

Dr Katie Douglas

Pilot Study of Cognitively-enhanced Interpersonal and Social Rhythms Therapy for Depression

I have previously worked as a Research Fellow at the Centre for Rural and Remote Mental Health, University of Newcastle, Australia for one year after completing my PhD in 2010. I was involved in research investigating cognitive underpinnings of psychosis.

Sometimes people can feel really sad or down for a long time, maybe because something stressful or sad has happened, or perhaps it's completely out of the blue. If the person is very sad, crying often, they might have to take antidepressants. Often this makes sad people feel happier, but unfortunately, they still have problems in their brain which makes it hard for them to think straight or remember things.

We hope this treatment will help people feel happier, help their brains work better, which will then enable them to live independently being so reliant on others. The treatment includes playing computer games to stimulate the brain and talking with a trained person about problems in their life so they can alleviate their sadness into the future.

A slightly more technical explanation is that this treatment combines two different therapies: a) a psychological therapy, called *Interpersonal and Social Rhythms Therapy*, which aims to improve mood by relating depressive symptoms to biological and social rhythms, and b) *Cognitive Remediation*, which is a computerised treatment which activates areas of the brain that are involved in depressive symptoms and aims to improve brain functions such as memory, attention span and thinking so patients can live more satisfying and enjoyable lives. This combined treatment is called IPSRT-CR.

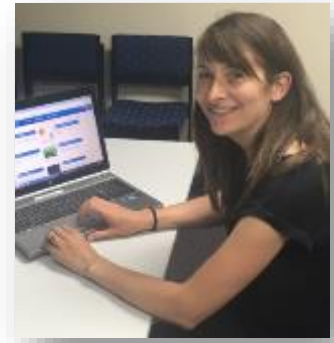
If this treatment is effective, our long-term plan would be to conduct similar, larger studies to confirm its effectiveness. With positive results, we hope this treatment or a similar treatment can be incorporated into routine mental health care for those who are suffering from mood disorders in New Zealand.

A major challenge of clinical studies is recruiting effective numbers of individuals with mood disorders to be able to successfully determine whether the chosen treatment is effective in improving cognitive and functional outcomes (i.e. that any difference seen between treatments is



due to the effectiveness of the treatment itself rather than a chance finding). We are continually advertising for participants within the CDHB and other healthcare providers in Canterbury.

This study is the first in New Zealand to investigate the effectiveness of this particular combination of treatments. We want to be able to provide patients with the best possible care to help them recover from all aspects of their mood disorders, which is why we have decided to provide them with a more holistic treatment package. IPSRT alone has been shown to be effective in treating symptoms of bipolar disorder. IPSRT has not been examined for use in major depressive disorder, but logically, the treatment components fit with the important factors underlying depression too.



Major depressive disorder (MDD) involves significant morbidity, suicide risk and recurrent hospitalisation. After recovery from a depressive episode, individuals often continue to experience problems with cognitive (i.e., thinking, organisation, memory) and general functioning, reporting these problems to be distressing and disabling. Treatment of severe depression in New Zealand involves short-term treatment by Specialist Mental Health Services (SMHS) then discharge back to primary care. In Canterbury, 40% of patients with a mood disorder who are discharged from SMHS, are re-admitted within 12-months of discharge.



A further problem experienced by individuals with mood disorders is persistent cognitive impairment. Research investigating changes in cognition during treatment for depression with pharmacotherapy suggest incomplete improvement. An important implication of persisting cognitive impairment in individuals with MDD is that it correlates closely with impairment in daily living.

We aim to help individuals to reduce the chance that they will relapse into mood episodes in the future, as well as improving their cognitive and general functioning. Therapy gradually helps individuals become their own health manager and recognise early signs and stresses in their lives which may have previously resulted in mood episodes in order to prevent future episodes.

This field is very interesting and I wish to gain knowledge and understanding mood disorder research, ultimately to present these findings on an international stage. In particular, I would like to keep developing more holistic and individualised treatment for those with mood disorders in order to ensure the best possible care.

Mood disorders are very prevalent in Canterbury. They can happen to people from all walks of life. Most of us have been affected in some way by them, whether personally or via a friend or relative. Our understanding of these conditions is still limited; we need to continue to prioritise treatment research in this area to reduce the burden. This grant has enabled us to make steps forward and I would like to thank all CMRF donors for their generosity in allowing this to happen.