

## Phone therapy seen as anti-depression aid

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For many of us, a phone call from a trusted friend can make the world feel a little more in our favor. Now research out of Seattle suggests that phone calls from a therapist can do the same thing for patients with depression.

The study, published today in the Journal of the American Medical Association, is the first major look at treating depression with psychotherapy over the phone.

"This treatment adds significantly to the benefit of antidepressants," said Dr. Gregory Simon, the psychiatrist who led the research on 600 patients at Group Health Cooperative.

He reports 80 percent of patients who received phone therapy along with antidepressants said their depression was "much improved" six months later, compared to 55 percent of those who received the pills alone.

When it comes to treating depression, other studies have said that a combination of psychotherapy and antidepressants gives better outcomes than either treatment alone. The problem is most patients don't stick with either treatment long enough. Of those attending in-person psychotherapy, a quarter drop out after one session, and by session four, half have quit.

So Simon picked up the telephone to see whether that made it easier for patients to stick with the sessions.

"The key concept is not so much the telephone but the outreach the telephone allows you to do," he said.

People with depression often feel discouraged that anything will make a difference and overwhelmed by tasks such as making it to therapy appointments, he said. "If we really want to help them, we probably need to do something more than waiting for them to come to us, so we decided to call them," he said.

Simon and his colleagues at Group Health Center for Health Studies looked at 600 patients who were beginning antidepressant treatment. They were split into three treatment groups.

The first group received just antidepressant pills. Group No. 2 received pills plus three follow-up calls focusing on managing medication use. The third group received the pills, medication calls plus an eight-session cognitive-behavioral therapy program delivered by phone.

Therapy calls were typically about 30 minutes, with the therapist focusing on encouraging pleasurable activities and distancing negative thoughts.

"It's a lot like the kind of the thing your grandmother would say — get out and do something and stop having all those gloomy thoughts," Simon said.

In addition to more often reporting their depression was "much improved," patients in the therapy group had lower average scores on a scale measuring depression symptoms compared to the pills-only group.

A higher proportion also said they were "very satisfied" with the depression treatment — 59 percent vs. 29 percent. Group 2, which just received medication calls, landed in the middle on all three measures.

Dr. David Dunner, head of the Center for Anxiety and Depression at the University of Washington, wasn't impressed with the results.

"The differences are statistically significant, but not adequate," said Dunner, who wasn't involved with the study. "I don't think this is a terrific outcome for all the work that's been done here."

He said the depression-scale scores, while improved, didn't suggest that phone therapy "cured" the patients, which he thinks should be the goal by six months.

Simon, however, says the bottom line is that people felt better.

Constance, a 57-year-old Redmond woman who was in the therapy group of the study, says while she doesn't consider herself "cured" of depression, she still feels the treatment was a success. She asked that her last name not be published.

She said the calls were the only way she could participate in psychotherapy. She takes care of her disabled son at home and can't get away for appointments without a lot of difficulty.

A series of traumatic events, including her husband's losing his job and having to move out of their home into a rental, sent her on a downward spiral into depression and severe anxiety.

She stopped calling friends, avoided social situations and felt paralyzed by the feeling that another shoe had yet to drop.

The combination of the antidepressant Effexor, which she's still taking, and the talk-therapy sessions, she says, buoyed her at a time when she felt she was sinking.

"When you are really down like that it's too hard to even make a phone call to ask for help, so it really helps when you have a system like this where someone calls you," she said.

Simon next plans to conduct a head-to-head comparison of phone therapy vs. in-person therapy. He estimates a phone-therapy program could be provided for less than \$50 a session.

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