



## COUNSELLING IN PRIMARY CARE – EVIDENCE

1. Randomised controlled trial of non-directive counselling, cognitive-behaviour therapy, and usual general practitioner care for patients with depression.

Ward, E. King, M et al (2000). British Medical Journal.  
Vol 321. 2 December 2000.

Three treatments were studied: Counselling, CBT and Usual GP Care.

The results were:

- a) Counselling and CBT were both superior to GP care at 4 months
- b) There was no difference between Counselling and CBT at 4 months
- c) There was no difference between any of the treatments at 12 months.

2. Antidepressant drugs and generic counselling for treatment of major depression in primary care: randomised trial with patient preference arms.

Chilvers, C et al (2001). British Medical Journal.  
Vol 322. 31 March 2001.

Conclusions were:

“What is already known on this topic:

- a) Antidepressants and specific psychological interventions are effective in major depression.
- b) Generic counselling has not previously been compared with antidepressants in primary care.

What this study adds:

- a) 12 months after starting treatment, generic counselling is as effective as antidepressants.
- b) Patients treated with antidepressants may recover more quickly
- c) Given a choice, more patients opt for counselling.
- d) Patients who choose counselling may benefit more than those with no strong preference.”





# Counsellors & Psychotherapists in Primary Care

Member Organisation of the Psychotherapeutic Counselling Section of UKCP

## 3. Clinical Outcomes Research Evaluation (CORE)

Mellor Clark J et al (submitted). Counselling Outcomes in Primary Health Care: A CORE System Data Profile.

This outcome evaluation tool has been used in trials on 1996 patients. The patient fills in a questionnaire in the week prior to commencement of counselling. The questionnaire has 34 questions, which measure risk, well-being, functioning and other problems. The patient then completes the same questionnaire on completion of the counselling intervention. The reliable and significant change statistics are as follows:

*Reliable and clinical improvement:* 58.6 %

*Reliable improvements:* 17.2 %

*No reliable change:* 17.4 %

*Deterioration:* 6.8 %

## 4. Chronic Fatigue in general practice: is counselling as good as cognitive behaviour therapy? A UK randomised trial

Ridsdale L, Godfrey E, Chalder T, Seed P, King M, Wallace P, Wessely P and the Fatigue Trialists' Group. British Journal of General Practice, January 2001. Volume 51 Number 462

**Aim:** To compare the effectiveness of cognitive behaviour therapy (CBT) with counselling for patients with chronic fatigue and to describe satisfaction with care.

Design of Study: Randomised trial with parallel group design

Hypothesis tested: that CBT was more effective than counselling, as a comparison group

**Conclusion:** Counselling and CBT were equivalent in effect for patients with chronic fatigue in primary care. The choice between therapies can therefore depend on other considerations, such as cost and accessibility.





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5. Chronic Fatigue in general practice: economic evaluation of counselling versus cognitive behaviour therapy

Ridsdale L, Godfrey E, Chalder T, Seed P, King M, Wallace P, Wessely P and the Fatigue Trialists' Group. British Journal of General Practice, January 2001. Volume 51 Number 462

**Aim:** To compare the relative costs and outcomes of counselling versus cognitive behaviour therapy (CBT) provided in primary care settings for the treatment of fatigue.

Design of Study: A randomised controlled trial incorporating a cost-consequences analysis

**Conclusion:** Counselling and CBT both led to improvements in fatigue and related symptoms, while slightly reducing informal care and lost productivity costs. Counselling represents a less costly (and more widely available) intervention but no overall cost-effectiveness advantage was found for either form of therapy.

