



# The efficacy of short-term psychodynamic psychotherapy for depression: A meta-analysis update



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## HIGHLIGHTS

- Short-term psychodynamic psychotherapy (STPP) is a treatment for depression.
- STPP results in symptom reduction and function improvement during treatment.
- These gains are either maintained or further improved at follow-up.
- STPP is efficacious when compared to control conditions.
- Individual STPP does not differ from other psychotherapies on depression outcomes.

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## ABSTRACT

*Objectives:* The efficacy of short-term psychodynamic psychotherapy (STPP) for depression is debated. Recently, a number of large-scale and high-quality studies have been conducted. We examined the efficacy of STPP by updating our 2010 meta-analysis.

*Results:* After a thorough literature search, 54 studies (33 randomized clinical trials) totaling 3946 subjects were included. STPP was significantly more effective than control conditions at post-treatment on depression, general psychopathology and quality of life measures ( $d = 0.49$  to  $0.69$ ). STPP pre-treatment to post-treatment changes ( $d = 0.57$  to  $1.18$ ) indicated significant improvements on all outcome measures, which either significantly improved further ( $d = 0.20$  to  $1.04$ ) or were maintained from post-treatment to follow-up. No significant differences were found between individual STPP and other psychotherapies at post-treatment ( $d = -0.14$ ) and follow-up ( $d = -0.06$ ) in analyses that were adequately powered to detect a clinically relevant difference. STPP was significantly more efficacious than other psychotherapies on anxiety measures at both post-treatment ( $d = 0.35$ ) and follow-up ( $d = 0.76$ ).

*Conclusion:* We found clear indications that STPP is effective in the treatment of depression in adults. Although more high-quality studies are needed, particularly to assess the efficacy of STPP compared to control conditions at follow-up and to antidepressants, these findings add to the evidence-base of STPP for depression.

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## 1. Introduction<sup>1</sup>

Affecting more than 150 million people worldwide (World Health Organization, 2003), depression is a highly prevalent and disabling disorder associated with major personal and societal costs (Kessler, 2012). Major depression is the fourth leading cause of disease burden worldwide and it is expected to rank first in high-income countries by the year 2030 (Mathers & Loncar, 2006). Given the tremendous disease burden, there is a high need for effective and efficient treatments for depression. Antidepressant medications and different psychological therapies constitute the predominant treatments for depressive disorders (Marcus & Olfson, 2010). Short-term psychodynamic psychotherapy (STPP) is one of the oldest psychological treatments for depression and has been used to treat this condition for decades.

STPP refers to a family of treatments that share the common feature of being rooted in psychoanalytical theories, such as drive psychology, ego psychology, object relations psychology and attachment theory. Psychodynamic approaches to the treatment of depression focus on the patient's internal world, emphasizing "how (unconscious) motivational factors lead the patient to (mis)perceive and (mis)interpret external reality and experiences and to create, unwillingly, problems that maintain depressive symptoms, particularly in interpersonal relationships" (Luyten & Blatt, 2012; p. 113). Psychodynamic approaches to the treatment of depression are more person- than disorder-centered. In changing attitudes and feelings in the present, they emphasize the importance of a developmental perspective as well as the role of insight into the past (Luyten & Blatt, 2012).

Although STPP is a time-honored treatment for depression, its efficacy in this regard has not been studied as extensively as the efficacy of other psychotherapies, such as cognitive behavioral therapy (e.g., Cuijpers, van Straten, Andersson, & van Oppen, 2008; Thase, 2013). This is reflected in treatment guidelines, which typically have

not considered STPP a first-choice treatment for depression (e.g., American Psychiatric Association, 2010; National Institute for Health and Clinical Excellence, 2009). Relatedly, Connolly-Gibbons, Crits-Christoph, and Hearon (2008) argued that STPP for depression does not meet the criteria for empirically supported psychological treatments formulated by Chambless and Hollon (1998), due to different STPP types studied and the methodological quality of studies.

In 2010, we conducted a meta-analysis in order to summarize the available literature examining the efficacy of STPP for depression (Driessen et al., 2010). This meta-analysis included 23 studies totaling 1365 subjects. STPP was found to be significantly more effective than control conditions at post-treatment ( $d = 0.69$ ). STPP pre-treatment to post-treatment effect size ( $d = 1.34$ ) indicated a significant symptom improvement that was maintained until 1-year follow-up. Comparing (group and individual) STPP to other psychotherapies, a small but significant effect size ( $d = -0.30$ ) was found, indicating the superiority of other treatments over STPP immediately post-treatment, but no significant differences were found at follow-up. Studies examining individual STPP ( $d = 1.48$ ) found larger pre- to post-treatment effect sizes than studies examining group STPP ( $d = 0.83$ ), and no significant differences were found between individual STPP and other individual psychotherapies at post-treatment and follow-up (Abbass & Driessen, 2010). These findings indicated that STPP is effective in the treatment of depression in adults and added to the evidence-base of STPP for depression (Driessen et al., 2010). However, these results must be interpreted with caution, bearing in mind the limitations of the body of literature that was reviewed. First, the quality of the included studies was highly variable. Only 13 of the 23 included studies were randomized clinical trials and various studies lacked quality standards or had a small sample. Secondly, this meta-analysis used depression level as the sole outcome measure. Reliable effect sizes could not be computed for other outcome measures due to the diverse use of these measures in the primary studies, but examining the efficacy of STPP on additional outcome measures (e.g., interpersonal functioning, personality functioning, general psychopathology, and quality of life) would be desirable as these are also important aspects of patient functioning (Driessen et al., 2010).

<sup>1</sup> STPP = short-term psychodynamic psychotherapy.

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