

**P01-71 - ARE TREATMENT PREFERENCES RELEVANT FOR RESPONSE TO SEROTONERGIC ANTIDEPRESSANTS AND COGNITIVE-BEHAVIOURAL THERAPY IN DEPRESSED PRIMARY CARE PATIENTS?**

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**Objectives:** Little is known about the influence of patients' preferences and expectations about offered treatments for depression on treatment outcome. Therefore, we investigated whether in primary care patients with depressive disorders receiving a preferred treatment is associated with a better clinical outcome.

**Methods:** Within a randomized, placebo-controlled, single-centre, 10-week trial with five arms (sertraline; placebo; cognitive-behavioural group therapy (CBT-G); moderated self-help group control; treatment with sertraline or CBT-G according to patients' choice), 145 primary care patients with mild-to-moderate depressive disorders according to DSM-IV criteria were investigated. Preference for medication versus psychotherapy was assessed at the time of patients' screening using a single item. To assess therapy outcome, the post-baseline sum scores of the Hamilton Depression Rating Scale (HAMD-17) were used.

**Results:** Depressed patients receiving their preferred treatment (sertraline or CBT-G) (N=63) responded significantly better than those who did not receive their preferred therapy (N=54) ( $p = 0.001$ ). The difference in outcome between both groups was 8.0 points on HAMD-17 for psychotherapy and 2.9 points on HAMD-17 for treatment with antidepressants. This result is not explained by differences in depression severity or drop-out rates.

**Conclusions:** Patients' preference for pharmaco- versus psychotherapy should be considered when offering a treatment because receiving the preferred treatment conveys an additional and clinically relevant benefit (HAMD-17: +2.9 points for drugs; +8.0 points for CBT-G) in outcome.