

Should Primary Care Doctors Be Taught Cognitive Behavioral Therapy to Treat Depression?

King M, Davidson O, Taylor F, et al. Effectiveness of teaching general practitioners skills in brief cognitive behavioural therapy to treat patients with depression: randomised controlled trial. *BMJ* 2002;324:947–50.

Study Overview

Objective. To determine the effectiveness of teaching general practitioners to treat depressed patients with brief cognitive behavioral therapy.

Design. Parallel group cluster randomized controlled trial.

Setting and participants. 84 general practitioners from the North Thames region of London, United Kingdom, were randomized to either 4 half-days of training in the technique of brief cognitive behavioral therapy or to the control group. In the 2 weeks following training, patients consulting physicians in the study were screened for depression and recruited into the study if they scored above a threshold on the hospital anxiety and depression scale ($n = 272$). Physicians in the intervention group were asked to provide cognitive behavioral therapy for depressed patients while physicians in the control group provided usual care that could include any intervention or referral.

Main outcome measures. Physicians' knowledge and attitudes were measured with a depression attitude questionnaire at baseline and at 6-months' follow-up. Patients were followed up at 3 and 6 months and asked to complete 3 questionnaires: the Beck depression inventory, the state trait anxiety inventory, and the SF-36 health survey. Rates of medication prescribing and referrals to mental health professionals also were determined by reviewing practice records.

Main results. 1121 physicians were contacted to participate and 116 agreed to participate; 32 withdrew from the study due to work constraints following training; there was no difference between groups in physicians' knowledge and attitudes concerning depression as measured by the depression attitude questionnaire score. Additionally, the training session had no detectable impact on patient outcomes at 3 or 6 months.

Conclusion. Training general practitioners to treat depressed patients with brief cognitive behavioral therapy is ineffective.

Commentary

Primary care physicians frequently detect and treat depression without referring patients to a psychiatrist or other trained professional. The medical options for depression have improved considerably since the introduction of selective serotonin reuptake inhibitors, but adverse side effects can limit their usefulness. Cognitive behavioral therapy is at least as effective as medication for mild depression and would be a welcome addition to the primary care skill set.

The physicians in the intervention arm were intensively trained for 4 half-days in cognitive behavioral therapy and other issues surrounding depression. The authors hypothesized that knowledge and attitudes surrounding depression would improve and that patient outcomes would be superior to usual care at 3 and 6 months. The study physicians' performance was measured in the 2-week interval following the training when the effect of the educational programs might be expected to be at their peak. The physician response rate to study recruitment was poor (about 10%), so it is possible that only the most motivated and enthusiastic physicians responded. Nevertheless, there was no detectable improvement in attitudes or knowledge about depression, and patients fared no better when treated by a physician in the intervention arm.

The authors were unable to measure the impact of their educational intervention on physician behavior. It is difficult to know whether the cognitive behavioral therapy failed to improve outcomes or physicians simply did not apply what they recently learned. Additionally, the authors selected patients who exceeded the high threshold in the baseline anxiety and depression scores. More severely depressed patients may be less responsive to brief cognitive behavioral therapy, and this choice may have biased the findings towards the null hypothesis. Control physicians were free to refer patients to a professional and to prescribe any therapy that may have diluted the effect of the intervention. Thus, while the study showed no difference in patient outcomes, the authors set a high bar for success. For patients with milder depression who prefer to avoid medication, cognitive behavioral therapy may yet prove a useful tool for primary care physicians.

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Applications for Clinical Practice

Training primary care physicians to use brief cognitive behavioral therapy is not proven to improve the outcomes of depressed patients. It may be possible, as the authors suggest, that physicians require more intensive training to acquire the

skills for brief cognitive behavior therapy or that they need more time to implement these skills, but this is difficult to determine without further randomized controlled trials.

—Review by Josh F. Peterson, MD

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