

Short-term Psychodynamic Psychotherapy for Major Depressive Disorder

Q. What is short-term psychodynamic psychotherapy?

A. Short-term psychodynamic psychotherapy (STPP) refers to a family of time-limited psychotherapeutic approaches that are based on principles of psychodynamic psychotherapy. STPP is focused on the patient's internal experience (i.e. beliefs, feelings, motivations) with the goal of helping the patient gain insight into the role of unconscious conflicts and motivations that may be interfering with their psychosocial functioning. Unlike traditional psychoanalytical therapies, STPP is characterized by a more active therapist, a rapid identification of underlying issues, and the setting of achievable goals within a specified time frame. Different models of STPP exist, with all approaches rooted in psychoanalytical theory, delivered face-to-face, and time limited (most often between 16 and 30 sessions) with sessions once or twice a week (Leichsenring, Rabung, & Leibing, 2004).

Q. What is the treatment model underlying STPP?

A. STPP is based on the psychoanalytical treatment model which denotes that unconscious and threatening feelings that stem from the patient's past can manifest in and hinder their current psychosocial functioning and lead to increased distress and psychological symptoms. Treatment often focuses on identifying these unconscious conflicts by exploring how they arise in the session between the patient and therapist. A primary goal of the therapy is for patients to gain increased insight into underlying conflicts and motivations that may be contributing to problems that maintain depression and interfere with interpersonal relationships (Driessen et al., 2010).

Q. Is STPP recommended in the Military Health System (MHS)?

A. **No.** The 2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder gives a "Weak For" strength of recommendation for STPP for patients with mild to moderate major depressive disorder (MDD) who decline or cannot access first-line evidence-based psychotherapies. The review of evidence for the 2016 clinical practice guideline found that the research quality for STPP was characterized by "Very Serious Limitations." STPP has not met the burden of evidence required by the most recent VA/DoD publications and is not recommended as a first-line treatment.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other guidelines and evidence reviews recommend STPP for MDD?

A. **No.** Other authoritative reviews have not substantiated the use of STPP as a front-line treatment for MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- AHRQ: A comparative effectiveness review of pharmacological and psychological treatments for depression found three eligible studies comparing STPP to a second-generation antidepressant (SGA). Results indicated that STPP monotherapy and SGA monotherapy were not significantly different in remission rates or improvements in functional capacity. No studies were identified comparing STPP to other psychotherapies (Garthlehner et al., 2015).

- Cochrane: A 2014 systematic review of STPPs for common mental disorders found that, across common mental disorders, there was a significantly greater reduction in depressive symptoms in patients treated with STPP in the short- and medium-term compared to control conditions, but not long-term (greater than six months). This review included five studies focused on depressive disorders, but did not report outcomes for this subgroup. Therefore, conclusions cannot be made about the efficacy of STPP for MDD (Abbass et al., 2014).

Q. Is there any recent research on STPP as a treatment for MDD?

A. A search conducted in June 2017 identified two randomized controlled trials (RCTs), and one update of a previous meta-analysis on the efficacy of STPP for the treatment of depression that were published after the literature search was conducted for the *2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder*.

The 2015 meta-analysis included 33 RCTs and compared STPP to control conditions (e.g., waitlists or treatment as usual) and other psychotherapies that were grouped together and included cognitive behavior therapy, cognitive therapy, supportive therapy, non-directive counseling, and art therapy (Driessen et al.). Results indicated that STPP was significantly efficacious for the treatment of MDD compared to control conditions. When compared to the other treatments, STPP was significantly less efficacious for depression outcomes at post-treatment. Post-hoc analyses excluding group intervention found no significant differences however. Given the methodological limitations of this meta-analysis, such as the grouping of non-evidence-based treatments with evidence-based treatments and the lack of formal quality assessment of the included studies and body of evidence, very limited conclusions can be drawn from this research.

An RCT comparing STPP to cognitive therapy for the treatment of MDD in a community mental health setting found that STPP was not inferior to cognitive therapy on changes in depression symptoms (Connolly Gibbons et al., 2016). Another RCT examined the efficacy of STPP for treatment resistant depression compared to treatment as usual (Town, Abbass, Stride, & Bernier, 2017). Results suggested that patients in the STPP group were significantly more likely to achieve remission.

Q. What conclusions can be drawn about STPP as a treatment for MDD?

A. The current state of the STPP evidence base is not mature enough to recommend STPP as a front-line treatment for depression in the MHS. Although there is a growing literature base on the efficacy of STPP for treating MDD, the body of evidence for STPP does not suggest that this treatment is as effective as existing front-line psychological treatments for MDD. Additional comparative effectiveness trials are needed to establish an understanding of STPP's effectiveness relative to existing front-line psychotherapies for MDD, and to investigate if STPP is particularly effective for certain patient groups.

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