

Pharmacotherapy

Both treatment groups received standardized pharmacotherapy in addition to interpersonal therapy modified for depressed inpatients or clinical management. The treating physicians who prescribed the medication were not blind to the treatment status of the patient. The first line treatment was sertraline (intent-to-treat: N=81 [65.5%]; completers: N=68 [64.8%]). In case of a known nonresponse to sertraline in the patient's treatment history, amitriptyline or amitriptyline-N-oxide was applied as the second line treatment (intent-to-treat: N=35 [28.2%]; completers: N=30 [28.6%]). Eight patients (six in clinical management, two in interpersonal therapy) who started treatment with sertraline received additional amitriptyline or amitriptyline-N-oxide after the second week because of an unsatisfactory response to sertraline. Sertraline was started with an initial dosage of 25.0 mg on day one and 50.0 mg/day on days 2 to 14. After day 14, the dosage could be increased by the treating physician according to clinical judgment or plasma level. In the intent-to-treat cohort the mean final dosage for sertraline was 90.2 mg/day (SD=43.9 mg/day; range: 50–250 mg/day), and among completers it was 86.03 mg/day (SD=41.9 mg/day; range: 50–250 mg/day). Amitriptyline and amitriptyline-N-oxide, respectively, started with an initial dosage of 25 mg/day with no upper limit. The mean final dosage for the intent-to-treat cohort was 175.43 mg/day (SD=66.9 mg/day; range: 75–360 mg/day); for the completer cohort it was 182.17 mg/day (SD=69.7 mg/day; range: 75–360 mg/day). The number of patients using sertraline or amitriptyline in both treatment conditions was similar (among both the intent-to-treat and the completer cohorts).

Furthermore, there was no significant difference in the mean final dosage between interpersonal psychotherapy and clinical management patients for both types of medication in both cohorts, since rescue medications lorazepam (maximum: 3 mg) or oxazepam (maximum: 30 mg) were allowed for a maximum of 3 weeks. Trazodone (maximum: 150 mg at night) or promethazine (maximum: 150 mg at night) was allowed as a sleep medication. A benzodiazepine was administered to 61 (49.2%) of the 124 patients in the intent-to-treat cohort and 52 (49.5%) of the completers with no significant difference in the number of interpersonal psychotherapy and clinical management patients in both cohorts.

No other psychopharmacological medication was allowed.