

Suicide (Prevention) Notes

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Conclusion: Paroxetine shows specific benefit in reducing cognitive symptoms of depression (including suicidal ideation) by the 4th week of treatment. Both cognitive therapy and paroxetine show specific efficacy in reducing these symptoms by the 8th week. Cognitive therapy may be particularly effective at reducing atypical vegetative symptoms of depression. For patients for whom these symptoms are interfering with life functioning, cognitive therapy might be considered a first line treatment. For those patients who experience an increase in these symptoms while taking medications, it is possible that cognitive therapeutic techniques might be helpful in addressing these symptoms.

Title of Paper: “Differential change in specific depressive symptoms during antidepressant medication or cognitive therapy”

The Study: Two hundred thirty one depressed outpatients were randomly assigned to cognitive therapy (16 weeks), paroxetine (16 weeks), or pill placebo (8 weeks). Differential change in five subsets of depressive symptoms was examined: mood, cognitive/suicide, anxiety, typical-vegetative, and atypical-vegetative symptoms.

Results: Medication led to a greater reduction in cognitive/suicide symptoms relative to placebo by 4 weeks, and both active treatments reduced these symptoms more than did placebo by 8 weeks. Cognitive therapy reduced the atypical-vegetative symptoms more than placebo by 8 weeks and more than medications throughout the trial.

Discussion: These findings suggest that medications and cognitive therapy led to different patterns of response to specific symptoms of depression and that the general efficacy of these two well-validated treatments may be driven in large part by changes in cognitive or atypical-vegetative symptoms.

Questions for further consideration:

1. How would a suicide-specific CBT protocol compare to pharmacotherapy on an acute basis?
2. What patient factors might predict differential likelihood of short-term and long-term response to CBT vs. antidepressant medication?

NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL’s Executive Committee. This issue was prepared by _____ David Tolin, Ph.D., Director Anxiety Disorders Center _____