

Table 4. Preventing relapse of depressive episodes

AUTOR, YEAR	POPULATION (number and setting)	ASSESSMENT	TYPE OF STUDY	COMPARATOR	OUTCOME	SECOND OUTCOME	MAIN FINDINGS
<i>Biesheuvel-Leliefeld, et al, 2015</i>	25 RCTs(n=2055) adults 18-64 years old, with Recurrent MDD, in remission.	Psychological interventions: CT, CBT, Mindfulness based cognitive therapy (MBCT), and IPT.	Systematic review with meta-analysis	1. Usual care (UT): clinical routine, no treatment, waiting list 2. antidepressants	Preventing relapse of depressive episodes in MDD (Hamilton, HRSD, BDI, SCID-1)	N/A	Preventive psychological interventions were significantly better than TU in reducing the risk of relapse or recurrence (RR = 0.64, 95% CI = 0.53-0.76, z = 4.89, p < 0.001, NNT = 5) - also more successful than antidepressants (RR=0.83, 95% CI=0.70-0.97, z=2.40, p=0.017, NNT=13). The preventive effect of psychological intervention was generally better when prevention was preceded by treatment in the acute phase. The effect size between the psychological interventions was similar. low quality studies

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<p><i>Breedvelt et. al, 2021</i></p>	<p>714 (4 RCTs) adults (18-65 years old) with depression total or partially in remission</p>	<p>Psychological interventions (CBT, MBCT)</p>	<p>Systematic review with meta-analysis</p>	<p>Monotherapy with antidepressants</p>	<p>Preventing relapse of depressive episodes in MDD (critérios do DSM IV)</p>	<p>N/A</p>	<p>There was no significant difference in time to depressive relapse between use of a psychological intervention during tapering of antidepressant medication versus antidepressant therapy alone (hazard ratio [HR], 0.86; 95% CI, 0.60-1, 23)</p>
<p><i>Clarke et. al., 2015</i></p>	<p>29 RCTs (2742 adults), any age, in full or partial remission of depression</p>	<p>Psychological interventions (CBT, mindfulness-based cognitive therapy, interpersonal psychotherapy)</p>	<p>Systematic review with meta-analysis</p>	<p>1. Usual treatment 2. Assessment Only control</p>	<p>Preventing relapse of depressive episodes in MDD (DSM IV)</p>	<p>-prevenção de novos episódios depressivos</p>	<p>- 12 months of CBT, mindfulness-based cognitive therapy (MCT) and interpersonal therapy (IPT) were associated with a 22% reduction in relapses compared to controls (95% CI 15% to 29%). - The mean risk of developing a new episode of depression at 12 months was reduced by 25% for TCC (RR = 0.75; 95% CI 0.64 to 0.89, I² = 8%), 21% for TCM (RR= 0.79, CI 95% 0.69 to 0.91, I² = 0%) and 22% for IPT (RR= 0.78, 95% CI 0.65 to 0.95, I² = 0%)</p>

							<p>- The effect of CBT at 24 months was similar to the effect at 12 months, but with greater heterogeneity (RR=0.72, 95% CI is 0.57-0.91, I² = 63%), but the effect of IT { was not sustained (RR = 0.92, 95% CI is 0.81-1.05, I² = 0%).</p>
Cox et. al., 2012	9 RCTs (882 children and adolescents) with a history of depression in remission	Psychological and pharmacological interventions	Systematic review with meta-analysis	Placebo	Preventing relapse of depressive episodes in MDD (critérios do DSM IV ou ICD 10)		<p>Three studies indicate that participants treated with antidepressant medication had lower relapse-recurrence rates (40.9%) compared to those treated with placebo (66.6%) during a relapse prevention phase (OR) 0, 34; 95% (CI) 0.18 to 0.64, P = 0.02).</p> <p>A study that compared a combination of psychological therapy (CBT) and medication with medication favored a combined approach, but did not reach statistical significance (OR 0.26; 95% CI 0.06 to 1.15)</p> <p>Little evidence due to the limitation of the number of studies and with different types of assays</p>

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<i>Forneris et al., 2019</i>	1 RCT 49 adults with a history of seasonal depression	Psychological Interventions (TCM) ✓	Systematic review with meta-analysis	Usual treatment (UT)	Prevention of seasonal affective disorder recurrence in adults (criteria of (criteria of DSM 5)	N/A	In the mindfulness-based cognitive therapy group, the incidence of a new depressive episode in winter was lower than in the TAU group. RR = 0.88, 95% CI 0.60 to 1.30
<i>Gartlehner et al., 2019</i>	3 RCTs (n=1100) adults with a history of seasonal affective disorder (SAD) without symptoms at baseline	Prophylactic use of second-generation antidepressants (SGAs),	Systematic review with meta-analysis	Placebo	Prevention of seasonal affective disorder recurrence in adults (criteria of (criteria of DSM 5)	N/A	Moderate-quality evidence indicates that bupropion XL is an effective intervention for preventing recurrence of depressive episodes in people with a history of SAD RR = 0.56, 95% CI 0.44 to 0.72;
<i>Glue et al., 2010</i>	54 RCTs (n = 9268 Adults) with a history of depression with a good response to antidepressants in the acute phase	Maintenance of antidepressant treatment	Systematic review with meta-analysis	Placebo	Preventing relapse of depressive episodes in MDD (criteria of DSM III, DSM IVA)		Continued use of antidepressants produced a robust reduction in the risk of relapse of depressive episodes (OR 0.35; 95% CI 0.32 - 0.39).
<i>Guidi and Fava, 2021</i>	70 RCTs (2283 Adults) with history of remitted MDD	Sequential combination of pharmacotherapy and cognitive behavioral psychotherapy	Systematic review with meta-analysis	Usual treatment	Prevention of depressive episode relapse in MDD (criteria of DSM III, DSM IV, DSM 5)	N/A	The pooled hazard ratio for MDD relapse/recurrence was 0.84 (95% CI, 0.74-0.94), suggesting a relative advantage in relapse/recurrence prevention for the sequential combination of treatments compared

							with the control conditions.
<i>Kuyken et al., 2016</i>	9 RCTs (1,258 patients included, mean (SD) age was 47.1 (11.9) years, 944 (75.0%) were female.	Mindfulness-based cognitive therapy (MCBT)	Systematic review with meta-analysis	Usual treatment	Preventing relapse of depressive episodes in MDD (DSM III, DSM-III-R, -IV, ou -IV-TR ou ICD 10)	N/A	<p>Patients who received MBCT had a reduced risk of depressive relapse at a 60-week follow-up period compared with those who did not (hazard ratio, 0.79; 95% CI, 0.64-0.97).</p> <p>MBCT (hazard ratio, 0.69; 95% CI, 0.58-0.82)</p> <p>Comparisons with active treatments suggest a reduced risk of depressive relapse over a 60-week follow-up period (hazard ratio, 0.79; 95% CI, 0.64-0.97).</p>
<i>Sim et al., 2015</i>	72 RCTs (n=14,450) Adults with MDD	Use of antidepressants	Systematic review with meta-analysis	Placebo	Preventing relapse of depressive episodes in MDD (DSM IV)	N/A	<p>Antidepressants were more effective than placebos in preventing relapse (response rates [RR] = 1.90, confidence interval [CI]: 1.73-2.08; NNT = 4.4; p < 0.0001) - duration of 33.4 weeks</p> <p>Antidepressants were effective in preventing recurrences (RR = 2.03, CI 1.80-2.28; NNT = 3.8; p < 0.0001), with small</p>

							differences between the types of drugs. Psychosocial interventions produced inconsistent or inconclusive results
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Source: The authors

HRSD: such as the Hamilton Rating Scale of Depression, **BDI:** Beck Depression Inventory, **SCID-1:** Structured Clinical Interview for DSM-IV Axis 1 Disorders.