

# Therapy for depression can work over the phone

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By Kerry Grens

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(Reuters Health) - Patients with depression are more likely to stick with a type of talk therapy when it's given over the phone, compared to traditional, face-to-face settings, according to a new study.

"This is very encouraging and suggests that the telephone can be an effective medium to communicate with clients during (cognitive behavioral therapy)," said Stefan Hofmann, a psychology professor at Boston University, who was not involved in this study.

However, the results also show that while people might be less likely to drop out of telephone-based therapy, this approach may be slightly less helpful than office-based treatments.

"Apparently, there is an advantage of doing therapy face-to-face, but the reason is not clear," Hofmann added in an email to Reuters Health.

Cognitive behavioral therapy is an approach to psychotherapy that tries to change the thoughts and attitudes leading to a person's condition.

David Mohr, the lead author of the study and a professor at Northwestern University Feinberg School of Medicine, said that many people want therapy as part of their depression treatment, but "one of the things we've found over the years is that it's very difficult for people with depression to access psychotherapy."

In addition to the expense, if health insurance doesn't cover it completely, therapy requires a time commitment -- sometimes an hour or more a week for months -- that is a challenge for people to meet.

### QUESTIONABLE DIFFERENCE

To see whether having therapy sessions over the phone might make it easier for people to stick to their treatment plan, Mohr and his colleagues asked 325 people with depression to undergo 18 weeks of treatment.

Half of the patients received therapy over the phone, and the other half in-person.

More people dropped out of the face-to-face therapy -- 53 patients -- than those in the telephone-based group -- 34 patients.

By the end of the study, patients in both groups felt some relief from their depression.

But six months after the study ended, the patients who met their therapists in-person felt less depressed than those who had their sessions over the phone.

Mohr's team found that the in-person group scored about three points lower on a 52-point scale of depression.

Mohr said that a three point difference on the depression scale "is of questionable clinical significance," meaning that a three-point reduction is the minimum change by which people could actually feel better.

He said he suspects that the difference between the groups isn't because in-person therapy works better, but because the more difficult-to-treat patients were more likely to drop out of the in-person group.

In other words, it's possible that the telephone-based group included a greater number of patients with depression that was tougher to treat.

Mohr said he and his colleagues, who published their results in the Journal of the American Medical Association, are doing more follow up work to determine whether this is the case, or if in-person psychotherapy is actually more effective in the long term.

Hofmann said that perhaps patients could benefit from a combination of telephone and in-person therapy -- starting with telephone-based sessions and following up with face-to-face sessions.

"This strategy might lead to lower attrition (than) face-to-face (cognitive behavioral therapy) but greater efficacy than (telephone-based cognitive behavioral therapy) over the long-term," he said.

Mohr said he would recommend phone-based therapy for those patients who want it.

"At this point these finding do suggest that psychotherapy for depression can be administered both safely and effectively over the phone. Providers can be comfortable doing that and insurers and payers should feel comfortable" reimbursing for it, he told Reuters Health.

SOURCE: [bit.ly/JjFzqx](http://bit.ly/JjFzqx) Journal of the American Medical Association, online June 6, 2012.