

Efficacy and Moderators of Short-Term Psychodynamic Psychotherapy for Depression: A Systematic Review and Meta-Analysis of Individual Participant Data

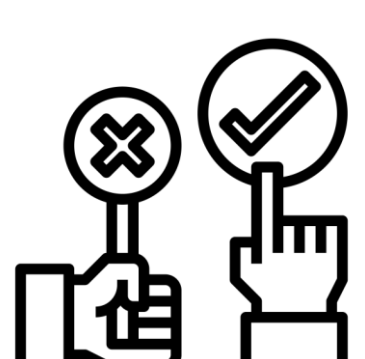
BACKGROUND: Short-term psychodynamic psychotherapy (STPP) is frequently used to treat depression, but it is unclear which patients might benefit specifically. **Individual participant data (IPD) meta-analyses** can provide more precise effect estimates than conventional meta-analyses and identify patient-level moderators. This IPD meta-analysis examined the **efficacy** and **moderators** of STPP for depression compared to control conditions.

METHODS:



Search Strategy

- Systematic literature search
- Extensive search string (synonyms: *Psychodynamic Psychotherapy, Depression*)



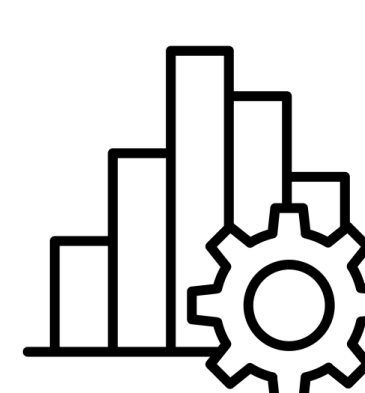
Study Selection

- RCT STPP vs CTRL on depressed adults
- $N \geq 10$, ≥ 18 y/o, unipolar mood disorder of elevated depressive symptoms



Measures

- Outcome:
 - 1st: Depression at post-treatment
 - 2nd: Any outcome assessed in $k \geq 2$
- Moderators:
 - Sociodemographic, clinical, or psychological characteristic assessed in $k \geq 2$, before treatment



Data Analysis

- One stage IPD meta-analysis
- Mixed effects models (3-Level: study, participant, time point)
- Treatment outcome models:
 - $y = \beta_0 + \beta_1 time + \beta_2 time \times treatment$
- Moderator models:
 - $y = \beta_0 + \beta_1 time + \beta_2 time \times treatment + \beta_3 moderator + \beta_4 time \times moderator \times treatment$
- Random intercept (study & participant)
- Fixed slopes

Short-term psychodynamic psychotherapy is an efficacious treatment for depression.

Baseline severity and age of onset appear to moderate treatment outcomes.



RESULTS:

Included Studies

- Obtained IPD $k = 11/13$ ($N = 771/837$)
 - STPP: $k = 10$ face-to-face, $k = 1$ group, $k = 2$ online
- Control conditions: waitlist, psychoeducation, pill-placebo, care as usual
- 6 to 20 sessions, follow-up assessments 5.5 months to 2 years
- Age $M = 40.8$ ($SD = 13.3$), 79.3% female

Treatment Outcomes

- Post-treatment:
 - STPP superior over control conditions: Depression, Anxiety, General Psychopathology, and Quality of Life
- Follow-up:
 - STPP superior over control conditions: Depression (not robust in sensitivity analyses)

Moderators

- Post-treatment:
 - Younger rather than older **age of onset**: STPP more efficacious
- Post-treatment & Follow-up:
 - High rather than low **baseline depression**: STPP more efficacious

DISCUSSION:

- STPP efficacious for depression (short-term)
- Efficacy at follow-up unclear
- Baseline severity as moderator similar to ADM
- Age of onset potentially related developmental conflicts and STPP focus on past experiences

Strengths

- IPD allowed for: ITT analyses, standardizing analysis, adjusting for baseline differences
- Examining moderators at participant-level

Limitations

- Midsized sample (smaller in some sub-analyses)
- IPD not obtained from two studies
- Observational nature of moderator findings

Clinical & Research Implications

- STPP is an efficacious treatment for depression (also regarding secondary outcomes)
- Further research needed on long-term outcomes (large-scale RCTs) including a range of outcome measures and potential moderators