Table 7. Combined Psychotherapy and Pharmacotherapy for Treatment of Depression in SCI

Author Year Country Research Design PEDro Score Total Sample Size	**Methods**	**Outcome**
Perry et al., (2010) Australia PCT N=36	**Population:** Mean age=43.8yr; M/F=28/8; Level of injury: tetraplegia=13, paraplegia=20, Severity of injury: complete=13, incomplete=23; Duration of pain=60.5 mo; Type of pain=mixed. **Intervention:** Individuals with SCI and chronic pain were placed in either the multidisciplinary cognitive behavioural pain management program (PMPs) group which involved a pharmacological treatment plan and individual and group-based CBT for pain; or the usual care group. **Outcome Measures:** Hospital Anxiety and Depression Scale (HADS).	1. A trend towards improvement on the HADS depression score was seen in the PMP group at 1 mo post treatment; however, the HADS depression scores returned to pre-treatment levels at 9 mo follow-up.

Kahan et al., (2006) USA PCT N=76	**Population:** Treatment group: SCI=28, Other conditions=26; Mean age=51.4 yr Gender: males=52.7%, females=46.3%; Time since injury=26.2 yr; Quasi control group: SCI=13, Other=9; Mean age=44.2 yr; Gender: males=45.5%, females=54.4%; Time since injury=18.8 yr. Depression status=major depression evaluated using Older Adult Health and Mood Questionnaire (OAHMQ). **Intervention:** Treatment group received a mixture of outpatient cognitive behavioral psychotherapy and antidepressant medication (individualized), for 30 wk. **Outcome Measures:** OAHMQ-depression; Life Satisfaction Scale (LSS), The Community Activities Checklist - community activity involvement. Treatment group: @ baseline (T1), 10 weeks (T2) & 30 weeks (T3). Control group: @ 2 points (routine medical visits) spanning 2 yr.	2. Depression Outcomes: The depression rate of the treatment group was improved between all-time points (p≤0.001). 3. At baseline, OAHMQ scores in 53/54 treatment subjects classified as "experiencing major depression" and 1/54 had "significant depression symptoms". By T3, 41 subjects' classification had improved and 13 remained the same with an improved OAHMQ score (p≤0.001). Overall, 71% of SCI subjects' depression improved following treatment. 4. At baseline, treatment and control groups' depression scores were similar, but were significantly different after treatment (p≤0.001). Mean depression scores reduced by 50% & 12% in treatment & control groups, respectively.
Kemp et al., (2004) USA PCT	**Population:** SCI: Age=20-74 yr; Gender: males 32; females=11; Time since injury=5-37 yr; 28 treated for depression, 15 acted as quasi-controls.	1. Depression Outcomes: A decrease was observed in depression scores from 0-24wk in the treatment group (p<0.001).

NInitial=43 NFinal=28	Depression status=major depression using Older Adult Health and Mood Questionnaire (OAHMQ). **Intervention:** 6 mo of individual outpatient treatment. Two components: psychotherapy and medication were offered to all. Cognitive Behavioural Therapy (CBT) began once a week for the first 2 mo then was reduced to twice a mo. All were prescribed an antidepressant based upon their needs and physician's decision. The average number of therapy sessions completed was 14/17 (range 6-17). **Outcome Measures**: Older Adult Health and Mood Questionnaire (OAHMQ)Hamilton Depression Rating Scale (HDRS), Community activities checklist, Life Satisfaction Scale (LSS).	2. Paired t-tests indicated a 24% decline in depression scores from 0-8wk (time 1=15.7, time 2=11.9, p<0.001) and from 8-24 wk (6.7) (p<0.001). 3. 8 subjects continued to score in the range for major depression. If cases with variable treatment adherence were eliminated 100% of participants treated no longer had scores in the range of major depression. 4. A further increase was noted between 8 and 24 wk (time 2=15.5, time 3=22.3, p<0.001). The correlation between the change in number of depressive symptoms and the change in the # of community activities was high (- 0.81, p<0.001). 5. Non-treatment group: Scores on the depression measure did not change significantly over time.
Judd et al., (1989) USA Pre Post N=14	**Population:** Mean age=31.6 yr; Gender: males=9, females=5; Level of injury: paraplegia=7; tetraplegia=7; Depression status=clinically depressed evaluated using Diagnostic and Statistical Manual of Mental Disorders-III. **Intervention:** Individuals received supportive psychotherapy and were prescribed tetracyclic and tricyclic antidepressants during rehabilitation period. **Outcome Measures:** Beck	1. 13 of the 14 individuals had improvement in BDI score at discharge (average BDI at discharge=8).

	Depression Inventory (BDI).	
Judd et al., (1986) USA Pre-Post N =9	**Population:** Mean age=45.6 yr; Gender: males=8, females=1; Level of injury: tetraplegia=5; paraplegia=4. Depression status=clinically depressed evaluated using Diagnostic and Statistical Manual of Mental Disorders -III. **Intervention:** Individuals were assessed within 2 wk of admission and prescribed either mianserin or nomifensine along with supportive psychotherapy. **Outcome Measures:** Hamilton Depression Rating Scale (HDRS).	1. All individuals showed improvement in depressive and anxiety symptoms.