Dear IPT Colleagues,

In these exceptional times, many of us as are having to rapidly switch from face to face contact to remote contact via telephone and video calls. We are still all working out what to do, but here is a short summary of three studies supporting IPT delivered by telephone. I hope the **evidence that it works** gives you some confidence while you work out *how* to do it. The authors I have spoken to say it is straightforward and minimal modification is required.

Stay well and best wishes,

Ros

1. Dennis, C., Grigoriadis, S., Zupancic, J., Kiss, A., Ravitz, P. (2020)

Telephone-based nurse-delivered interpersonal psychotherapy for postpartum depression: nationwide randomised controlled trial

The British Journal of Psychiatry (2020) Page 1 of 8. doi: 10.1192/bjp.2019.275

Background

Postpartum depression and anxiety are under-addressed public health problems with numerous treatment access barriers, including insufficiently available mental health specialist providers.

Aims

To examine the effectiveness of nurse-delivered telephone interpersonal psychotherapy (IPT) for postpartum depression. Trial registration ISRCTN88987377.

Method

Postpartum women (n = 241) with major depression (on the Structured Clinical Interview for DSM-IV (SCID-I)) from 36 Canadian public health regions in rural and urban settings were randomly assigned to 12 weekly 60 min nurse-delivered tele- phone-IPT sessions or standard locally available care. The primary outcome was the proportion of women clinically depressed at 12 weeks post-randomisation, with masked intention-to-treat analysis. Secondary outcomes examined included comorbid anxiety, self-reported attachment and partner relationship quality.

Results

At 12 weeks, 10.6% of women in the IPT group (11/104) and 35% in the control group (35/100) remained depressed (OR = 0.22, 95% CI 0.10–0.46), with the **IPT group 4.5 times less likely to be clinically depressed** (SCID); 21.2% in the IPT group and 51% in the control group had an Edinburgh Postnatal Depression Scale (EPDS) score >12 (OR = 0.26, 95% CI 0.14–0.48), and attachment avoidance decreased more in the IPT group than in the control group (P = 0.02). **Significant differences favoured the IPT group for comorbid anxiety and partner relationship quality at all time points**, with no differences in health service or antidepressant use. None of the IPT responders relapsed by 36 weeks. Between- group SCID differences were sustained at 24 weeks, but not at 36 weeks.

1. Heckman, T.G., Markowitz, J.C., Heckman, B.D., Woldu, H.G. et al. (2018)

A Randomized Clinical Trial Showing Persisting Reductions in Depressive Symptoms in HIV-Infected Rural Adults Following Brief Telephone-Administered Interpersonal Psychotherapy

Annals of Behavioral Medicine 52 (5) DOI: 10.1093/abm/kax015

***Background*** Rural areas account for 5% to 7% of all HIV infections in the USA, and rural people living with HIV (PLHIV) are 1.3 times more likely to receive a depression diagnosis than their urban counterparts. A previous analysis from our randomized clinical trial found that nine weekly sessions of telephone-administered interpersonal psychotherapy (tele-IPT) reduced depressive symptoms and interpersonal problems in rural PLHIV from pre- intervention through postintervention significantly more than standard care but did not increase perceived social support compared to standard care.

***Purpose*** To assess tele-IPT’s enduring effects at 4- and 8-month follow-up in this cohort.

***Methods*** Tele-IPT’s long-term depression treatment efficacy was assessed through Beck Depression Inventory self-administrations at 4 and 8 months. Using intention- to-treat and completer-only approaches, mixed models repeated measures, and Cohen’s *d* assessed maintenance of acute treatment gains.

***Results* Intention-to-treat analyses found fewer depressive symptoms in tele-IPT patients than standard care controls at 4 (*d* = .41; *p* < .06) and 8-month follow-up** (*d* =.47; *p* < .05). Completer-only analyses found similar patterns, with larger effect sizes. Tele-IPT patients used crisis hotlines less frequently than standard care controls at postintervention and 4-month follow-up (*p*s < .05). ***Conclusions* Tele-IPT provides longer term depression relief in depressed rural PLHIV. This is also the first controlled trial to find that IPT administered over the telephone provides long-term depressive symptom relief to any clinical population**.

1. Posmontier, B., Neugebauer, R., Stuart, S., Chittams, J., Shaughnessy, J (2016)

Telephone-Administered Interpersonal Psychotherapy by Nurse-Midwives for Postpartum Depression

J Midwifery Womens Health2016;61:456–466.

**Introduction:** Postpartum depression (PPD) affects 7% to 13% of childbearing women. Access to care may be limited by maternal time constraints and fears of being judged, labeled as mentally ill, and having their infants taken away. The study’s objective was to test the feasibility, effectiveness, and acceptability of certified nurse-midwife telephone-administered interpersonal psychotherapy (CNM-IPT) as a treatment for PPD.

**Methods:** A prospective cohort study was conducted from 2010 to 2014. A sample of women meeting *Diagnostic and Statistical Manual of Mental Disorders, Version 4, Text Revision* (DSM-IV-TR) criteria for depression was recruited from 8 obstetric practices employing CNMs in the United States. Forty-one women in the treatment group received up to eight 50-minute CNM-IPT sessions, and 20 in the control group were referred to mental health professionals. The main outcome measure was the Hamilton Rating Scale for Depression. Secondary outcomes included maternal and marital functioning, mother-infant bonding, social support, and client satisfaction.

**Results:** The Hamilton Rating Scale for Depression at 8 and 12 weeks was significantly lower among women in the treatment group compared to the control group (Week 8, *P* = .047; Week 12, *P* = .029). Client satisfaction was high in both groups. While only 5 out of 8 CNM-IPT counselors continued the intervention until the study’s conclusion, CNM-IPT counselor protocol adherence was high.

**Discussion:** CNM-IPT is effective and acceptable as a method of reducing the severity of PPD symptoms. Careful assessment of CNM availability is critical to intervention feasibility. Future research is needed to evaluate translation of this intervention into practice.