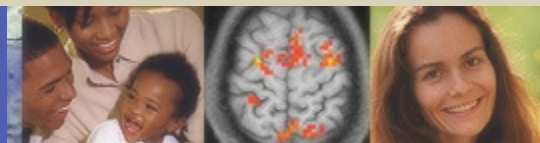




National Institute of Mental Health

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## Maintenance Treatment Crucial for Teens' Recovery from Depression

Long-term maintenance treatment is likely to sustain improvement and prevent recurrence among adolescents with major depression, according to an NIMH-funded study published in the April 2008 issue of the *Archives of General Psychiatry*.

The study, led by Paul Rohde, Ph.D., of Oregon Research Institute, analyzed data from the [Treatment of Adolescents with Depression Study \(TADS\)](#), a large, NIMH-funded trial in which depressed teens were randomized to one of three treatments for 36 weeks—fluoxetine (Prozac), cognitive behavior therapy (CBT) or a combination of both.

Teens with depression, even if they show a good initial response to treatment, are at high risk for relapse and recurrence. However, guidelines for depression maintenance treatment are based on adult needs. Rohde and colleagues aimed to identify whether the available guidelines are appropriate for depressed adolescents.

Among the 242 TADS participants analyzed for this study, 61 percent significantly improved by week 12. The combination group achieved the highest rate of sustained response (71 percent) compared to the fluoxetine-only group (68 percent) and CBT-only group (42 percent).

The majority (82 percent) of teens who reached a sustained positive response by week 12 maintained this level of recovery through week 36. Among those in combination treatment, about 89 percent maintained improvement for the full 36 weeks. Among those in the fluoxetine-only group, 74 percent maintained improvement, but among those in CBT-only treatment, 97 percent maintained their improvement.

The high long-term success rate of CBT suggests that for teens who initially respond to it, CBT may have a preventive effect that helps to sustain positive improvement and potentially avoid relapse or recurrence, even if treatment visits become infrequent, as was the case after the first 12 weeks in the TADS study. Additionally, the relatively lower sustained success rate for fluoxetine suggests that the effectiveness of fluoxetine therapy may plateau at a certain point for some responders, triggering a need for the addition of psychosocial treatment.

“For those teens who respond to fluoxetine only, adding CBT to their treatment regimen early on would likely increase their chances for continued improvement,” suggested Rohde.

The findings help guide clinicians in deciding on the best maintenance course after a teen responds to an initial treatment. They also emphasize the value of ongoing, long-term treatment, even if treatment visits are infrequent, Rohde and colleagues concluded.

**Reference****Press Contact(s)**

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Rohde P, Silva SG, Tonev ST, Kennard BD, Vitiello B, Kratochvil CJ, Reinecke MA, Curry JF, Simons AD, March JS. Achievement and maintenance of sustained improvement during TADS continuation and maintenance therapy. *Archives of General Psychiatry*. 2008 Apr; 65(4): 447-455.

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