

# Effectiveness of counselling, cognitive behavioural therapy and GP care for depression in general practice

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<b>Registration date</b> 25/04/2003	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 27/08/2009	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Prof Michael King

**Contact details**  
Department of Psychiatry and Behavioural Sciences  
Royal Free and University College Medical School  
Royal Free Campus  
Rowland Hill Street  
London  
United Kingdom  
NW3 2PF  
+44 (0)20 7830 2397  
m.king@rfc.ucl.ac.uk

## Additional identifiers

**Protocol serial number**  
HTA 93/07/66

## Study information

## Scientific Title

### Study objectives

The aim of this study was to determine both the clinical and cost-effectiveness of usual general practitioner (GP) care compared with two types of brief psychological therapy (non-directive counselling and cognitive-behaviour therapy) in the management of depression as well as mixed anxiety and depression in the primary care setting.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Primary study design

Interventional

### Study design

Randomised controlled trial

### Study type(s)

Not Specified

### Health condition(s) or problem(s) studied

Mental and behavioural disorders: Depression, anxiety, neuroses

### Interventions

The design was principally a pragmatic randomised controlled trial, but was accompanied by two additional allocation methods allowing patient preference: the option of a specific choice of treatment (preference allocation) and the option to be randomised between the psychological therapies only. Of the 464 patients allocated to the three treatments, 197 were randomised between the three treatments, 137 chose a specific treatment, and 130 were randomised between the psychological therapies only. The patients underwent follow-up assessments at 4 and 12 months.

The interventions consisted of brief psychological therapy (12 sessions maximum) or usual GP care.

i. Non-directive counselling was provided by counsellors who were qualified for accreditation by the British Association for Counselling.

ii. Cognitive behaviour therapy was provided by clinical psychologists who were qualified for accreditation by the British Association for Behavioural and Cognitive Psychotherapies.

iii. Usual GP care included discussions with patients and the prescription of medication, but GPs were asked to refrain from referring patients for psychological intervention for at least 4 months.

Most therapy sessions took place on a weekly basis in the general practices. By the 12-month follow-up, GP care in some cases did include referral to mental healthcare specialists.

### Intervention Type

Other

### Phase

Not Specified

### **Primary outcome(s)**

The clinical outcomes included depressive symptoms, general psychiatric symptoms, social function and patient satisfaction. The economic outcomes included direct and indirect costs and quality of life. Assessments were carried out at baseline during face-to-face interviews as well as at 4 and 12 months in person or by post.

### **Key secondary outcome(s)**

Not provided at time of registration.

### **Completion date**

31/01/1999

## **Eligibility**

### **Key inclusion criteria**

1. GP diagnosis of depression / mixed depression and anxiety
2. 18+ years of age
3. 14+ on Beck Depression Inventory (BDI)

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 Years

### **Sex**

All

### **Key exclusion criteria**

1. Serious suicidal intent
2. Treated with medication or psychological therapy in past 6 months
3. Unable to complete questionnaires due to language difficulties, illiteracy or learning difficulty.

### **Date of first enrolment**

01/10/1995

### **Date of final enrolment**

31/01/1999

## **Locations**

### **Countries of recruitment**

United Kingdom

England

**Study participating centre**  
**Department of Psychiatry and Behavioural Sciences**  
London  
United Kingdom  
NW3 2PF

## Sponsor information

**Organisation**  
Department of Health (UK)

**ROR**  
<https://ror.org/03sbpja79>

## Funder(s)

**Funder type**  
Government

**Funder Name**  
NIHR Health Technology Assessment Programme - HTA (UK)

## Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**  
Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	02/12/2000		Yes	No