

## CS07-03 - COMBINED TREATMENT IS MORE EFFECTIVE THAN PSYCHOTHERAPY OR PHARMACOTHERAPY ALONE. IS THE DIFFERENCE RELEVANT FOR THE PRACTICE?

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Recent meta-analyses have shown that combined treatments of pharmacotherapy and psychotherapy are more effective than either of them alone. These meta-analyses show that patients receiving combined treatments score about 0.3 standard deviation better than those receiving one of the treatments. It is not clear, however, whether this is actually clinically relevant. In this presentation, the results of a series of published systematic reviews is presented on direct comparisons of: pharmacotherapy versus psychotherapy, pharmacotherapy versus combined treatment, psychotherapy versus combined treatment, and combined treatment (pharmacotherapy plus psychotherapy) versus psychotherapy plus placebo. In this overview, the results will be presented in terms of Numbers-needed-to-be-treated, which may be a good indicator of clinical relevance. These systematic reviews show that psychotherapy and pharmacotherapy have comparable results. Drop-out from treatment is significantly lower in psychotherapy than in pharmacotherapy. SSRIs may be somewhat more effective than psychotherapy, but after adjusting for the higher drop-out rates in pharmacotherapy, no significant difference remains. Pharmacotherapies, especially SSRIs, are more effective in chronic depression and dysthymia. This series of meta-analyses also shows that combined treatments are more effective than pharmacotherapy alone and than psychotherapy alone. In dysthymia the additive value of psychotherapy to pharmacotherapy is less strong. Drop-out rates in combined treatments are lower than in pharmacotherapy alone. More research is needed to clarify which patients need combined treatments and which do not. The problems in developing such personalized treatments will be illustrated with meta-analytic data.

### References:

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