

# Recent research

Brief summaries of recent publications  
on ISTDP or related topics.

THOMAS HESSLOW

RESEARCH

## Replication of ISTDP study for treatment-resistant depression

In 2023, Rasoul Heshmati and colleagues published the first independent replication of the Town et al. 2017 Halifax Treatment-Resistant Depression Study. In the study conducted at four mental health centers in Tabriz in northern Iran, 86 participants with treatment-resistant depression were randomized to a 20-session course of ISTDP or to a waiting-list control condition. ISTDP outperformed no treatment with a very large effect size both at post-treatment and at follow-up time points ( $d = 1.73$  at post,  $d = 2.67$  at FU). The study furthermore showed that ISTDP decreased overall participant defensiveness, as measured with the WAI-RR. Despite various shortcomings of the study (such as the small sample, no observer-rated measures, a weak control condition, no structured adherence ratings of the sessions etc.), this adds to the promising evidence-base for ISTDP in treatment-resistant conditions.

Heshmati, R., Wienicke, F., & Driessen, E. (2023). The effects of intensive short-term dynamic psychotherapy on depressive symptoms, negative affect, and emotional repression in single treatment-resistant depression: A randomized controlled trial. *Psychotherapy*. 60. 10.1037/pst0000500.

## Pilot studies on ISTDP for antisocial and histrionic personality disorder

In the past few years, Nima Salehian and Fateme Moradi at the have published two pilot RCTs on ISTDP for histrionic personality disorder and antisocial personality disorder, showing positive results in both cases. These studies were very small (both  $N=16$ ), but are among the first ever RCT:s on these respective conditions.

Salehian N, Moradi F. (2023). The Effect of Intensive Short-Term Dynamic Psychotherapy (ISTDP) on Increasing the Psychological Well-Being of Patients with Histrionic Personality Disorder (HPD). *Journal of Psychology New Ideas*, 2023; 15 (19):1-16, <http://jnip.ir/article-1-855-en.htm>



### Therapists' oxytocin levels linked to treatment outcome

Therapist levels of oxytocin predict decreases in depressive symptoms. A recent study shows that positive effects of patients experiencing negative feelings in session is partially mediated by therapist oxytocin response. If patient expression of negative feelings is then followed by post session increases in therapist oxytocin levels, depressive symptoms tend to decrease.

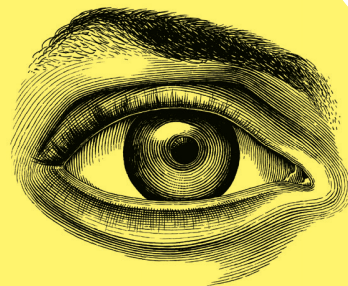
Fisher, H., Solomonov, N., Falkenström, F., Shahar, B., Shamay-Tsoory, S., & Zilcha-Mano, S. (2023). Therapists' oxytocin response mediates the association between patients' negative emotions and psychotherapy outcomes. *Journal of Affective Disorders*, 338, 163-170.

### Short-term therapy is cost effective in real world setting

In the fall of 2023, German researchers published a large study on the cost-effectiveness of short-term therapy (N = 33 937). Patients who had received short-term Cognitive behavioral therapy (CBT) or Psychodynamic therapy (PDT) were followed for a number of years. The patients had a wide range of presenting diagnoses, including depression, anxiety disorders, somatoform disorders and severe mental illness such as schizophrenia.

Before treatment, patients in both groups had about 34 days of sick leave per year. The years after treatment, the number of days on sick leave went down to 20 days per year, with no significant differences between the two groups. The overall health care costs went down with about €1800 euros per patient and year. The authors furthermore show that the most part of the reduction in health care cost is due to patients no longer needing "unspecific [non-psychiatric or non-psychological] treatments". The psychotherapies lasted for between 10 and 25 sessions, and on average cost about €1900 for the whole treatment series, with PDT costing slightly more. This is roughly equivalent to the health care savings stated above. Additionally, the decrease in the amount of sick days also leads to cost-savings on a societal level. This data replicates previous research showing that short-term psychotherapy is indeed cost-effective on a societal level.

Bothe, T., Basedow, F., Kröger, C., & Enders, D. (2024). Sick leave before, during, and after short-term outpatient psychotherapy: a cohort study on sick leave days and health care costs between behavioral and psychodynamic psychotherapies on anonymized claims data. *Psychological Medicine*, 54(6), 1235-1243.



### Longer treatment more effective than a shorter one

A new large study from the Netherlands showed that short-term psychodynamic supportive psychotherapy and Schema Therapy were equally effective in treating depression with comorbid personality problems (mostly cluster C). Almost 250 participants with primarily severe depression were randomized to 25 or 50 sessions of the two interventions. The study found no differences between the two interventions, but it did find a moderate effect of treatment dose. Longer treatment yielded greater effect (d = 0.53)

Kool, M., Van, H., Arntz, A., Bartak, A., Peen, J., Dil, L., ... & Dekker, J. (2024). Dosage effects of psychodynamic and schema therapy in people with comorbid depression and personality disorder: four-arm pragmatic randomised controlled trial. *The British Journal of Psychiatry*, 1-8.

### Psychodynamic therapy is empirically-supported treatment overall

An international team led by Falk Leichsenring published a new umbrella review of the evidence for psychodynamic psychotherapy (PDT) in 2023. Synthesising meta-analytic evidence they came to the conclusion that PDT is an empirically-supported treatment for common mental disorders with a strong recommendation according to the GRADE system for evidence quality assessment. Evidence was of high quality for depressive and somatic disorders, while it was moderate for anxiety and personality disorders.

Leichsenring, F., Abbass, A., Heim, N., Keefe, J. R., Kisely, S., Luyten, P., ... & Steinert, C. (2023). The status of psychodynamic psychotherapy as an empirically supported treatment for common mental disorders – an umbrella review based on updated criteria. *World Psychiatry*, 22(2), 286-304.