NKR 29. PICO 4: Korttids psykodynamisk terapi versus kognitiv adfærdsterapi

Review information

Authors

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Characteristics of studies

Characteristics of included studies

Barkham 1999

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykodynamisk psykoterapi, korttids ● *Dep. sværhedsgrad*: Low-level clinical depression, in which BDI scores ranged between 16 and 25 (M = 18.90, SD = 2.52). This group represented people who were, on average, 1.85 SDs above the mean of a mildly symptomatic population and all of whom were within 1 SD below the mean of the clinically symptomatic population (Seggar et al., 1997). Clients in this group can therefore be seen as experiencing a low-level clinical depression Kognitiv adfærdsterapi (CBT) ● *Dep. sværhedsgrad*: Low-level clinical depression, in which BDI scores ranged between 16 and 25 (M = 18.90, SD = 2.52). This group represented people who were, on average, 1.85 SDs above the mean of a mildly symptomatic population and all of whom were within 1 SD below the mean of the clinically symptomatic population (Seggar et al., 1997). Clients in this group can therefore be seen as experiencing a low-level clinical depression **Included criteria:** **Excluded criteria:** (a) received more than three sessions of formal therapy in the past 5 years, (b) reported a significant change in their medication regimen within the past 6weeks (i.e., either starting or stopping medication), and (c) their referral letter (or clinical a **Pretreatment:**
Interventions	**Intervention Characteristics** Psykodynamisk psykoterapi, korttids Kognitiv adfærdsterapi (CBT)

Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Data value**: Endpoint *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome ● **Data value**: Endpoint *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Data value**: Endpoint *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome ● **Data value**: Endpoint *Responsrate* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Remissionsrate* ● **Outcome type**: ContinuousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** Intet oplyst **Country:** UK **Setting:** **Comments:** **Authors name:** Barkham, 1999 **Institution:** **Email:** **Address:**
Notes	*Jens Aaboe* on 09/10/2015 19:41 **Outcomes** Outcome remissionsrate: I dette studie er der rapporteret BDI score. *Jens Aaboe* on 09/10/2015 19:43 **Outcomes** Remissionsrate: Her er BDI score rapporteret, 1 års FU. *Jens Aaboe* on 09/10/2015 19:53 **Population** Exclusion criteria:Clients were excluded if they met any one of the following criteria: (a) received more than three sessions of formal therapy in the past 5

	years, (b)reported a significant change in their medication regimen within the past 6 weeks (i.e., either starting or stopping medication), and (c) their referral letter (or clinical assessment where undertaken) indicated mania or psychotic symptoms.Baseline: BDI score at pre-screening visit. *Birgitte Holm Petersen* on 11/10/2015 07:14 **Population** Let dep. ptt. også inkluderet! *Birgitte Holm Petersen* on 11/10/2015 07:32 **Included** Antal sessioner: 3. Betragtelig mindre end anbefalet i PICO (15-20)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	From Braun 2013.
Allocation concealment (selection bias)	Unclear risk	
Blinding of participants and personnel (performance bias)	Unclear risk	From Braun 2013.
Blinding of outcome assessment (detection bias)	Low risk	From Braun 2013.
Incomplete outcome data (attrition bias)	High risk	From Braun 2013.
Selective reporting (reporting bias)	Unclear risk	From Braun 2013.
Other bias	Low risk	From Braun 2013.

Cooper 2003

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykodynamisk psykoterapi, korttids ● *Dep. sværhedsgrad*: 12.6 Kognitiv adfærdsterapi (CBT) ● *Dep. sværhedsgrad*: 12.6 **Included criteria:** Women were considered eligible for the study if they fulfilled the following criteria: primiparous, living within a 15-mile radius of the maternity hospital and with English as their first language. **Excluded criteria:** Women wereexcluded if they had delivered prematurely(before 36 weeks' gestation), if their infanthad any gross congenital abnormality, if they had not had a singleton birth or if they were intending to move out of the area within the period of the inte **Pretreatment:**

Interventions	**Intervention Characteristics** Psykodynamisk psykoterapi, korttids ● *Beskrivelse*: Psychodynamic therapy using the treat- Psychodynamic therapy using the treatmenttechniques described by Cramer& Stern (Cramer et al , 1990; Stern,1995), in which an understanding ofthe mother's representation of her the mother's representation of herinfant and her relationship with herinfant was promoted by exploring aspects of the mother's own earlyattachment history. Kognitiv adfærdsterapi (CBT) ● *Beskrivelse*: Cognitive–behavioural therapy (CBT), Cognitive–behavioural therapy (CBT),in which a range of techniques(Hawton et al , 1989) was used in thecontext of an appropriately modifiedform of the interaction guidance treatmentdescribed by McDonough(1993). The treatment was primarilydirected not at the maternal depressionitself but at problems identified by themother in the management of herinfant (concerning, for example,feeding or sleeping), as well as atobserved problems in the quality ofthe mother–infant interaction. In thecontext of a supportive therapeuticrelationship, the mother was providedwith advice about managing particularinfant problems, was helped to solvesuch problems in a systematic way, such problems in a systematic way,was encouraged to examine herpatterns of thinking about her infantand herself as a mother, and washelped through modelling and reinforcementto alter aspects of herinteractional style.
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate* ● **Outcome type**: ContinuousOutcome ● **Direction**: Lower is better *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Remissionsrate* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better *Frafald/ All-cause discontinuation* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** The initial trial was supported by agrant from Birthright. The 5 -year follow-up was grant from Birthright. The 5 -year follow-up was supported by the Medical Research Council **Country:** UK **Setting:** **Comments:** **Authors name:** Cooper, 2003 **Institution:** **Email:** **Address:**
Notes	*Jens Aaboe* on 09/10/2015 20:32 **Population** Baseline dep.sværhedsgrad: Edinburgh Postnatal Depression Scale (EPDS) angivet som mean (sd). *Jens Aaboe* on 09/10/2015 22:00 **Outcomes** Respons rate: Estimates of treatment effects using the Edinburgh Postnatal Depression Scale (EPDS) at 18 months follow-up.Remission rate: Estimates of treatment effects using the Structured Clinical Interview for DSM^III^R Diagnosis (SCID) at 18 months follow-up.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	From Braun 2013.
Allocation concealment (selection bias)	Low risk	
Blinding of participants and personnel (performance bias)	Unclear risk	From Braun 2013.
Blinding of outcome assessment (detection bias)	Low risk	From Braun 2013.
Incomplete outcome data (attrition bias)	High risk	From Braun 2013.
Selective reporting (reporting bias)	Low risk	From Braun 2013.
Other bias	Low risk	From Braun 2013.

Driessen 2013

Methods	Randomised controlled trial, parallel group
Participants	Baseline: Psykodynamisk terapi: 23.14 (5.24), CBT:23.68 (5.47) INCLUSION CRITERIA: Inclusion criteria were presence of a major depressive episode according to DSM-IV criteria, as assessed with the Mini-International Neuropsychiatric Interview−Plus (15); a Hamilton Depression Rating Scale (HAM-D [16]) score $14; age 18−65 years; and writ EXCLUSION CRITERIA:Exclusion criteria included presence of psychotic symptoms or bipolar disorder, severe suicidality warranting immediate intensive treatment or hospitalization, substance misuse or abuse in the past 6 months, pregnancy, inability to meet trial demands, and

Interventions	Psykodynamisk terapi: Both psychotherapies comprised 16 individual sessions within 22 weeks and were conducted according to published treatment manuals. Short-term psychodynamic supportive psychotherapy (18, 20–24) was used to represent the psychodynamic intervention. This modality involved an open patient-therapist dialogue that used supportive and insight-facilitating techniques to address the emotional background of the depressive symptoms by discussing current relationships, internalized past relationships, and intrapersonal patterns.' CBT: Both psychotherapies comprised 16 individual sessions within 22 weeks and were conducted according to published treatment manuals. CBT was based on the principles described by Beck (19) and included behavioral activation and cognitive restructuring according to a session-bysession protocol with homework assignments.
Outcomes	
Identification	Sponsorship source: Supported by an unrestricted research grant from Wyeth Pharmaceuticals, the Netherlands; by research logistics grants and other research grants from Arkin Mental Health Care, Amsterdam (to Drs. Driessen, Van, Peen, Kool, Schoevers, and Dekker and Mr. Don, Ms. Westra, and Ms. Hendriksen); by a research grant from ProPersona Mental Health Care (to Mr. Don); and by research grants from the Faculty of Psychology and Education, Department of Clinical Psychology, VU University, Amsterdam (to Drs. Driessen and Cuijpers). Country: Netherlands Author name: Driessen 2013
Notes	Supported by an unrestricted research grant from Wyeth Pharmaceuticals, the Netherlands; by research logistics grants and other research grants from Arkin Mental Health Care, Amsterdam (to Drs. Driessen, Van, Peen, Kool, Schoevers, and Dekker and Mr. Don, Ms. Westra, and Ms. Hendriksen); by a research grant from ProPersona Mental Health Care (to Mr. Don); and by research grants from the Faculty of Psychology and Education, Department of Clinical Psychology, VU University, Amsterdam (to Drs. Driessen and Cuijpers).

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	Separate random allocation sequences were generated for each of the three clinics by one of the authors (J.P.) using the SPSS random number generator (SPSS, Chicago).
Allocation concealment (selection bias)	Unclear risk	Research assistants, aware of the allocation sequence, enrolled participants and assigned them to interventions.
Blinding of participants and personnel (performance bias)	High risk	Blinding not possible
Blinding of outcome assessment (detection bias)	High risk	HAM-D assessors were not blind to treatment condition, and therefore we cannot rule out observer bias.
Incomplete outcome data (attrition bias)	High risk	Dropout rate 26-31%

Selective reporting (reporting bias)	Low risk	Not detected
Other bias	Low risk	Not detected

Gallagher Thompson 1994

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykodynamisk psykoterapi, korttids ● *Dep. sværhedsgrad*: RDC=moderat Kognitiv adfærdsterapi (CBT) ● *Dep. sværhedsgrad*: RDC=moderat **Included criteria:** (a) self-report of providing primary care for a physically or cognitively disabled older relative; (b) a diagnosis of major, minor, or intermittent depressive disorder according to RDC; (c) a Beck Depression Inventory (revised version; BDI; Beck, Rush, Shaw, & Emery, 1979) score of 10 or more; (d) not exhibiting evidence of psychosis, alcoholism, immediate suicidal risk, or bipolar disorder; (e) not concurrently in psychotherapy; (f) not currently on medication for depression or stabilized on medication (and still meeting RDC criteria); (g) willingness to accept random assignment to conditions; and (h) no severe cognitive impairment, as indicated by a score of 25 or more on the Mini-Mental Status exam (Folstein, Folstein, & McHugh, 1975). **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Psykodynamisk psykoterapi, korttids ● *Beskrivelse*: The brief PD therapy is based on the theory that caregivers' pastconflicts over dependence and independence are reactivated by the care-giving situation and are expressed in the caregivers' difficulty in separat-ing their emotions and needs from those of the elderly relative. Thistherapy focuses on understanding past losses and conflicts in separationand individuation through their reenactment in the therapeutic rela-tionship (Rose & DelMaestro, 1990). Kognitiv adfærdsterapi (CBT) ● *Beskrivelse*: In CB therapy, caregivers are taught to challenge theirdysfunctional thoughts and to develop more adaptive ways to view prob-lematic situations. They are also taught behavioral strategies (such asincreasing daily pleasant events) to enhance mood and a sense of mas-tery.
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome

	Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år) ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Remissionsrate* ● **Outcome type**: DichotomousOutcome ● **Direction**: Higher is better ● **Data value**: Endpoint *Frafald/all-cause discontinuation* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported in part by Grants RO1-MH 40041,RO1-MH 37196, and TO 1-MH19277 from the National Institute of Mental Health. **Country:** US **Setting:** **Comments:** **Authors name:** Gallagher-Thompson 1994 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 01/10/2015 17:58 **Select** De fleste let dep.: Hamilton Rating Scale for Depression score (HRSD; Hamilton, 1967) of 16.1 (SD = 5.0), *Jens Aaboe* on 09/10/2015 22:28 **Population** Inclusion criteria: Criteria for caregiver inclusion were as follows:(a) self-report of providing primary care for a physically or cognitivelydisabled older relative; (b) a diagnosis of major, minor, or intermittentdepressive disorder according to RDC; (c) a Beck Depression Inventory(revised version; BDI; Beck, Rush, Shaw, & Emery, 1979) score of 10 ormore; (d) not exhibiting evidence of psychosis, alcoholism, immediatesuicidal risk, or bipolar disorder; (e) not concurrently in psychotherapy;(f) not currently on medication for depression or stabilized on medica-tion (and still meeting RDC criteria); (g) willingness to accept randomassignment to conditions; and (h) no severe cognitive impairment, asindicated by a score of 25 or more on the Mini-Mental Status exam(Folstein, Folstein, & McHugh, 1975).Exclusion criteria: Not described

	Jens Aaboe on 09/10/2015 22:54 **Population** Inclusion criteria:Criteria for caregiver inclusion were as follows:(a) self-report of providing primary care for a physically or cognitivelydisabled older relative; (b) a diagnosis of major, minor, or intermittentdepressive disorder according to RDC; (c) a Beck Depression Inventory(revised version; BDI; Beck, Rush, Shaw, & Emery, 1979) score of 10 ormore; (d) not exhibiting evidence of psychosis, alcoholism, immediatesuicidal risk, or bipolar disorder; (e) not concurrently in psychotherapy;(f) not currently on medication for depression or stabilized on medica-tion (and still meeting RDC criteria); (g) willingness to accept randomassignment to conditions; and (h) no severe cognitive impairment, asindicated by a score of 25 or more on the Mini-Mental Status exam(Folstein, Folstein, & McHugh, 1975).Exclusion criteria: Not reported *Jens Aaboe* on 09/10/2015 23:10 **Population** Criteria for caregiver inclusion were as follows:(a) self-report of providing primary care for a physically or cognitivelydisabled older relative; (b) a diagnosis of major, minor, or intermittentdepressive disorder according to RDC; (c) a Beck Depression Inventory(revised version; BDI; Beck, Rush, Shaw, & Emery, 1979) score of 10 ormore; (d) not exhibiting evidence of psychosis, alcoholism, immediatesuicidal risk, or bipolar disorder; (e) not concurrently in psychotherapy;(f) not currently on medication for depression or stabilized on medica-tion (and still meeting RDC criteria); (g) willingness to accept randomassignment to conditions; and (h) no severe cognitive impairment, asindicated by a score of 25 or more on the Mini-Mental Status exam(Folstein, Folstein, & McHugh, 1975)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	From Braun 2013.
Allocation concealment (selection bias)	Unclear risk	
Blinding of participants and personnel (performance bias)	Low risk	From Braun 2013.
Blinding of outcome assessment (detection bias)	Unclear risk	From Braun 2013.
Incomplete outcome data (attrition bias)	High risk	From Braun 2013.
Selective reporting (reporting bias)	Unclear risk	From Braun 2013.
Other bias	Unclear risk	From Braun 2013.

Shapiro 1994

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykodynamisk psykoterapi, korttids ● *Dep. sværhedsgrad*: major depressive episode Kognitiv adfærdsterapi (CBT) ● *Dep. sværhedsgrad*: major depressive episode **Included criteria:** The prescreening questionnaire comprised the BDI, the revised Symptom Checklist (SCL-90-R; Derogatis, 1983; Derogatis, Lipman, & Covi, 1973), and a Client Information Sheet soliciting brief accounts of the presenting problem(s), previous and current treatment, occupation, and effects of problems on work. Initial inclusion was based on this questionnaire and occasional telephone enquiries. **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Psykodynamisk psykoterapi, korttids ● *Beskrivelse*: . Our PI is based on Hobson's (1985; Goldberget al., 1984) Conversational Model. Using psychodynamic, interpersonal,and experiential concepts, it focuses on the therapist-clientrelationship as a vehicle for revealing and resolving interpersonaldifficulties viewed as primary in the origins of depression. The methodemphasizes negotiation (therapist's views expressed as tentative statements,open to correction, inviting elaboration and feedback), a languageof mutuality, the use of statements rather than questions, and theoffering of hypotheses about the client's experiences and their interconnections Kognitiv adfærdsterapi (CBT) ● *Beskrivelse*: Our CB is a multimodal method somewhat more behavioralin emphasis than is Beck, Rush, Shaw, and Emery's (1979) cognitivetherapy. It emphasizes the provision by the therapist of cognitive andbehavioral strategies for application by the client. A wide range of techniquesis available to the therapist, including anxiety-control training,self-management procedures, cognitive restructuring, and a job-strainpackage
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)*

	● **Outcome type**: DichotomousOutcome *Responsrate* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Remissionsrate* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** None declared **Country:** Uk **Setting:** **Comments:** **Authors name:** Shapiro 1994 **Institution:** **Email:** **Address:**
Notes	*Jens Aaboe* on 10/10/2015 00:15 **Population** Inclusion: For clients to be included, their symptomatology over the month before the interview had to attain a PSE Index of Definition (ID; Wing et al., 1974) of 5 or more. Clients were also required to meet DSM-III criteria for a major depressive episode during the preceding 3 months. Exclusion: Clients were excluded if the PSE was scored for psychotic, manic, or obsessional symptoms or if depression was attributable to organic illness. BDI score below 16; continuous history of psychiatric disorder extending more than 2 years; more than three sessions of psychological treatment during previous 5 years; significant change in psychotropic medication during the previous 6 weeks; failure to meet employment criterion. *Jens Aaboe* on 10/10/2015 00:43 **Outcomes** Data er beskrevet på en sådan måde at det ikke er muligt at deducere hverken frafald eller relevante outcomes. I tabel 2 kunne der muligvis være middeldata at hente (dog uden angivelse af variation) men det er ikke angivet til hvilket tidspunkt disse data er indhentet.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	From Braun 2013.
Allocation concealment (selection bias)	Unclear risk	
Blinding of participants and personnel (performance bias)	Unclear risk	From Braun 2013.
Blinding of outcome assessment (detection bias)	Low risk	From Braun 2013.
Incomplete outcome data (attrition bias)	High risk	From Braun 2013.
Selective reporting (reporting bias)	Unclear risk	From Braun 2013.

Other bias	Low risk	From Braun 2013.

Thompson 1987

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Psykodynamisk psykoterapi, korttids ● *Dep. sværhedsgrad, HRSD at pretest, mean (sd)*: 19.0 Kognitiv adfærdsterapi (CBT) ● *Dep. sværhedsgrad, HRSD at pretest, mean (sd)*: 19.0 **Included criteria:** (a) being 60 years of age at intake; (b) diagnosed as havingMDD using the Research Diagnostic Criteria (RDC; Spitzer, Endicott,& Robins, 1978); (c)not currently on medication for depression or stabilizedon medication for a minimum of 3 months and still **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Psykodynamisk psykoterapi, korttids Kognitiv adfærdsterapi (CBT)
Outcomes	*Livskvalitet, Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Recidiv, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)* ● **Outcome type**: ContinuousOutcome *Arbejdsfastholdelse, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Selvmordsadfærd, Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Responsrate* ● **Outcome type**: DichotomousOutcome *Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)* ● **Outcome type**: DichotomousOutcome *Remissionsrate* ● **Outcome type**: ContinuousOutcome *Remissionsrate, Efter endt behandling* ● **Outcome type**: DichotomousOutcome *Frafald* ● **Outcome type**: DichotomousOutcome ● **Direction**: Lower is better

	● **Data value**: Endpoint
Identification	**Sponsorship source:** This research was supported by Grant R01-MH37196 from the NationalInstitute of Mental Health to the first author. **Country:** US **Setting:** **Comments:** **Authors name:** Thompson, 1987 **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 01/10/2015 18:14 **Select** minimum scores of 17 on the Beck Depression Inventory *Birgitte Holm Petersen* on 12/10/2015 06:31 **Outcomes** Remission: Cognitiv: 16/31Dynamisk: 14/30DROPOUT:Four patients each from the behavioral and brief psychodynamictherapies and 10 from cognitive therapy dropped outprematurely. Of these, only eight—two from the behavioral andbrief psychodynamic therapies and four from cognitive therapy—droppedbecause of dissatisfaction with the treatment

Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Unclear risk	From Braun 2013.
Allocation concealment (selection bias)	Unclear risk	
Blinding of participants and personnel (performance bias)	Low risk	From Braun 2013.
Blinding of outcome assessment (detection bias)	Unclear risk	From Braun 2013.
Incomplete outcome data (attrition bias)	Unclear risk	From Braun 2013.
Selective reporting (reporting bias)	Unclear risk	From Braun 2013.
Other bias	Low risk	From Braun 2013.

Footnotes

References to studies

Included studies

Barkham 1999

Barkham,M.; Shapiro,D. A.; Hardy,G. E.; Rees,A.. Psychotherapy in two-plus-one sessions: outcomes of a randomized controlled trial of cognitive-behavioral and psychodynamic-interpersonal therapy for subsyndromal depression. Journal of consulting and clinical psychology 1999;67(2):201-211. [DOI:]

Cooper 2003

Cooper,P. J.; Murray,L.; Wilson,A.; Romaniuk,H.. Controlled trial of the short- and long-term effect of psychological treatment of post-partum depression. I. Impact on maternal mood. The British journal of psychiatry : the journal of mental science 2003;182(Journal Article):412-419. [DOI:]

Driessen 2013

Driessen, E; Van, HL; Don, FJ; Peen, J; Kool, S; Westra, D; Hendriksen, M; Schoevers, RA; Cuijpers, P; Twisk JWR, Dekker, JJM.. The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treament of major depression: a randomised clinical trial.. Am J Psych 2013;170:1041-50.

Gallagher Thompson 1994

Gallagher-Thompson, D.; Steffen, A. M.. Comparative effects of cognitive-behavioral and brief psychodynamic psychotherapies for depressed family caregivers. Journal of Consulting & Clinical Psychology 1994;62(3):543-9. [DOI:]

Shapiro 1994

Shapiro,D. A.; Barkham,M.; Rees,A.; Hardy,G. E.; Reynolds,S.; Startup,M.. Effects of treatment duration and severity of depression on the effectiveness of cognitive-behavioral and psychodynamic-interpersonal psychotherapy. Journal of consulting and clinical psychology 1994;62(3):522-534. [DOI:]

Thompson 1987

Thompson,L. W.; Gallagher,D.; Breckenridge,J. S.. Comparative effectiveness of psychotherapies for depressed elders. Journal of consulting and clinical psychology 1987;55(3):385-390. [DOI:]

Data and analyses

1 Psykodynamisk psykoterapi, korttids vs Kognitiv adfærdsterapi (CBT)

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Livskvalitet, Længste follow-up (min. ½ år)	1	61	Mean Difference (IV, Fixed, 95% CI)	0.30 [-7.32, 7.92]
1.1.1 Længste fU (min. ½ år)	1	61	Mean Difference (IV, Fixed, 95% CI)	0.30 [-7.32, 7.92]
1.2 Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år)	1	173	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Recidiv, Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.6 Arbejdsfastholdelse, Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.7 Selvmordsadfærd, Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals

1.8 Hospitalsindlæggelser (antal), Længste follow-up (min. ½ år)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.9 Remissionsrate	4	433	Risk Ratio (IV, Random, 95% CI)	0.98 [0.79, 1.22]
1.9.1 Efter endt behandling	4	433	Risk Ratio (IV, Random, 95% CI)	0.98 [0.79, 1.22]
1.10 Frafald/ All-cause discontinuation	4	561	Risk Ratio (IV, Random, 95% CI)	1.18 [0.53, 2.60]
1.10.1 Efter endt behandling	4	561	Risk Ratio (IV, Random, 95% CI)	1.18 [0.53, 2.60]
1.11 Responsrate	2	294	Risk Ratio (IV, Random, 95% CI)	0.92 [0.68, 1.25]
1.11.1 Efter endt behandling	2	294	Risk Ratio (IV, Random, 95% CI)	0.92 [0.68, 1.25]

Figures

Figure 1 (Analysis 1.9)

	Psykodynamisk psykoterapi, korttids		Kognitiv adfærdsterapi (CBT)			Risk
Study or Subgroup	**Events**	**Total**	**Events**	**Total**	**Weight**	**IV, Rand**
1.9.1 Efter endt behandling						
Gallagher Thompson 1994	13	21	23	31	27.7%	0.83
Thompson 1987	13	30	16	31	15.9%	0.84
Driessen 2013	26	122	27	111	19.8%	0.88
Cooper 2003	31	45	23	42	36.5%	1.26
Subtotal (95% CI)		**218**		**215**	**100.0%**	**0.98**
Total events	83		89			
Heterogeneity: Tau² = 0.00; Chi² = 3.27, df = 3 (P = 0.35); I² = 8%						
Test for overall effect: Z = 0.18 (P = 0.85)						
Total (95% CI)		**218**		**215**	**100.0%**	**0.98**
Total events	83		89			
Heterogeneity: Tau² = 0.00; Chi² = 3.27, df = 3 (P = 0.35); I² = 8%						
Test for overall effect: Z = 0.18 (P = 0.85)						
Test for subgroup differences: Not applicable						

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykodynamisk psykoterapi, korttids vs Kognitiv adfærdsterapi (CBT), outcome: 1.9 Remissionsrate.

Figure 2 (Analysis 1.2)

	Psykodynamisk psykoterapi, korttids			Kognitiv adfærdsterapi (CBT)				Mean Differe
Study or Subgroup	**Mean**	**SD**	**Total**	**Mean**	**SD**	**Total**	**Weight**	**IV, Fixed, 95**
Driessen 2013	68	0	86	69	0	87		Not estim
Total (95% CI)			**86**			**87**		**Not estim**

Heterogeneity: Not applicable
Test for overall effect: Not applicable

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykodynamisk psykoterapi, korttids vs Kognitiv adfærdsterapi (CBT), outcome: 1.2 Funktionsevne (aktivitet og deltagelse), Længste follow-up (min. ½ år).

Figure 3 (Analysis 1.1)

	Psykodynamisk psykoterapi, korttids			Kognitiv adfærdsterapi (CBT)				Mean Differe
Study or Subgroup	**Mean**	**SD**	**Total**	**Mean**	**SD**	**Total**	**Weight**	**IV, Fixed, 95**
1.1.1 Længste fU (min. ½ år)								
Thompson 1987	69.4	13.2	30	69.1	17	31	100.0%	0.30 [-7.32,
Subtotal (95% CI)			**30**			**31**	**100.0%**	**0.30 [-7.32,**
Heterogeneity: Not applicable								
Test for overall effect: Z = 0.08 (P = 0.94)								
Total (95% CI)			**30**			**31**	**100.0%**	**0.30 [-7.32,**

Heterogeneity: Not applicable
Test for overall effect: Z = 0.08 (P = 0.94)
Test for subgroup differences: Not applicable

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykodynamisk psykoterapi, korttids vs Kognitiv adfærdsterapi (CBT), outcome: 1.1 Livskvalitet, Længste follow-up (min. ½ år).

Figure 4 (Analysis 1.10)

Study or Subgroup	Psykodynamisk psykoterapi, korttids Events	Total	Kognitiv adfærdsterapi (CBT) Events	Total	Weight	Risk IV, Rand
1.10.1 Efter endt behandling						
Thompson 1987	4	30	10	31	23.1%	0.41
Driessen 2013	46	177	51	164	36.0%	0.84
Gallagher Thompson 1994	9	30	5	36	24.2%	2.16
Cooper 2003	10	50	2	43	16.7%	4.30 [1
Subtotal (95% CI)		**287**		**274**	**100.0%**	**1.18**
Total events	69		68			
Heterogeneity: Tau² = 0.42; Chi² = 9.75, df = 3 (P = 0.02); I² = 69%						
Test for overall effect: Z = 0.40 (P = 0.69)						
Total (95% CI)		**287**		**274**	**100.0%**	**1.18**
Total events	69		68			
Heterogeneity: Tau² = 0.42; Chi² = 9.75, df = 3 (P = 0.02); I² = 69%						
Test for overall effect: Z = 0.40 (P = 0.69)						
Test for subgroup differences: Not applicable						

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykodynamisk psykoterapi, korttids vs Kognitiv adfærdsterapi (CBT), outcome: 1.10 Frafald/ All-cause discontinuation.

Figure 5 (Analysis 1.11)

Study or Subgroup	Psykodynamisk psykoterapi, korttids Events	Total	Kognitiv adfærdsterapi (CBT) Events	Total	Weight	Risk Ratio IV, Random, 95%
1.11.1 Efter endt behandling						
Thompson 1987	7	30	10	31	13.8%	0.72 [0.32, 1.
Driessen 2013	45	122	43	111	86.2%	0.95 [0.68, 1.
Subtotal (95% CI)		**152**		**142**	**100.0%**	**0.92 [0.68, 1.**
Total events	52		53			
Heterogeneity: Tau² = 0.00; Chi² = 0.37, df = 1 (P = 0.54); I² = 0%						
Test for overall effect: Z = 0.56 (P = 0.58)						
Total (95% CI)		**152**		**142**	**100.0%**	**0.92 [0.68, 1.**
Total events	52		53			
Heterogeneity: Tau² = 0.00; Chi² = 0.37, df = 1 (P = 0.54); I² = 0%						
Test for overall effect: Z = 0.56 (P = 0.58)						
Test for subgroup differences: Not applicable						

Risk of bias legend
(**A**) Random sequence generation (selection bias)
(**B**) Allocation concealment (selection bias)
(**C**) Blinding of participants and personnel (performance bias)
(**D**) Blinding of outcome assessment (detection bias)
(**E**) Incomplete outcome data (attrition bias)
(**F**) Selective reporting (reporting bias)
(**G**) Other bias

Forest plot of comparison: 1 Psykodynamisk psykoterapi, korttids vs Kognitiv adfærdsterapi (CBT), outcome: 1.11 Responsrate.