

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 with 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 the 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 (0.68) > CBT (-0.03) - 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

Philip Burgess, Jane Pirkis, Damien Jolley, Harvey Whiteford, Shekhar Saxena

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.

Australian and New Zealand Journal of Psychiatry 2004; 38:933-939

The current international evidence-based clinical practice guideline for treating depression in children and young people recommends cognitive-behavioural therapy (CBT) as the first-line treatment for moderate to severe depression, with or without the antidepressant medication, fluoxetine.⁶ Recent evidence from meta-analyses of randomised controlled trials (RCTs) have shown the effect sizes of both CBT and antidepressant medication are smaller than previously reported.⁷⁻¹¹ 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.⁷⁻¹⁰

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ABSTRACT
Introduction: Depression is highly prevalent and the leading contributor to the burden of disease in young people worldwide, making it an ongoing priority for early intervention. As the current evidence-based interventions of medication and psychological therapy are only modestly effective, there is an urgent need for additional treatment strategies. This paper describes the rationale of the

MEDICAL CONSUMERS ASSOCIATION Inc.

Reg. No. INCI171602

Productivity Commission Inquiry into Mental Health

Public Hearing Adelaide, SA - Wednesday 5 February 2020

Tom Benjamin, PhD, President

Update to MCA written response to Draft December 2019 and Submissions #19 and #41

A summary of consumer protection considerations

- "Intended to be read by every member of the Australian Public Service involved in policy making - from the most junior member of the policy team to the departmental secretary.
- A draft report presenting one fait accomplis option is not acceptable. There must always be analysis of the no regulation or status quo option as a benchmark
- The most important policy option is the no-regulation option. Ask yourself honestly: What would happen if we didn't introduce any new form of regulation? Many studies have shown the capacity of humans to habitually over-estimate potential benefits and under-estimate potential costs. Is it better to do something rather than nothing? Regulation is a last resort.
- The Australian Competition and Consumer Commission (ACCC) is our principal legislative weapon ... to investigate .. market failures, monopolies and abuse of market power.
- Registration of these professions should be removed unless there is overwhelming evidence for retention.
- Parliament has set up a mechanism whereby that conduct can continue with immunity from Court action - seek authorisation. That is demonstrate that the public benefit of that conduct outweighs its anti competitive detriment and obtain immunity from Court action for that conduct
- The Competition and Consumer Act 2010 provides a range of powers that may well address the problem and make further regulation unnecessary or counterproductive.
- Enduring concerns are .. cartel and anti competitive conduct, unsafe products, affecting vulnerable, disadvantaged and Indigenous Australian consumers. .. Cartels are immoral and illegal because they not only cheat consumers. They're destroying other businesses by controlling services to the point where honest and well-run companies cannot survive, destroying consumer confidence in an entire sector.
- Are you trying to manage a public health issue that has suddenly taken on a life of its own? Be careful not to be distracted by the symptoms of a problem or media interpretations of it. It's natural for media or lobby groups to focus on controversial or emotive aspects of potential policy decisions, but is the cost of regulating in proportion to the real-world risk?"¹

1 Excerpts from: ACCC <https://www.accc.gov.au/business/anti-competitive-behaviour/cartels#report-a-cartel-apply-for-immunity>, Commissioner Fels, Prime Minister, Premiers and Ministers, and The Australian Government Guide to Regulation