

therapy (CBT) and interpersonal psychotherapy (IPT) in adults with major depression.

Background: Very little is known about the patient characteristics associated with response to CBT and IPT. Certain patient characteristics may be general prognostic indicators of response, irrespective of therapy type; however, there may also be other specific patient characteristics that are indicators of response to a specific treatment type (CBT vs. IPT).

Methods: After providing informed written consent, 177 adults with major depression (DSM-IV) were randomized to receive 16 weekly sessions of either CBT or IPT. Patient characteristics were assessed prior to randomization. Outcome at the end of the weekly sessions was defined as percentage improvement on the clinician-rated Montgomery Asberg Depression Rating Scale (MADRS), which takes account of initial depression severity.

Results: Factors associated with greater percentage improvement on the MADRS over the course of therapy included receiving CBT, having a single episode of depression and a perception that the therapy (irrespective of treatment type) was logical. Individuals who had comorbid personality disorder symptomatology had higher per cent improvement over the course of treatment if they received CBT (60%) rather than IPT (30%).

Conclusions: Despite examination of a number of potential predictors of differential response to CBT and IPT, few were significant. However, this study suggests that CBT is a better treatment option for depressed patients with comorbid personality disorder than IPT.

White matter hyperintensities: lateralization effects

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Background: The presence of white matter hyperintensities (WMHs) on magnetic resonance imaging (MRI) scans is associated with age. However, their functional significance is controversial with some studies reporting significant associations of WMHs volume with cognitive decline, while others have not found such an association. Because the human brain is anatomically and functionally lateralized, one potential confound in this area of research is an effect of WMHs lateralization in the left and right cerebral hemispheres and their varying intra- and interhemispheric transfer consequences. The present study investigated the relationship between WMHs lateralization and corpus callosum (CC) measures and fine motor and cognitive performance.

Methods: A subsample of 478 individuals aged 60–64 years from a larger community sample were assessed for fine motor control (Purdue Pegboard), global cognitive function, episodic memory and working memory. Subjects also underwent brain MRI scans. WMHs on T2-weighted FLAIR MRI scans were assessed using an automated procedure. CC areas were hand traced.

Results: WMHs were significantly more lateralized to the left in the frontal, temporal and parietal lobes, and lateralized to the right in the occipital lobe. Periventricular and whole hemisphere WMHs were not lateralized. WMHs lateralization was significantly associated with CC areas, hippocampal lateralization and fine motor control. These associations were modulated by the location of WMHs in each hemisphere and by sex.

Conclusion: The lateralization of WMHs is an important factor to consider in the interpretation of their association with callosal structure and behavioural measures of motor control and cognition.

Models of health care delivery for depression

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Background: A range of models exist for the delivery of depression services in primary care and the community. The efficacy of the following approaches was assessed: passive education campaigns, telephone and Internet interventions, schools programs, general practice (education, care management, enhanced care, self-help in practice) and community programs linked to general practice.

Method: Systematic review.

Results: There is evidence for the effectiveness of schools programs, Internet and telephone interventions, care management, enhanced care and some community programs. Evidence is weaker or inconclusive for passive education, education directed at GPs, pharmacist interventions and bulletin boards.

The Illness Management and Recovery Program: an international effectiveness study

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