

Introduction

- Each of the following elements has been shown to have efficacy in treating depression:
 - *omega-3 fatty acid consumption*, (Peet & Horrobin, 2002)
 - *bright light exposure* (Martiny et al., 2005),
 - *sleep hygiene* (Mayers & Baldwin, 2006),
 - *aerobic exercise* (Blumenthal et al., 2007),
 - *anti-rumination strategies* (Fennell & Teasdale, 1984), and
 - *social support engagement* (George, 1989).

• Progressive integration of each of these elements into a multi-component treatment for depression may provide sustainable improvement in depressive symptomatology.

• Preliminary results for Therapeutic Lifestyle Change for Depression (TLC-D) indicated a favorable response rate in 85.2% of participants with low relapse rates at 3 and 6 months (Lehman et al., 2005).

• Results presented here include additional data with comparison of gender differences.

Method

• Participants recruited locally were initially screened to confirm Major Depressive Disorder (APA, 2002).

• Participants assigned to the research study ($N = 81$) took part in a 12-session protocol, over a period of 14 weeks, with follow-up sessions at 3 and 6 months.



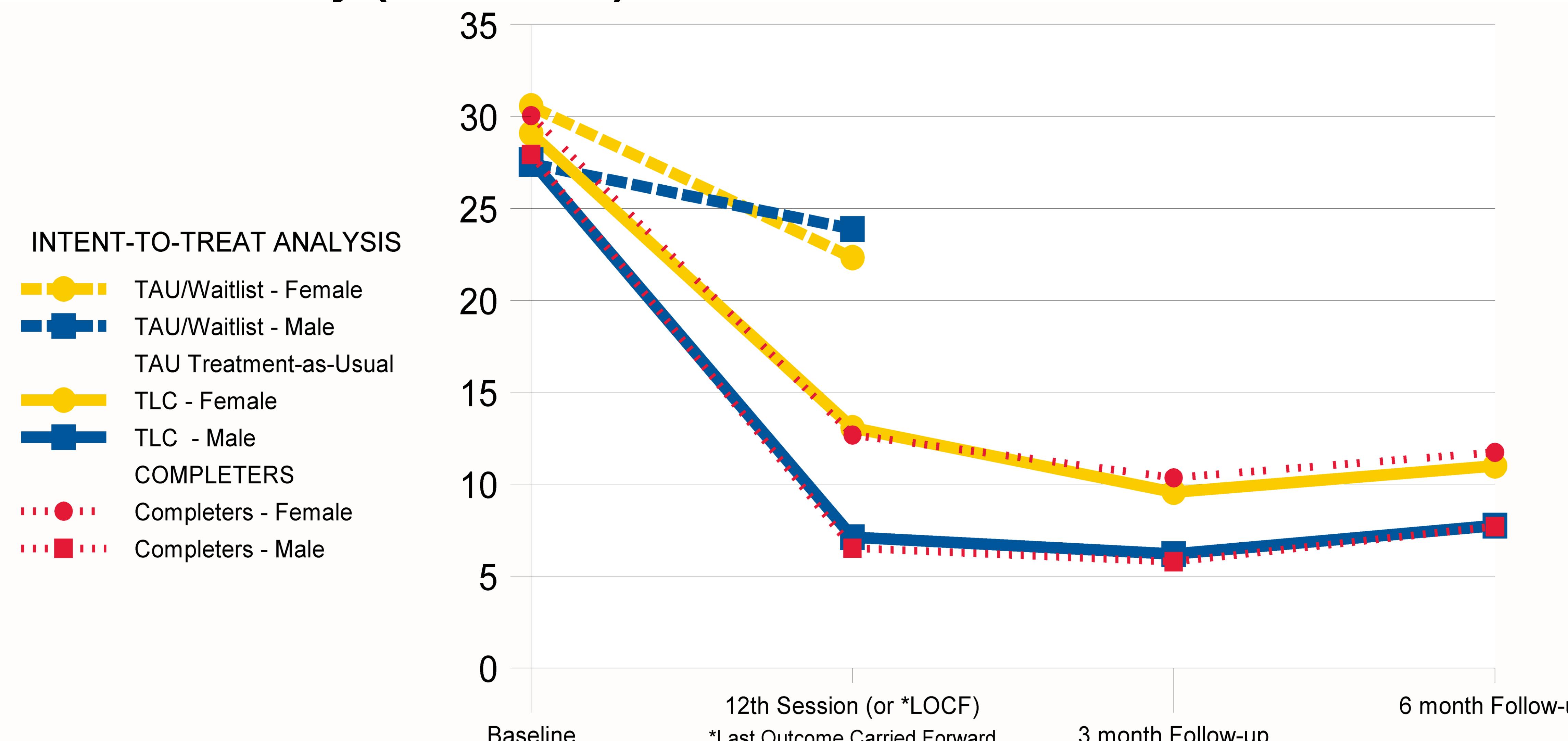
Results of a Randomized Controlled Trial

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Results

- After 12 sessions, participants averaged a 17.8 point decrease in BDI-II score (down 60.6% from baseline), which was significant, $t(80) = 14.75, p < .0001$.
- Likewise, BDI-II scores were significantly decreased from baseline at 3 and 6 months after acute treatment by 67.7% and 64.0%, respectively, $t(54) = 14.57, p < .0001$ and $t(27) = 18.78, p < .0001$.
- TLC-D also outperformed the control group, $t(88) = 4.52, p < .0001$. This was true for both men and women with no significant gender differences in the percent decrease in BDI from baseline.
- There was a weak but significant correlation between number of sessions attended by participants and the percent decrease in BDI score, $r = 0.30, p < .0063$.

Depression Severity (Mean BDI)



Method (cont.)

- One-third of participants were randomly assigned to a treatment-as-usual control group.
- Over the course of treatment, participants' levels of depression were assessed at the beginning of each session using the Beck Depression Inventory-II (BDI; Beck et al., 1996).

Discussion

- Favorable outcomes continue to be provided by the TLC-D therapy.
- A response (50% or greater reduction from baseline) was observed in 68.0% of TLC participants (55 of 81) compared to 19.0% of control group participants (4 of 21). The TLC-D completer response rate was 72.1% (49 of 68).
- Results are consistent with preliminary findings; low relapse rates after completion of acute therapy are maintained. Session attendance is responsible for some of the variability in response rates, but other factors must be determined.
- Further evaluation will provide information on how relapse rates are related to adherence to the individual elements of TLC-D and global adherence to the regimen.
- Additional studies will be designed to assist clients to focus on the TLC-D elements most likely to offer the best response. Preliminary results suggest that adherence to the exercise component of the protocol is closely associated with response (Stites et al., 2007). Initiating changes may be more difficult for some clients than others. This may be related to severity of symptoms or other traits.