

Key messages

- Problem solving treatment is an effective treatment for depressive disorders in primary care
- Problem solving treatment can be delivered by suitably trained practice nurses as effectively as by general practitioners
- The combination of problem solving treatment and antidepressant medication is no more effective than either treatment alone
- Problem solving treatment is most likely to benefit patients who have a depressive disorder of moderate severity and who wish to participate in an active psychological treatment

clinical question needs to be answered: what is the place for problem solving treatment among other treatments for depressive disorders in primary care? How should the general practitioner choose between problem solving treatment and antidepressant medication or between problem solving treatment and alternative psychological treatments?

The provision of any psychological treatment depends on the availability of suitably trained therapists. Although problem solving is a simple treatment, therapists need both theoretical and practical training before they can be deemed competent in its delivery. At present most general practitioners do not have time to offer problem solving treatment themselves nor do they have access to a suitably trained therapist. If general practitioners are to have a meaningful alternative to antidepressant medication in the treatment of depressive disorders there will need to be an investment in the training of problem solving therapists. A training package for use by practice nurses has been evaluated.⁵ Patient preference is important; they should be willing to participate actively in a collaborative treatment process.

The severity of the depression is probably also important. In our experience, although some patients with quite severe depressive disorders can be successfully treated with problem solving treatment,¹⁵ it is more difficult to treat patients in whom poor concentration and lack of motivation are important components of their illness. Thus problem solving is probably more suitable for moderate depressive disorders than for the more severe illnesses.

Conclusions

Problem solving treatment is a goal orientated, collaborative, and active process and focuses on the here and now. Patients gain a clear sense of involvement in the process of recovery. Problem solving treatment is suitable for primary care because it is relatively brief and can be delivered by primary care nurses. The first challenge for the future is to provide training for interested practice nurses in delivering the treatment as evaluated. Secondly, a briefer adaptation of problem solving techniques that can be used by the general practitioners in their regular consultations needs to be evaluated.

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Contributors: LMM-W and DHG had the original idea for the study and together with AD drew up the protocol. The study was coordinated and run by LMM-W and AD, both of whom completed the data analysis. FB assisted with the running of the study. All four authors were involved in the preparation of the paper. LMM-W is the guarantor.

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Corrections and clarifications

India: looking ahead to one and a half billion people

The picture on p 995 of this article by Robert Cassen and Pravin Visaria (9 October) was taken in Nepal, not India.

This week in the BMJ

The title of the summary paragraph on the paper about maternal mortality in the former East Germany by Oliver Razum and colleagues (23 October) was wrong. Rather than worsening, the reported maternal mortality in the former East Germany declined, as stated in the text of the article (pp 1104-5).

Obituaries

John David Baum (2 October, p 923) was the second president of the Royal College of Paediatrics and Child Health from 1997, not 1987.

A randomised double blind placebo controlled trial of pentoxifylline in the treatment of venous ulcers

The affiliation of one of the authors of this paper by J J Dale and colleagues (2 October, pp 875-8) was wrong. E A Nelson should have been described as a research fellow working in the department of health studies at the University of York, York YO10 5DQ.