TAVISTOCK
ADULT DEPRESSION STUDY
(TADS)

The Tavistock and Portman NHS
NHS Foundation Trust

UCL

University of Essex

The Tavistock Adult Depression Study (TADS) is the first **Randomised Controlled Trial** in the NHS to establish if long term **psychoanalytic psychotherapy** provides relief for patients suffering from **long-term depression** not helped by other treatments.

> What is a Randomised Control Trial (RCT)?
>
> This is a study where people are randomly allocated to receive (or not receive) a particular intervention... This is the best type of study design to determine whether a treatment is effective. (Source: NHS Health News Glossary, NHS.uk)

What is psychoanalytic psychotherapy?

Psychoanalytic psychotherapy is a talking therapy based on the therapist's sensitive openness to what is going on in your mind and life. It gives an opportunity to talk about emotionally painful issues in the closest relationships of one's upbringing as well as currently. Many people feel they cannot deal with the frequently powerful feelings involved. Often, these difficulties play a part in depression. Understanding them enables people to function better and to get more out of life.

Psychoanalytic psychotherapy offers a safe, personal, confidential space where you can talk about yourself and understand what troubles you, see connections and change repetitive patterns in your life.

Psychoanalysis today is based on modern developments of the theories of Sigmund Freud. Freud believed that childhood experiences continue to influence how we feel throughout the whole of our lives.

What treatments are normally provided for depression?

Treatments normally provided for depression are antidepressants, short-term courses of counselling or cognitive behavioural therapy (CBT). When a person experiences symptoms of depression or anxiety, their GP will normally refer them to a service providing CBT. CBT has been demonstrated to help many people (though not all) with mild or moderate depression (see NICE Guidelines for depression). When people have severe and long lasting depression (also called **'treatment resistant depression'**) there is less evidence available about which treatments work.

The aim of this RCT was to understand how effective psychoanalytic psychotherapy is as a treatment for patients with treatment resistant depression.

Who took part in this RCT?

The 129 people who agreed to take part in this study had already found antidepressants – and in some cases CBT – unhelpful. They had all tried between two and nine treatments for depression and they had all had depression for at least 2 years, usually a lot longer (ranging from 3-55 years). Many had other problems as well as depression, such as anxiety, phobias and panic disorders. They were referred to the study by their GP or primary care counsellor.

What happened to people taking part in the study?

Participants were randomly assigned to the treatment or control group.

Treatment group: individual psychoanalytic psychotherapy was provided once a week for 18 months.

Control group: people allocated to the control group received 'treatment-as-usual'. This meant that their GP continued to treat them following standard practice and following UK guidelines. This sometimes involved just monitoring but could also include more anti-depressant treatment, CBT or counselling.

Questionnaires: people in both groups filled in questionnaires and were interviewed every six months about their depression, other problems, their quality of life, their relationships and so on. These questionnaires and interviews continued for **two years** after the treatment or control period ended.

Why use a 'control group'?

If the question being asked is about whether a treatment or exposure has an effect or not, then the study needs to have a control group. A control group allows the researchers to compare what happens to people who have the treatment/exposure with what happens to people who don't. If the study doesn't have a control group, then it's difficult to attribute results to the treatment or exposure with any level of certainty. Also, it's important that the control group is as similar to the treated/exposed group as possible. The best way to achieve this is to randomly assign some people to be in the treated/exposed group and some people to be in the control group. This is what happens in a randomised controlled trial (RCT) and is why RCTs are considered the "gold standard" for testing the effects of treatments and exposures. (Source: How to read health news, NHS.uk)

What were the results?

Group averages: the results showed that when therapy ended after 18 months, the treatment group had not improved significantly more than the control group. Two years later, however, statistically significant differences between the treatment group and the control group emerged. Two years after the treatment period, the treatment group were on average ***less depressed***, reported ***better wellbeing*** and had a ***better quality of life***.

Individual recovery: as well as looking at average scores within the treatment group and the control group and comparing them, we also looked at how many people in each group got better. Two years after the treatment period, significantly more people were better (or had 'recovered') in the treatment group than in the control group. Recovery was measured by looking at scores on standard depression questionnaires which categorize individuals' scores into *no depression*, *mild*, *moderate* or *severe depression*.

Full recovery meant people were scoring in the *no depression* range.

Partial recovery meant people were scoring in the *mild* range.

	Treatment Group	Control Group
Full recovery at 2 year follow-up	15%	4%
Partial recovery at 2 year follow-up	30%	4%

Why was it important to follow people up for 2 years?

Most RCTs have shorter or even no follow up. Because treatment resistant depression is a long-term – sometimes life-long – condition which is likely to return, longer term follow-up periods in research are important to understand what impact different therapies have, not just while the person is in therapy but in the years that follow.

Psychoanalytic psychotherapy is not a quick fix. It can take time after therapy finishes for the patient to put into practice what they have learned, so we might expect to see peoples' lives improving gradually, after therapy ends. If psychoanalytic psychotherapy leads to improvements two years after the end of therapy instead of during therapy as the results of this study suggest, then its potential as a therapy which might deliver long lasting as opposed to transient change should be of interest to people seeking help for depression.

When was TADS carried out?

TADS began in 2002. Recruitment into the trial ended in March 2010 and the treatment/review period was completed in December 2011. The two-year follow-up period took place up until December 2013.

The outcome findings were published in the journal *World Psychiatry*:

Fonagy, P, Rost, F. Carlyle, J. McPherson, S., Thomas, R., Fearon, P., Goldberg, D, Taylor, *D. Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS)* World Psychiatry 2015; 14:312–321

The article is free to access on the internet at doi/10.1002/wps.20267/full

More Information

If you would like more information about the study you can contact any of the authors of the article listed above. The current main contact for the study is:

Felicitas Rost: frost@tavi-port.nhs.uk