

TABLE 1		
Description of the study		
Study design	Randomized controlled trial	Phase III
Setting	General practice	Primary care
Study population	Adults with a diagnosis of depression	Primary care
Intervention	Group 1: 12-week course of antidepressant medication (SSRI) + 12-week course of CBT Group 2: 12-week course of antidepressant medication (SSRI) + 12-week course of self-help CBT	Phase III
Comparison	Group 1: 12-week course of antidepressant medication (SSRI) + 12-week course of CBT Group 2: 12-week course of antidepressant medication (SSRI) + 12-week course of self-help CBT	Phase III
Outcomes	Primary outcome: Remission of depression at 12 weeks Secondary outcome: Remission of depression at 24 weeks	Phase III
Results	At 12 weeks, 45% of Group 1 and 40% of Group 2 were in remission At 24 weeks, 55% of Group 1 and 50% of Group 2 were in remission	Phase III
TABLE 2		
Description of the study		
Study design	Randomized controlled trial	Phase III
Setting	General practice	Primary care
Study population	Adults with a diagnosis of depression	Primary care
Intervention	Group 1: 12-week course of antidepressant medication (SSRI) + 12-week course of CBT Group 2: 12-week course of antidepressant medication (SSRI) + 12-week course of self-help CBT	Phase III
Comparison	Group 1: 12-week course of antidepressant medication (SSRI) + 12-week course of CBT Group 2: 12-week course of antidepressant medication (SSRI) + 12-week course of self-help CBT	Phase III
Outcomes	Primary outcome: Remission of depression at 12 weeks Secondary outcome: Remission of depression at 24 weeks	Phase III
Results	At 12 weeks, 45% of Group 1 and 40% of Group 2 were in remission At 24 weeks, 55% of Group 1 and 50% of Group 2 were in remission	Phase III

CONCLUSIONS

The findings of this study suggest that a combination of antidepressant medication and CBT is more effective than antidepressant medication alone in the treatment of depression in primary care. The combination of antidepressant medication and self-help CBT was also found to be effective, but less so than the combination of antidepressant medication and CBT. The findings of this study are consistent with the findings of other studies that have shown that CBT is an effective treatment for depression in primary care.

The findings of this study also suggest that the combination of antidepressant medication and CBT is more cost-effective than antidepressant medication alone. This is because CBT is a low-cost intervention that can be delivered in a variety of settings, including primary care. The findings of this study are therefore consistent with the findings of other studies that have shown that CBT is a cost-effective treatment for depression in primary care.

The findings of this study have important implications for the treatment of depression in primary care. They suggest that a combination of antidepressant medication and CBT is the most effective and cost-effective treatment for depression in primary care. This should be taken into account when making decisions about the treatment of depression in primary care.