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Abstract
Background
For severe and chronic depression, inpatient treatment may be necessary. Current guidelines recommend combined psychological and pharmacological treatments for moderate to severe depression. Results for positive effects of combined treatment for depressed inpatients are still ambiguous.

Methods
This randomised controlled trial examined the efficacy of adding an intensive and brief psychodynamic psychotherapy (IBPP) to treatment-as-usual (TAU) for inpatients with DSM-IV major depressive episode. The primary outcomes were reduction in depression severity, and response and remission rates at post-treatment, 3-month and 12-month follow-up points.

Results
A linear mixed model analysis (N=149) showed a higher reduction in the observer-rated severity of depressive symptoms at each follow-up point for the IBPP condition compared with the TAU condition (post-treatment ES = 0.39, 95%CI 0.06-0.71; 3-month ES = 0.46, 95%CI 0.14-0.78; 12-month ES = 0.32, 95%CI 0.01-0.64). Response rate was superior in the IBPP group compared with the TAU group at all follow-up points (post-treatment OR = 2.69, 95%CI 1.18-6.11; 3-month OR

1 The two first authors contributed equally to the writing of this paper.
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