

Commentary on the Consensus Conference's final document on psychological therapies for anxiety and depression. What is the scientific evidence?

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ABSTRACT. – This commentary aims to highlight pros and cons of the evidence-based approach to psychotherapy research. Although the relevance of scientific evidence to the development of guidelines for psychological treatments, there are still some barriers to translate research results into routine clinical practice. The challenges are especially linked to the adoption of randomized controlled trials (RCT), which are not well suited to examine non-manualized psychotherapies and to test the effectiveness of treatments for patients with complex psychopathologies. Moreover, meta-analytic studies on the treatment for anxiety and depression showed that the quality of evidence of RCTs is limited, and recommending firm conclusions is still challenging. It is suggested that both psychotherapy research and evidence-based guidelines to psychological therapies should move towards personalizing treatments for anxiety and depression.

Key words: psychotherapy, consensus conference, anxiety, depression, RCT.

The Consensus Conference's final document on psychological therapies for anxiety and depression has, since its inception (Research Group for Treatment for Anxiety and Depression, 2017), sparked an important debate in the scientific and professional community on the usefulness of *stepped-care*, on psychotherapeutic interventions purported as effective and on the recommendations proposed by the jury (Dazzi, 2017). Many of these comments pointed out that the recommendations of the main treatment guidelines (e.g., the Anglo-Saxon *National Institute for Health and Care Excellence* guidelines or the American Psychological Association (APA) Empirically Supported Treatments (EST) guidelines) only take into account efficacy tests of randomized controlled trial (RCT) studies, even though the limitations of this methodological approach to the scientific study of the

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effects of psychotherapy are widely recognized (Wampold *et al.*, 2015; Westen *et al.*, 2004). I consider it useful to highlight that there is increasing recognition of how the RCT study is suitable for assessing the effectiveness of short-term therapies for patients with circumstantial and non-serious psychological disorders. While in the case of therapies for patients with complex psychopathological conditions, who have major comorbidities between disorders and often undergo long-term therapeutic treatments, this research methodology appears inappropriate, and should potentially be combined with cohort studies of repeated measurements over time (Lo Coco, 2021).

Another widely debated point is the recommendations of treatment guidelines, which focus almost exclusively on CBT, cognitive-behavioral therapies. These indications do not fully take into account the meta-analytical evidence from recent studies, which has shown: i) the efficacy of 15 types of psychotherapy for the treatment of depressive disorders, including short-term, psychodynamic therapy and third-wave cognitive interventions (Abbass *et al.*, 2014; Cuijpers *et al.*, 2020; Driessen *et al.*, 2013); ii) that the quality of evidence provided by the RCT studies so far published is very limited and the effects of CBT treatments for major depression, social anxiety disorder, generalized anxiety disorder, and panic disorder are still uncertain (Cuijpers *et al.*, 2016).

It is therefore important to point out that the jury's recommendations underline that 'since there are no clinically relevant differences in effectiveness between individual interventions,' one should consider offering 'a variety of structured (and evidence-based) psychotherapies', provided that the outcome is systematically monitored.

In conclusion, the document highlights the importance of promoting the use of evidence-based psychological therapies in the national context, but the recommendations of the jury stress the importance of promoting the development of a treatment monitoring system to study the complexity of treatment for anxiety and depressive disorders from a multidisciplinary and translational perspective, in order to promote an ever greater personalization of treatment, which is a real challenge (for clinical practice and research) in the near future.

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