

ABSTRACTS OF COCHRANE SYSTEMATIC REVIEWS

We have again selected three systematic reviews for Cochrane corner. The first one will be of much interest for practicing clinicians in which effectiveness of low dose tricyclic antidepressants has been evaluated in acute phase depression. The remaining two reviews have focused on the role of psychological interventions in opioid detoxification and post partum depression as an alternative intervention strategy to pharmacotherapy.

1. In view of the poor socioeconomic conditions in developing countries, tricyclic antidepressants are still mainstay of treatment, in acute depressive episodes. However many unacceptable adverse effects of this group of antidepressants have always remained a problem for practicing clinicians, especially with higher doses. Psychiatrists have generally frowned upon the low doses of antidepressants used in general practice. However, systematic review by Furukawa et al points to a different conclusion. In this systematic review 41 studies (with about 2500 participants), fulfilled the selection criteria. According to results low dose TCAs (75—100 mg), showed significant response as compared to placebo. Moreover even the high dose TCAs compared to low dose antidepressants from the same group failed to bring the significant improvement in the symptoms of acute phase depression.

The findings have long term implication for intervention strategies aimed at minimizing the adverse effects of TCAs and improving the drug adherence in depressed population.

2. As we know that substance abuse especially opioid dependence is chronic relapsing disorder leading to severe consequences in the areas of functioning. Frequent relapses in this disabling psychiatric disorder have remained a challenge for mental health professionals involved in rehabilitation of drug users. Usually adverse social conditions are the major cause of poor long term outcome.

In this systematic review the effectiveness of combined psychosocial interventions as compared to the pharmacological treatment alone have been evaluated in opioid detoxification. Only 9 studies could be included in the systematic review, in five different psychosocial interventions were tried. The studies also lacked detailed informations for

meta analysis to analyze the results related to different outcome measures.

However according to review authors, psychosocial treatments (behavioral strategies, counseling and family therapy), in addition to pharmacological treatments are effective in terms of completion of treatment, compliance and results at follow up. Further better designed studies are proposed to replicate the results and establish the evidence.

3. Post partum depression is a common and important mental health issue for mothers especially in developing countries like Pakistan with high fertility rates. Though pharmacological and physical interventions (ECT) are considered to be effective, evidence base for these interventions is rather limited. In this review authors compare the effectiveness of psychosocial and psychological interventions to routine care in post natal depression has been evaluated. Ten trials with 956 participants were able to meet the inclusion criteria, but still the methodological quality trails was variable and many were short term studies. According to this systematic review psychological interventions are effective in reducing the symptomatology of depression but their long-term effectiveness remains to be evaluated in future comparative studies.

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LOW DOSE TRICYCLIC ANTIDEPRESSANTS (TCAS) FOR DEPRESSION

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ABSTRACT

Background: Tricyclic antidepressants are still extensively prescribed worldwide. Evidence for the recommended dosage of tricyclics, however, is poor.

Objectives: To compare the effects and side effects of low dosage tricyclic antidepressants with placebo and with standard dosage tricyclics in acute phase treatment of depression.

PSYCHOSOCIAL AND PHARMACOLOGICAL TREATMENTS VERSUS PHARMACOLOGICAL TREATMENTS FOR OPIOID DETOXIFICATION

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Search strategy: Electronic search of the Cochrane Collaboration Depression, Anxiety and Neurosis Controlled Trials Register (CCDANCTR), incorporating results of group searches of MEDLINE (1966-), EMBASE (1980-), CINAHL (1982-), PsycLIT (1974-), PSYINDEX (1977-) and LILACS (1982-1999) and hand searches of major psychiatric and medical journals. Reference search and SciSearch of the identified studies. Personal contact with authors of significant papers.

Selection criteria

All randomised controlled trials 1) comparing low dosage TCA ($= < 100$ mg/d on average at the end of trial) with placebo or 2) comparing low and standard dosages of the same TCA, in acute phase treatment of depressive disorder

Data collection and analysis

Two independent reviewers examined eligibility of the identified studies, and extracted data for outcomes at 1 week, 2 weeks, 4 weeks, 6-8 weeks and later. Main outcome measures were relative risk of response in depression (random effects model), according to the original authors' definition but usually defined as 50% or greater reduction in severity of depression according to the last-observation-carried-forward intention-to-treat method, and relative risks of overall dropouts and dropouts due to side effects. Other outcome measures included worst-case-scenario intention-to-treat analysis of response as defined above (in which dropouts were considered non-responders in the active treatment group and as responders in the comparison group), and standardised weighted mean scores of continuous depression severity scales (usually calculated by last-observation-carried-forward method).

Main results

35 studies (2013 participants) compared low dosage tricyclics with placebo, and six studies (551 participants) compared low dosage tricyclics with standard dosage tricyclics. Low dosage tricyclics, mostly between 75 and 100 mg/day, were 1.65 (95% confidence interval 1.36 to 2.0) and 1.47 (1.12 to 1.94) times more likely than placebo to bring about response at 4 weeks and 6-8 weeks, respectively. Standard dosage tricyclics failed, however, to bring about more response but produced more dropouts due to side effects than low dosage tricyclics.

Authors' conclusions

Treatment of depression in adults with low dose tricyclics is justified. However, more rigorous studies are needed to definitively establish the relative benefits and harms of varying dosages.

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ABSTRACT

Background: Different pharmacological approaches aimed at opioid detoxification are effective. Nevertheless a majority of patients relapse to heroin use, and relapses are a substantial problem in the rehabilitation of heroin users. Some studies have suggested that the sorts of symptoms which are most distressing to addicts during detoxification are psychological rather than physiological symptoms associated with the withdrawal syndrome.

Objectives: To evaluate the effectiveness of any psychosocial plus any pharmacological interventions versus any pharmacological alone for opioid detoxification, in helping patients to complete the treatment, reduce the use of substances and improve health and social status.

Search strategy: We searched the Cochrane Drugs and Alcohol Group trials register (27 February 2008). Cochrane Central Register of Controlled Trials (CENTRAL) (The Cochrane Library Issue 1, 2008), PUBMED (1996 to February 2008); EMBASE (January 1980 to February 2008); CINAHL (January 2003-February 2008); PsycINFO (1985 to April 2003) and reference list of articles.

Selection criteria

Randomised controlled trials which focus on any psychosocial associated with any pharmacological intervention aimed at opioid detoxification. People less than 18 years of age and pregnant women were excluded.

Data collection and analysis

Three reviewers independently assessed trials quality and extracted data.

Main results

Nine studies involving people were included. These studies considered five different psychosocial interventions and two substitution detoxification treatments: Methadone and Buprenorphine. The results show promising benefit from adding any psychosocial treatment to any substitution detoxification treatment in

terms of completion of treatment relative risk (RR) 1.68 (95% confidence interval (CI) 1.11 to 2.55), use of opiate RR 0.82 (95% CI 0.71 to 0.93), results at follow-up RR 2.43 (95% CI 1.61 to 3.66), and compliance RR 0.48 (95% CI 0.38 to 0.59).

Authors' conclusions

Psychosocial treatments offered in addition to pharmacological detoxification treatments are effective in terms of completion of treatment, use of opiate, results at follow-up and compliance. Although a treatment, like detoxification, that exclusively attenuates the severity of opiate withdrawal symptoms can be at best partially effective for a chronic relapsing disorder like opiate dependence, this type of treatment is an essential step prior to longer-term drug-free treatment and it is desirable to develop adjunct psychosocial approaches that might make detoxification more effective. Limitations to this review are imposed by the heterogeneity of the assessment of outcomes. Because of lack of detailed information no meta analysis could be performed to analyse the results related to several outcomes.

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INTERVENTIONS FOR POSTPARTUM DEPRESSION

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ABSTRACT

Background: Postpartum depression is a major health issue for many women from diverse cultures. While pharmacological interventions are an effective treatment for depression, mothers are often reluctant to take antidepressant medication due to concerns about breast milk transmission or potential side-effects. It is important that non-pharmacologic interventions be evaluated for use with postpartum women experiencing depressive symptomatology.

Objectives: Primary: to assess the effects of all psychosocial and psychological interventions compared with usual postpartum care in the reduction of depressive symptomatology. Secondary: to examine (1) the effectiveness of specific types of psychosocial interventions; (2) the effectiveness of specific types of psychological interventions; (3) the effectiveness of specific types of psychosocial interventions versus psychological interventions; (4) the effects of intervention mode (e.g., individual versus group-based interventions); and (5) the

effects of sample selection criteria (e.g., targeting women with clinically diagnosed depression versus self-reported depressive symptomatology).

Search strategy: CCDANCTR-Studies and CCDANCTR-References were searched on 1/8/2007, the Cochrane Pregnancy and Childbirth Review Group trials register, CENTRAL, MEDLINE (1966 to 2006), EMBASE (1980 to 2006) and CINAHL (1982 to 2006) using various combinations of the terms 'postpartum/postnatal depression.' Secondary references and experts in the field were used to identify other published or unpublished trials.

Selection criteria

All published, unpublished, and ongoing randomised controlled trials and quasi-randomised trials of psychosocial or psychological interventions where the primary or secondary aim was a reduction in depressive symptomatology.

Data collection and analysis

Both review authors participated in the evaluation of methodological quality and data extraction. Additional information was sought from several trial researchers. Results are presented using relative risk for categorical data and weighted mean difference for continuous data.

Main results

Ten trials met the inclusion criteria, of which nine trials reported outcomes for 956 women. Any psychosocial or psychological intervention, compared to usual postpartum care, was associated with a reduction in the likelihood of continued depression, however measured, at the final assessment within the first year postpartum. Both psychosocial and psychological interventions were effective in reducing depressive symptomatology. Trials selecting participants based on a clinical diagnosis of depression were just as effective in decreasing depressive symptomatology as those that enrolled women who met inclusion criteria based on self-reported depressive symptomatology.

Authors' conclusions

Although the methodological quality of the majority of trials was, in general, not strong, the meta-analysis results suggest that psychosocial and psychological interventions are an effective treatment option for women suffering from postpartum depression. The long-term effectiveness remains unclear.

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