
OBJECTIVE: There is a need for psychological treatments for psychiatric disorders in primary care. The purpose of this article is to review studies of problem-solving treatment (PST). PST is a brief psychological treatment for emotional symptoms in primary care patients. METHOD: A series of different studies of primary care patients in Oxford are reviewed. RESULTS: In primary care, PST is effective for patients with major depression and for patients with more broadly defined emotional disorders. PST can be effectively delivered in primary care settings by psychiatrists, general practitioners, or nurses. PST may be more expensive than primary care practitioners' usual treatment in terms of direct costs. However, PST might result in greater savings if indirect costs are also considered. CONCLUSIONS: PST is a feasible, brief, effective treatment for mental disorders of mild to moderate severity in primary care. Replication studies and further research on combination treatments, long-term outcomes, and indirect costs are indicated.


OBJECTIVES: To determine whether problem solving treatment combined with antidepressant medication is more effective than either treatment alone in the management of major depression in primary care. To assess the effectiveness of problem solving treatment when given by practice nurses compared with general practitioners when both have been trained in the technique. DESIGN: Randomised controlled trial with four treatment groups. SETTING: Primary care in Oxfordshire. PARTICIPANTS: Patients aged 18-65 years with major depression on the research diagnostic criteria—a score of 13 or more on the 17 item Hamilton rating scale for depression and a minimum duration of illness of four weeks. INTERVENTIONS: Problem solving treatment by research general practitioner or research practice nurse or antidepressant medication or a combination of problem solving treatment and antidepressant medication. MAIN OUTCOME MEASURES: Hamilton rating scale for depression, Beck depression inventory, clinical interview schedule (revised), and the modified social adjustment schedule assessed at 6, 12, and 52 weeks. RESULTS: Patients in all groups showed a clear improvement over 12 weeks. The combination of problem solving treatment and antidepressant medication was no more effective than either treatment alone. There was no difference in outcome irrespective of who delivered the problem solving treatment. CONCLUSIONS: Problem solving treatment is an effective treatment for depressive disorders in primary care. The treatment can be delivered by suitably trained practice nurses or general practitioners. The combination of this treatment with antidepressant medication is no more effective than either treatment alone.

OBJECTIVE: The researchers evaluated the effectiveness of paroxetine and Problem-Solving Treatment for Primary Care (PST-PC) for patients with minor depression or dysthymia. STUDY DESIGN: This was an 11-week randomized placebo-controlled trial conducted in primary care practices in 2 communities (Lebanon, NH, and Seattle, Wash). Paroxetine (n=80) or placebo (n=81) therapy was started at 10 mg per day and increased to a maximum 40 mg per day, or PST-PC was provided (n=80). There were 6 scheduled visits for all treatment conditions. POPULATION: A total of 241 primary care patients with minor depression (n=114) or dysthymia (n=127) were included. Of these, 191 patients (79.3%) completed all treatment visits. OUTCOMES: Depressive symptoms were measured using the 20-item Hopkins Depression Scale (HSCL-D-20). Remission was scored on the Hamilton Depression Rating Scale (HDRS) as less than or equal to 6 at 11 weeks. Functional status was measured with the physical health component (PHC) and mental health component (MHC) of the 36-item Medical Outcomes Study Short Form. RESULTS: All treatment conditions showed a significant decline in depressive symptoms over the 11-week period. There were no significant differences between the interventions or by diagnosis. For dysthymia the remission rate for paroxetine (80%) and PST-PC (57%) was significantly higher than for placebo (44%, P=.008). The remission rate was high for minor depression (64%) and similar for each treatment group. For the MHC there were significant outcome differences related to baseline level for paroxetine compared with placebo. For the PHC there were no significant differences between the treatment groups. CONCLUSIONS: For dysthymia, paroxetine and PST-PC improved remission compared with placebo plus nonspecific clinical management. Results varied for the other outcomes measured. For minor depression, the 3 interventions were equally effective; general clinical management (watchful waiting) is an appropriate treatment option.


OBJECTIVE: The authors compared the efficacy of problem-solving therapy (PST) and supportive therapy (ST) in a group of elderly subjects with impairment in executive functions. This group was targeted because it has been shown to be at the risk for poor response to pharmacotherapy. METHODS: A total of 25 elderly subjects with major depression and abnormal scores in initiation/perseveration and response inhibition tasks were randomly assigned to receive weekly sessions of PST or ST for 12 weeks. The subjects were systematically evaluated by raters blind to the study hypotheses. RESULTS: PST was more effective than ST in leading to remission of depression, fewer post-treatment depressive symptoms, and less disability. A substantial part of the change in depression and disability was explained by the subjects' improvement of skills in generating alternatives and in decision-making. CONCLUSION: This preliminary study suggests that PST is effective in reducing depressive symptoms and disability in elderly patients with major depression and executive dysfunction. If these findings are confirmed, PST may become an important therapeutic alternative for a patient population who may otherwise remain symptomatic and disabled.


BACKGROUND AND OBJECTIVES: Primary care patients with depression may prefer or require a non-pharmacological treatment such as counseling. We investigated the feasibility of teaching family medicine residents an evidence-based brief counseling intervention for depression (Problem-solving Treatment of Depression for Primary Care [PST-PC]). METHODS: Eleven residents over 3 consecutive years were provided a brief training program in PST-PC. Residents were evaluated for skill acquisition, changes in self efficacy, intentions to improve their care for depression, and post-residency integration of PST-PC into their daily practice. RESULTS: Trainees met established criteria for competency to administer PST-PC. They improved to moderate-to-high levels of self
efficacy for treating depression, including for their counseling skills, and in their intentions to improve their depression management. At up to 3 years post residency, 90% indicated they were using PST-PC, often in a modified form, and also for illnesses other than depression. They indicated they would recommend the training to new residents. CONCLUSIONS: The PST-PC training program evaluated in this study is feasible in residency training and appears to influence practice post residency. These findings warrant continued investigation of this training program with a larger sample of residents and evaluation of outcomes with depressed patients treated with PST-PC in real-world practice settings.


This paper describes a meta-analysis of 31 studies that examined the efficacy of problem solving therapy (PST). The meta-analysis, encompassing 2895 participants, showed that PST is significantly more effective than no treatment (d=1.37), treatment as usual (d=0.54), and attention placebo (d=0.54), but not significantly more effective than other bona fide treatments offered as part of a study (d=0.22). Significant moderators included whether the PST included problem-orientation training, whether homework was assigned, and whether a developer of PST helped conduct the study.
Problem-Solving Therapy (PST) (As of 2/20/2013)


