the eligibility information to see if your patient meets the criteria.

What happens after a patient is referred?

Once we have received your referral, Rebecca Johnson will contact you by phone to discuss the referral with you briefly.

The patient will then receive a letter from us offering an initial assessment interview.

The initial assessment will involve two or three interviews, one with a researcher and another with a psychotherapist. Patients who meet criteria and agree to take part will be randomly allocated either to usual GP care (treatment as usual – TAU) or to 18 months of once-weekly psychoanalytic psychotherapy at the Trust.

For both groups, a range of assessment and outcome measures will be employed. These will cover diagnostic issues, symptomatology, interpersonal functioning, health-based quality of life measures, among others. Both patient groups will meet a researcher at approximately three monthly intervals to complete these measures. We are collaborating with Professor Knapp of the Health Economic Unit at the Institute of Psychiatry on the cost benefit aspects of the study.

What if a patient you refer does not wish to participate?

At the patient's first interview, they will be given more detailed information about the study and what it will involve. Your patient will be given the opportunity to ask any questions they may have about the study. They will then be offered a consent form to sign. If your patient chooses to take part in the study they can withdraw at any time. It will not affect their future access to this or other services.

What happens to patients who are allocated to receive psychotherapy?

Patients randomly allocated to receive psychotherapy will be seen by a psychotherapist in the Adult Department of the Trust. They will meet with this therapist for individual psychotherapy once a week



for 18 months. They will also meet with a researcher every three months until the end of their treatment at the Trust. During these 18 months, your patient may continue to receive treatment as usual from you and your practice, which may include treatment with anti-depressants. However, we ask that patients in this group are not referred for any other psychoanalytic treatments during their treatment at the Trust.

At the end of 18 months of treatment, patients will be followed up after 6 months, 12 months and 24 months to complete assessment measures.

What happens to patients in the control group?

Patients not allocated to receive psychotherapy may continue to receive treatment as usual from you and your practice, which may include treatment with anti-depressants or being seen by the practice counsellor. However, again we ask that patients in this group are not referred

for any psychoanalytic treatments during their participation in the study.

These patients will also meet with a researcher at the Trust every three months for 18 months to discuss their current state and to complete some assessment measures. They will also be contacted for follow-up at 6, 12 and 24 months after the end of the 18 month period.

Why does treatment last 18 months?

Psychoanalytic psychotherapy is a long treatment (typically 12 to 60 months) in comparison to the brief cognitive interventions which are often reported in the research literature.

Psychoanalytic psychotherapy aims to make structural changes in the person's internal world. While the duration of the treatment at 18 months is longer than is reported in many other controlled trials, it is well known that this is necessary for chronically troubled NHS patients in light of the complex and co-morbid nature of their difficulties.

Inclusion Criteria

- 1 Major Depressive Disorder or Dysthymia.
- 2 Minimum of a two-year history of depression.
- 3 At least two previous failed treatment attempts, one of which was with an anti-depressant.
- 4 Age over 21 years
- 5 Able to speak conversational English and be seen at the Trust, London NW3.
- 6 Willing to enter a randomised control trial.

NB: Patients are still eligible for the Tavistock Adult Depression Study if they are on anti-depressant medication or if they have other co-morbid psychological problems or personality difficulties.

Exclusion Criteria

- 1 Recent (previous five years) history of psychosis; bi-polar disorder.
- 2 Moderate or severe learning disabilities.
- 3 Recent history (previous two years) of psychiatric input for, or diagnosis of, substance dependency.
- 4 Patients currently in psychological therapy.
- 5 Patients who have received psychoanalytic psychotherapy in the previous two years.