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Letters

Drugs vs. talk

Psychiatrists trying to protect their psychotherapy bias have done it again. The study reported in "Treating Depression: Can We Talk?" (SN:5/24/86,p.324) makes psychotherapy look much better than it should. It should be compared with good drug therapy, not an inadequate model as in the reported study.

Antidepressants are not interchangeable. A stimulant drug is administered as a test; the patient's response determines whether imipramine or amitriptyline is used. Three and one-half weeks later, if the patient is not greatly improved, a monoamine oxidase inhibitor is used. Such a procedure doubles the rate of good outcomes, and ends all justification for psychotherapy.

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Cover: This prototype electronic brain probe, as viewed by a scanning electron microscope, is one of several new devices being tested on animals to "eavesdrop" on communications among the brain's nerve cells. Scientists hope such probes will provide new insights into the brain's functioning. This probe (its tip is at lower right) is 50 microns wide at its widest point. (Photo: Wise, Univ. of Michigan)



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"**Treating Depression: Can We Talk?**" must be interpreted in the light of previous studies of this nature. At least 10 published studies at eight different centers have evaluated the efficacy of cognitive therapy or cognitive-behavioral therapy using standard antidepressant medication as the comparison treatment.

In five studies of the treatment of unipolar outpatient depressives, cognitive therapy was found to be superior to antidepressant drug medication at the time of termination, usually 12 weeks after the start of treatment. In five other studies, the two treatments had essentially the same effects at the time of termination. In all studies there was significant improvement with both types of treatment, and in no study was antidepressant medication found to be superior to cognitive therapy.

Perhaps of equal significance is the fact that, in five centers, cognitive therapy or cognitive-behavioral therapy was found to be more effective than antidepressant medication at the end

of one or two years' follow-up. Thus Dr. Lipsitt's statement that third-party payers might exclude psychotherapy for reimbursement seems premature.

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Editor's note: Beck is widely acknowledged as "the father of cognitive therapy."

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