

***Summary of the web-based survey:  
Judged Effectiveness of Treatments for Depression***

The Personality and Treatment Response Survey was a web-based survey developed by the Black Dog Institute to help explore how personality and ways of coping with depression are associated with responses to different treatments for depression. It is hoped the results of the survey will help health professionals to better ‘match’ people with depression treatments.

We received over 3400 responses to the survey, of which 2692 people met the formal criteria for the research. We sincerely thank everyone who responded.

The survey had a number of aims, one of which was to help gather data on the different antidepressant strategies actually used by people living in Australia and suffering from depression, and how helpful they had found the different strategies. Out of the 45 different strategies listed, 31 strategies had been used by at least 100 people responding to the survey. These included 15 types of antidepressants, 5 psychological therapies and 11 self-help strategies.

Initial findings from the survey have been written into a paper published by the Australian and New Zealand Journal of Psychiatry. (Visit the journal homepage at [www.blackwell-synergy.com](http://www.blackwell-synergy.com)).

A fascinating early finding has been the extent to which self-help strategies – particularly exercise – rated so highly in the study.

The ten most highly rated strategies for treating depression included both drug and non-drug interventions. These included (in alphabetical order):

Antidepressant medications

Citalopram (an SSRI antidepressant)  
Escitalopram (an SSRI antidepressant)  
Sertraline (an SSRI antidepressant)  
Venlafaxine (an SNRI antidepressant)

Psychological therapies

Cognitive behaviour therapy (CBT)  
Counselling  
Interpersonal therapy  
Other psychotherapy

Self-help strategies

Exercise  
Yoga/meditation

It’s important to interpret these results carefully. Everyone is unique, and all decisions regarding medication should be made with an appropriate doctor. Importantly, it is likely that some treatments might be very effective for one type of depression (e.g. melancholia) and less effective for another. Some of the strategies examined in the survey may have been used alone, whereas others may have been used in combination with other treatments. Finally, we did not conduct tests of ‘statistical significance’ between treatments, as the large sample may incorrectly suggest that one treatment as necessarily superior to another.