

What is already known on this topic

Brief psychotherapy is widely available in general practice in the United Kingdom

Evidence to date indicates non-directive counselling is no more effective than usual general practitioner care

Although cognitive-behaviour therapy is effective in specialist settings, trials in general practice have produced equivocal results

What this study adds

Employing practice based counsellors or cognitive-behaviour therapists may enable patients with moderately severe depression to recover faster

Non-directive counselling and cognitive-behaviour therapy seem to be equally effective in this setting

Randomised trials that also incorporate patient preference provide greater evidence of the external validity of the trial results

effect for non-directive counselling on depressive symptoms at four months? Restricting recruitment to only those patients with medium to high levels of depressive symptoms might have increased the likelihood of treatment having an impact. In some trials all patients referred by general practitioners entered the trial regardless of whether they met any diagnostic or severity criteria,^{2,3} whereas in others entry was restricted to patients with major depression.⁷ Unfortunately, the latter study lacked power. Whether the reduction of depressive symptoms is of clinical importance is a more complex issue. The effect sizes we found would imply that these interventions are similar in impact to other effective treatments in general practice and mental health, but we stress that this advantage was lost 12 months after entry to the trial.

We conclude that employing practice based counsellors or cognitive-behaviour therapists may achieve a faster resolution of symptoms in patients with moderately severe depression.

We thank all patients and staff in participating practices in London and Manchester for taking part in this trial. We also thank the therapists who took part at both centres and the psychological services involved in Manchester. We acknowledge the contributions of Karin Friedli in London; Shirley Halliwell, Jenny Hacker, Adrian Wells, and Ron Siddle in Manchester; and David Torgerson in York.

Contributors: MK, BS, ML, JA-H, and NT conceived the idea for the trial and obtained research funding. MK, BS, ML, and NT supervised the conduct of the trial and data collection. EW, ML, PB, SF, and MG undertook recruitment of practices and patients and conducted the data management. MK, PB, and BS analysed the data. All authors contributed to the writing of the paper. MK is the guarantor for the study.

Funding: The trial was supported by a grant from the NHS Executive, Health Technology Assessment Programme. The views expressed in this paper are those of the authors only and are not attributable to the Department of Health.

Competing interests: None declared.

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(Accepted 10 August 2000)

Corrections and clarifications

ABC of breast diseases: Breast cancer

In this article by J R C Sainsbury and colleagues (23 September, pp 745-50) the lines in the graph showing the effect of radiotherapy on local recurrence after wide local excision (bottom of p 748) were mislabelled. The upper line, showing better survival without recurrence, should have been labelled "Excision and radiotherapy" [not "Excision only"], and the lower line should have been labelled "Excision only" [not "Excision and radiotherapy"].

Letters

Anne Savage, one of the authors of the letter "Reducing error, improving safety" by Victor Barley and colleagues (19-26 August, p 505), now has no connection with the doctors group in Action for Victims of Medical Accidents. Doctors interested in the group should now email the secretary, Dr Graham Neale (admin@avma.org.uk) or write to him at the same address given at the end of the letter, Action for Victims of Medical Accidents, 44 High Street, Croydon CR0 1YB.