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

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Summary
Depression is associated with an extensive domain of mental health problems such as the lack of positive affect (a loss of interest and enjoyment in ordinary things and experiences), low mood, and a range of related emotional, cognitive, physical and behavioural symptoms. Depressed patients not only experience subjective suffering, but also encounter physical health, social, and occupational functioning problems. Depression causes a greater decrease in health state than chronic physical illnesses like arthritis, asthma, and diabetes.

The studies in this dissertation focused on the effectiveness of behavioural activation (BA) and antidepressant medication (ADM) as treatments for Major Depressive Disorder (MDD); the effects of comorbidity of personality disorder on depression treatment; the effects of patients’ preference/attitudes towards psychotherapy and antidepressant medication; and the influence of patients’ attributions of the immediate effects of depression treatment on long-term effectiveness of behavioural activation and antidepressant medication.

The main study of the dissertation investigated whether behavioural activation is more effective than antidepressant medication. The second study examined the influence of comorbid personality disorder on the effects of behavioural activation and antidepressant medication for major depressive disorder. The third study tested the influence of patients’ preference/attitude towards psychotherapy and antidepressant medication on the treatment of major depressive disorder. The fourth study investigated the influence of patients’ attributions of the immediate effects of depression treatment on long-term effectiveness of behavioural and antidepressant medication. Attributions are patients’ beliefs about why they improved in therapy. It has been postulated that patients who attribute gains to their own efforts are more likely to sustain those gains compared to those who attribute improvement to external causes such as a drug’s activity or a therapist’s charisma.

The results of the main study of the dissertation showed that behavioural activation was superior to antidepressant medication (Sertraline), especially for patients with severe depression. Dropout from treatment was lower in behavioural activation compared to antidepressant medication and this pleads for the acceptability of behavioural activation above antidepressant medication among depressed patients. After three months of treatment and at 1-year follow-up, the remission and response rates for the behavioural activation group were higher compared to the antidepressant medication group.

The findings of the second study, the influence of comorbid personality disorder on the effects of behavioural activation vs. antidepressant medication for major depression disorder, indicated that patients with comorbid personality disorder had higher scores on the Beck Depression Inventory and the Hamilton Rating Scale for Depression at baseline and throughout the study compared to participants without
comorbid personality disorder. After three months of treatment, both treatment groups responded equally well to the treatments and after one-year follow-up, this parallel development over time was still apparent. However, participants with comorbid personality disorder showed higher treatment dropout compared to those without personality disorder.

The findings of the third study on the influence of patients' preference/attitude towards psychotherapy and antidepressant medication on the treatment of major depressive disorder showed that participants who received antidepressant medication and at the same time had a low preference for or a negative attitude towards antidepressant medication had a higher chance to drop out compared to those participants without such a preference/attitude. The fact that dropout from behavioural activation was not influenced by preference/attitude pleads for its high acceptability.

The results of the study on the influence of patients' attributions of the immediate effects of depression treatment on long-term effectiveness of behavioural activation and antidepressant medication showed that behavioural activation and antidepressant medication affected attribution types differentially. Participants in the behavioural activation group showed stronger beliefs in their own capabilities to improve their symptoms of depression. More specifically, those who attributed their improvement to factors associated with themselves, showed less relapse.

**General Conclusion**

This dissertation aimed to compare the effectiveness of behavioural activation and antidepressant medication for major depressive disorder in routine clinical settings in Iran. The findings of our study indicated that behavioural activation is an effective treatment for major depressive disorder and can be disseminated in routine clinical settings. The fact that behavioural activation can be easily taught to mental health professionals and the superior effects in the subgroup of people with more severe depression, plead for timely dissemination to other routine clinical settings as well. Depressed participants with comorbid personality pathology had higher treatment dropout. With regard to reducing symptoms in participants, behavioural activation was more effective, but this effect was not influenced by comorbid personality disorder. Those participants who preferred psychosocial treatment, but who received at the same time antidepressant medication treatment were more likely to drop out from the antidepressant medication group. However, no association between dropout and preference was found in the behavioural activation group. Those participants who attributed their improvement to factors associated with themselves did better in the long-term, suggesting that these attributions prevent relapse. Importantly, behavioural activation leads to stronger attributions of this kind than medication. Lastly, behavioural treatment
might turn out to be a very cost-effective intervention that can be delivered by psychiatrists, psychologist, and other health professionals after a short-term training.