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DRUG TREATMENT IS NOT NECESSARY FOR MAINTENANCE TREATMENT OF DEPRESSION

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Prolongation or lifelong pharmacotherapy has emerged as the main therapeutic tool for preventing relapse in depression. However, outcome after discontinuation of antidepressants is unfavourably affected by the duration of their administration. Loss of clinical effects, despite adequate compliance, has also emerged as a vexing clinical problem. Use of intermittent pharmacotherapy with follow-up visits is another therapeutic option, that, however, entails the problems of resistance and of discontinuation syndromes.

In recent years, several controlled trials have suggested that a sequential use of pharmacotherapy in the treatment of the acute episode and psychotherapy in its residual phase may improve long-term outcome. Antidepressant drugs may be tapered and discontinued during the course of psychotherapy. The sequential treatment of depression not fall within the realm of maintenance strategies. It is an intensive, two-stage approach, which is based on the fact that one course of treatment with a specific tool (whether pharmacotherapy or psychotherapy) is unlikely to provide solution to the complex array of symptoms of patients with mood disorders.