COMPARISON OF FOUR METHODS OF COGNITIVE, MEDICAL, INTEGRATIVE (COGNITIVE + MEDICAL) AND PLACEBO THERAPY IN THE TREATMENT OF DEPRESSION RESULTING FROM DISORDER OF ANXIETY

SHAHNAM ABOLGHASEMI*

Department of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

ABSTRACT

This study was conducted with the aim of comparing the four methods of cognitive, medical, and integrative (cognitive + medical) and placebo therapy in the treatment of depression resulting from generalized anxiety disorder. The study population included all of those referents (men and women) to the public and private psychotherapy and counseling centers in Tonekabon that 40 individuals were selected from among the statistical population and were randomly assigned to four treatment groups of 10 people. The design of the present study was quasi-experimental and data collection instruments were Beck's Depression Inventory Short Form and Hamilton's Rating Scale. The results of the analysis of statistical data of the research showed that all of the four methods of therapy have been effective whether at the end of 2 months period of therapy or during preventive period in reducing depression along with generalized anxiety disorder but the effectiveness of the integrative therapy method regarding the three methods of medical, cognitive and placebo was not confirmed.

Key words: Cognitive therapy, medical therapy, integrative therapy, placebo, depression, generalized anxiety.

Received February 05, 2016; Accepted March 02, 2016

Introduction

Depression is a temperament disorder that shows itself with symptoms such as low mood of losing pleasure and interest of reduction, weight loss, insomnia, fatigue, feelings of emptiness, and slowness of psychomotor, feeling of guilt and inability to concentrate and thoughts about death⁽¹⁾. In this study the concept of depression as a symptom of depression as a symptom of depression as a symptom or sign of another disorder; this disorder, is called generalized anxiety disorder.

Generalized anxiety disorder is one of the most common psychiatric disorders and includes excessive anxiety and worry about some event or activity have been continued every day for at least six months, itches been difficult to control and have been associated with physical symptoms such as muscle tension, irritability, difficulty in sleeping

and irritability⁽²⁾. With regard to the chronic development, high prevalence and association of the generalized anxiety disorder with other forms of psychological disorders, this disorder has been proposed as one of the most important debilitating disorders for adults . Anxiety is a common feature in depression disorders and patients who suffer from anxiety may experience symptoms of depression. Therefore, recognition of these features and determining whether they are primary and secondary or the presence of symptoms of the two disorders are equally important, is very crucial⁽³⁾. According to the cognitive theories regarding depression and anxiety, which states that this disorder is associated with confusion in thinking⁽⁴⁾, automatic negative thoughts and distortion in the interpretation of stimuli and events, therefore in order to help these patients, treatments that can change these thoughts and feelings can be very effective.

1060 Shahnam Abolghasemi

In the present study emphasize is on the therapy method of the first group, i.e., cognitive therapy and its comparison with medical therapy, integrative therapy (cognitive + medical) and placebo. In a study conducted by Beck et al⁽⁵⁾ in the study findings it was found that cognitive therapy is as much effective as the integrative therapy method (quoted from⁽⁶⁾.

Akbari⁽⁸⁾ in his study showed that the method of cognitive therapy is effective in treating generalized anxiety and depression. Agaee et al.'s⁽⁷⁾ in comparing the efficacy of three methods of group cognitive-behavioral therapy, antidepressant fluoxetine drug and hypericum herbal medicine in treating depression, showed that group cognitive-behavioral therapy is more effective than hypericum, while there was no significant difference between the effectiveness of group cognitive-behavioral treatment with fluoxetine and fluoxetine with hypericum.

In general, it can be stated that reviewing the past researches show that each of the therapy methods used has been to some extent effective reducing anxiety, depression and negative cogitations and in the majority of researches integrative methods have been more effective than the individual therapies . the present study tries to testthe following hypothese:

Integrative therapy method (cognitive + medical) more than cognitive, medical and placebo methods separately at the end of the treatment period resulted in reduction of the rate of depression in patients with generalized anxiety disorder at the end of treatment period.

Research method

The present study is a four group quasi-experimental study by repeated measurement (pretest, posttest, follow-up). Because of screening the patients their selection was targeted and only the counting of patients were randomized in four groups. The statistical population of the present study included all referents (men and women) to public and private psychotherapy and counseling centers in Tonekabon, who through screened 40 individuals were selected from the statistical population and were randomly assigned to four treatment groups of 10 individual. The instruments used in this study included:

Beck's Depression Inventory: This questionnaire has 21 questions and includes different symptoms of depression. Answer choices of each question is formed from the four options that are scored from 0 to 3 and are added together at the end. The results of conducted meta-analysis on Beck's Depression Inventory show that its internal consistency coefficients are among 0.73 to 0.93 with a mean of 0.86% (Beck et al., Quoted 9).

Hamilton's rating scale: This scale was constructed in 1960 by Max Hamilton. This scale has 24 items. Some variables in this test, such as depressed mood, feeling of guilt, slowness of movement and restlessness has a maximum range of 5 scores, or in other words has a range from 0 to 4, while others, such as physical symptoms, loss of mental energy have only three levels from zero to 2 In order to analyze the data, the simplified from of Lindquist's analysis of variance was used (based on the repeated measure).

In this method, first the mean of pretest scores difference (D_1) and posttest of the four treatment groups in the dependent variable of depression was reviewed through one way variance analysis, which when the ratio of F was significant, Tukey's post hoc test was used in order to determine the difference between pairs of treatment groups.

The treatment method has been individual for the 40 participants and among the four treatment groups only the integrative group received two types of treatment. The cognitive therapy method in the two groups of cognitive and integrative method are identical and include:

- 1. Acquaintance with depression based on cognitive model,
- 2. Teaching techniques of attention handling, including focusing attention on an object, sensory awareness, mental exercises, memories and pleasant imaginations, enjoyable activities and counting ideas, 3. determining the nature of negative automatic thoughts and teaching verbal challenging and behavioral tests to deal with them.

Findings

Results in Table 1 show that there is a significant difference among the four treatments methods in reducing the rate of depression in patients with generalized anxiety disorder during the course of treatment in Beck's Depression Inventory. In order to determine the difference between the effectiveness of treatment methods in pairs the results in Table 2 show that with the exception of the integrative therapy and cognitive methods, medical and placebo that showed no difference, other methods

are different in reducing depression related to Beck's depression Inventory but the effectiveness of the integrative methodin comparison with the other methods did not verified.

Source of changes	Sum of squares	d.f	Mean of squares	F	Level of sig.
Between groups	685.9	3	228.633	24.792	0.5
In groups	332	36	9.222		
Total	1017.9	39			

Table 1: Results of variance analysis of scores difference in pretest and post-test Beck's depression questionnaire in four treatment groups after treatment.

Groups	Cognitive (D= 8)	Medical (D= 1.6)	Integrative (D= 10)	Placebo (D= 0.2)
Cognitive (\bar{D} = 8)			2	7.8*
Medical (D= 1.6)			8.4*	1.4
Integrative (\bar{D} = 1.6)		6.4*		9.8*
Placebo (<i>D</i> = 0.2)				

Table 2: Comparing pairs of means of difference scores in posttest and pretest of Beck's depression inventory in four treatment groups using Tukey's test (q).

The results of reviewing of Hamilton's depression rating scale during the course of treatment is shown, a summary of the results of ANOVA and Tukey test on the mean of differencescores in pre-test and post-test⁽¹⁾ regarding the four treatment groups in the above mentioned scalehas been presented in tables 4.

Source of changes	Sum of squares	d.f	Mean of squares	F	Level of sig.
Between groups	1336.05	3	445.385	26.04	0.5
In groups	615.7	36	17.103		
Total	1951.775	39			

Table 3: Results of analysis of variance of scores differences in pretest and post-test of Hamilton's depression scale for four treatment groups after two months of treatment.

F 0.5 (3, 36) = 2.86

Due to the significance of the calculated F, Tukey's post hoc test was used to determine the difference between mean pairs (Table 4).

The results presented in Table 3 show that thereis significant difference between the four therapies in reducing depression in patients with generalized anxiety disorder during treatment related to Hamilton's depression scale. In order to determine the difference between the effectiveness of treatment methods in pairs (Table 5), it has been shown that with the exception of behavioral - cognitive and integrative, medical and placebo methods which showed no differences, other methods are different in reduction of depression regarding Hamilton's rating scale but the effectiveness of integrative methods did not verified with regard to all the other methods.

Groups	Cognitive (D= 12.1)	Medical (D=	Integrative (D= 12.6)	Placebo (<i>D</i> = 0.6)
Cognitive (D= 12.1)		11.1*	0.5	11.5*
Medical (\bar{D} = 1)			11.6*	0.4
Integrative (\overline{D} = 12.6)				12*
Placebo (<i>D</i> = 0.6)				

Table 4: Comparing main pairs of difference scores in pretest and posttest regarding Hamilton's depression rating scale in four treatment groups using Tukey's test. * The significant difference between pairs at the level 0.5.

Conclusion

It was shown that although the therapeutic effects tertiary cognitive, medical and integrative methods has been reduced in the period following the treatment, but also results in reducing depression in patients with generalized anxiety disorder, but the therapeutic effects of the placebo has been increased unlike the other three methods in the period after treatment. These findings are not in line with some previous studies (such as 11).

Therefore, cognitive method can be used instead of integrative method during the treatment the drug can be eliminated. In general, it can be said that the methods of integrative and cognitive therapies have been more effective than medical and placebo methods in reducing depression and this finding is in line with findings such as Butler et al.(11) and Barlow's(10) study. Although the therapeutic effects of cognitive, medical and integrativemethods during the period after treatment (follow-up evaluation) has been reduced, but this reduction was not enough toignore effectiveness of these methods in reducing depressive symptoms, however, it should be noted that the decline in effect of the integrative method has been more than the two cognitive and medical methods. The therapeutic effects of the drug and placebo on depres-

^{*} The significant difference between pairs at the level 0.5.

1062 Shahnam Abolghasemi

sion in patients with generalized anxiety disorder have shown that these two therapeutic methods in the evaluation at the end of treatment and follow evaluation whether in Beck's depression inventory and Hamilton's rating scalehave no difference with each other

References

- Akiskal, H. S. (2005). Mood disorders: Clinical features.IN B. J. Sadock, & V. A. Sadock. Kaplan & Sadock'scomprehensive textbook of psychiatry, 8th edition (pp.1611-1652).
- Sadock, V. & Sadock, B. (2007). Synopsis of Psychiatry: Behavioral Sciences - Clinical Psychiatry. Translated by Rezaee. (2011) Tehran: Arjomand.
- 3) Beck, A. T. (1991). *Cognitive therapy: A 30-year retrospective*. American Psychologist, 46, 368 375.
- Farnam, A.R., Gholizadeh, H., Pirzadeh, J. Hekmati, E. &RasolvandSadeghi, Ahmed. (2011). Comparison of metacognitive beliefs of the patients with depression, obsessive- compulsive disorder and healthy group. Kerman University of Medical Sciences. 18 (4): 339-348
- 5) Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). *Cognitive Therapy of Depression*. New York: Guilford Press.
- Blackburn, M., & Davidson, K. M. Cognitive therapy of depression and anxiety. Translated by Hassan TozandehJani. (2007). Mashhad: Astan Quds Razavi.
- 7) Agaee, A., Jalali, D., & Amin Zadeh, M. (2009). Comparing the efficacy of group cognitive-behavioral therapy, fluoxetine and hyperon in reducing the severity of symptoms of major depression in women. Behavioral Science Research. 7. 2. 131-141.
- 8) Akbari, B. (2010). Effectiveness of cognitive behavioral therapy in treating depression and generalized anxiety in martyrs and dedicated soldiers' wives in Guilan province. Journal of Woman and Health. 2. 82-89.
- FathiAshtiani, A. & Dastani, M. (2013). Psychological tests: Evaluation of personality and mental health. Tehran: Be'sat.
- 10) Barlow, C., Cobb, J., Mathews, A. (1987). Generalized anxiety: a controlled treatmensadockt study. Behavioral, Research, Therapy, vol.25, no .6, pp. 493-502.
- 11) Butler, g., Fennel, M., Robson, p., and Gelnder, M. (1991). Comparison of behavior therapy and cognitive behavior therapy in the treatment of generalized anxiety disorder.

Corresponding author

Dr_ShahnamAbolghasemi@yahoo.com