

Behavioral activation for depressed patients in Iran: Effectiveness, predictors and mediators in the context of a randomized trial

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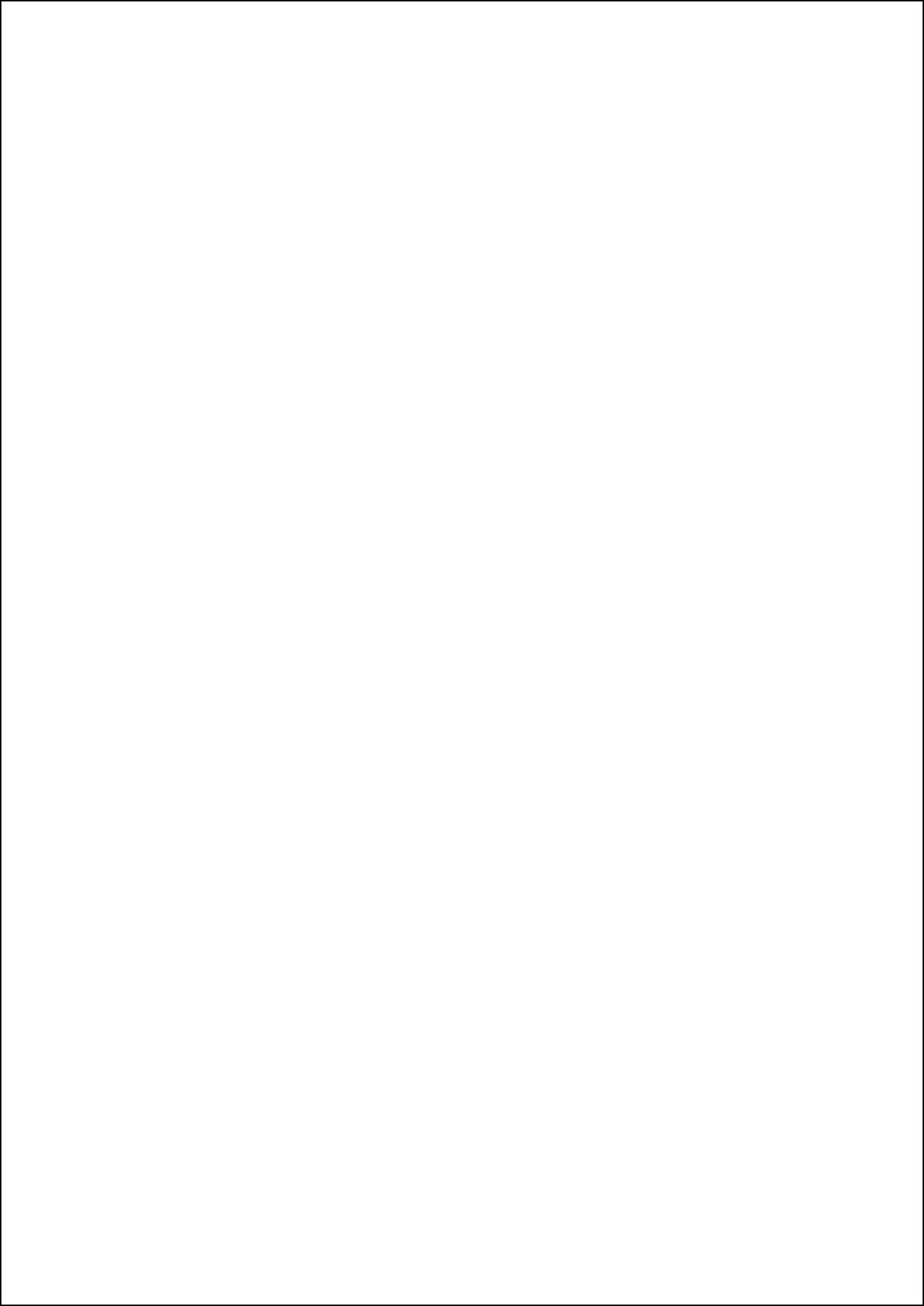
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Valorisation addendum



Impact of depression on quality of life, health, and society

Depression is considered by the World Health Organization (WHO) to be the second greatest cause of disability in the world (Murray and Lopez, 1997; Mathers CD, Stein C, Ma Fat D, et al, 2002; WHO, 2004). Depression is described as a chronic disorder and follows a pattern of relapse and remission that is related to illness burdens that falls into two broad categories (Klerman and Weissman, 1992). The first is the burden of illness experienced by the depressed patients, including discomfort, pain or distress, or problems in conducting the activities of daily life. The second is the extensive economic burden that consists of the costs of providing social and health care, loss of productivity and time off work, the burden on caregivers, and loss of wages. Moreover, depression has been regarded as a condition that is "chronic and recurrent in nature, impairs family life, reduces social adjustment, and is a burden on the community" (Klerman and Weissman, 1992).

Depression is associated with an extensive domain of mental health problems and interferes with the experience of positive well-being. Various components of quality of life are influenced by depression. It is quite clear that depression is related to impairment and disabilities in role functioning. Depression can impair social functioning and thereby have a negative influence on patients' life. Thus, by reducing psychological well-being, impairing role functioning and depriving patients of social support, depression may lead to a reduced overall quality of life.

In addition to the subjective suffering experienced by those who are depressed, the impact on social and occupational functioning, physical health and mortality is quite evident. Depressive disorders bring about a greater decrease in health state than major chronic physical illnesses like angina, arthritis, asthma, and diabetes (Moussavi et al, 2007).

Therefore, effective treatment (s) for depression that can be conducted by many mental health professionals around the globe that is cost-effective and has enduring effects for patients is necessary. Moreover, easy implementation and dissemination of the treatment for depression is another issue to be considered. Most patients with MDD in Iran will have access to antidepressants (ADM) when they see a general practitioner or a psychiatrist for their first visit. Thus, ADM are commonly prescribed for depressed patients. The results of our study indicated that BA treatment is at least as effective as ADM and acceptable for depressed patients, even for those patients that are severely depressed. However, the most available treatment for depression is still ADM, although psychological treatments often have higher acceptability and better long-term effects than ADM.