The Treatment for Adolescents With Depression Study (TADS): Methods and Message at 12 Weeks
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ABSTRACT

Funded by the National Institute of Mental Health, the Treatment for Adolescents With Depression Study (TADS) is intended to evaluate the short-term (12 weeks) and longer-term (36 weeks) effectiveness of four treatments for adolescents (DSM-IV major depressive disorder: clinical management with fluoxetine (FLX), cognitive-behavioral therapy (CBT), FLX and CBT combined (COMB), and clinical management with placebo (PBO)). We previously reported that COMB and FLX were more effective in reducing depression than CBT or PBO after 12 weeks of acute treatment. In this special section of the journal, separate articles extend these findings to the impact of TADS treatments on remission, speed of response, function, and quality of life, predictors of outcome, and safety during the first 12 weeks of treatment. To set the stage for this special section, we briefly review the rationale, design, and methods of the TADS, describe the TADS sample to which the TADS findings generalize, using all of the currently available data, summarize the intent-to-treat outcomes across multiple endpoints at 12 weeks, and consider the public health value of the TADS findings in the context of design decisions and methodological limitations of the TADS, including some that may have advantaged the combined treatment condition. Reflecting the ordering of effect sizes at week 12: COMB (0.98) > FLX (0.88) > CBT (−0.03) > PBO, combined treatment proved superior to PBO on 15 of 16 endpoints, to CBT on 14 of 16 endpoints, and to FLX on 8 of 16 endpoints, whereas FLX was superior to CBT on 8 of 14 and to PBO on 7 of 16 measures. CBT did not differ from PBO on any measure. Despite the fact that suicidality improved markedly across all of the treatment conditions, suicidal events were twice as common in patients treated with FLX alone than with COMB or CBT alone, perhaps indicating that CBT protects against suicidal events. Thus, combined treatment appears to accelerate recovery relative to CBT and, for some outcomes, FLX alone. While minimizing the risk of suicidality relative to FLX alone. Taking benefit and risk into account, we conclude that the

Do nations’ mental health policies, programs and legislation influence their suicide rates?
An ecological study of 100 countries

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Objective: To test the hypothesis that the presence of national mental health policies, programs and legislation would be associated with lower national suicide rates.

Method: Suicide rates from 100 countries were regressed on mental health policy, program and legislation indicators.

Results: Contrary to the hypothesized relationship, the study found that after introducing mental health initiatives (with the exception of substance abuse policies), countries suicide rates rose.

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The current international evidence-based clinical practice guideline for treating depression in children and young people recommends cognitive-behavioral therapy (CBT) as the first-line treatment for moderate to severe depression, with or without the antidepressant medication fluoxetine. Recent evidence from meta-analyses of randomized controlled trials (RCTs) have shown the effect sizes of both CBT and antidepressant medication are smaller than previously reported. This suggests that many young people either fail to respond or do not show a clinically significant change even after receiving the best available guideline-recommended treatment delivered in controlled trials.