

How Effective Is Cognitive Behaviour Therapy (Cbt) In Treating Depression And Anxiety Disorders Compared To Pharmacotherapy?

Rania Sarker

Abstract

In 2019, 970 million people globally were living with a mental disorder, with depression and anxiety being the most common. When it comes to treating depression and anxiety, the most common forms of treatment are pharmacotherapy, i.e. the treatment of health conditions by using pharmaceutical products (drugs) as medication and talking therapies with cognitive behaviour therapy (CBT) being the most popular. With regard to the aforementioned, many questions have been raised with regard to the efficacy and effectiveness of CBT in treating depression and anxiety, particularly in comparison with pharmacotherapy. This research paper conducts a thorough analysis of CBT prior to evaluating its effectiveness for depression and anxiety both in comparison to pharmacotherapy and in combination with it.

Key Words: Cognitive behaviour therapy, Pharmacotherapy, Depression, Anxiety

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I. Introduction

In 2019, 970 million people globally were living with a mental disorder, with anxiety and depression the most common (WHO, 2022). In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year (Santomauro et al., 2021).

The treatment of mental health disorders is complex because it is so hard to pinpoint exactly what to do - treating a mental illness is not as simple as taking cold medicine (Jett, 2019). That being said, over the years, several classes of medication have been developed and used to treat patients. For instance, Selective Serotonin Reuptake Inhibitors and serotonin-Norepinephrine Reuptake Inhibitors are classes of antidepressant medication with the former also being used for the treatment of anxiety. Aside from pharmacotherapy, however, different forms of psychotherapies also play a big role in the treatment of depression and anxiety. One of the most studied forms of psychotherapy is cognitive behaviour therapy (CBT). Whilst the foundation of this therapy dates back to the 1960s, it has undergone significant evolution and is recognized as one of the most effective treatments for mental health disorders given its ability to identify and modify negative thought patterns and behaviours to alleviate psychological distress and improve mental health.

Considering the aforementioned, this research paper aims to answer the following question; **“How effective is Cognitive Behaviour Therapy (CBT) in treating depression and anxiety disorders compared to pharmacotherapy?”**. In answering the question, this research paper aims to conduct a thorough analysis of CBT and evaluate its effectiveness in treating depression and anxiety disorders compared to existing pharmacotherapy.

II. Literature Review - Cognitive Behaviour Therapy (CBT)

Cognitive behaviour therapy (CBT) is defined as a type of psychotherapeutic treatment aimed at helping people identify and change destructive or disturbing thought patterns that usually tend to have a negative influence on their behaviour and emotions (Buselli et al., 2023). Aaron Beck had the idea of developing this form of psychotherapy when he began to note that his patients suffering from depression often verbalised thoughts that were lacking in validity and noted characteristic cognitive distortions in their thinking (Beck & Fleming, 2021). Beck's observations led to him starting to view depression not as a mood disorder but as a cognitive disorder. It was based on the clinical observations and empirical findings that Beck outlined that a new cognitive theory of depression emerged. After publishing a study evaluating and demonstrating the efficacy of cognitive therapy, Beck, along with some other psychologists published Cognitive Therapy for Depression (King, 2002). Overall, the combination of the detailed treatment protocol as well as outcome research was undoubtedly an innovation in psychotherapy practice that behavioural therapists had attempted previously to treat discrete behavioural problems but was now solidified as a result of a more complex set of clinical

interventions that included cognitive, emotional, and behavioural components. Over the years, researchers and clinicians began to develop cognitive behaviour treatment protocols and further evaluate their efficacy. With behavioural strategies getting incorporated, cognitive therapy eventually changed to cognitive behaviour therapy. At today's date, CBT is one of the most researched psychotherapies with regard to the different mental health disorders

CBT can be understood better by analysing the model of the relationships among cognition, emotion and behaviour that form its foundation. As part of this, three aspects of cognition are emphasized i.e. *automatic thoughts*, *cognitive distortions* and *underlying beliefs or schemas*.

Automatic thoughts are defined as an individual's immediate unpremeditated interpretations of events (Chand et al., 2022). Automatic thoughts are capable of shaping both the individual's emotions as well as actions in response to any event. For instance, taking from a common everyday scenario - if an individual were to call up a close friend and said friend did not answer then automatic thoughts along the lines of assuming that the friend hates them or that they have done something to upset them will likely impact the individuals' mood, making them feel upset and potentially behaving in an avoidant manner when they see the friend next. On the other hand, if the automatic thought when the friend does not answer is that he or she may be busy or occupied with something else, then the individual's emotions are likely to be less negatively impacted. CBT is based on the primary observation that dysfunctional automatic thoughts which are exaggerated distorted, unrealistic and mistaken will play a significant role in psychopathology(Chand et al., 2022).

Cognitive distortions are identified as errors in logic. The aforementioned tend to be quite common in patients with psychological disorders and lead to individuals making erroneous conclusions. Common cognitive distortions that are identified in individuals with psychopathology include but are not limited to (Grinspoon, 2022):

- *All-or-nothing thinking*: Black-and-white thinking with no grey areas
- *Personalization*: Assuming that one is directly or completely at fault for a negative outcome
- *Overgeneralization*: Taking isolated cases to make wide generalizations
- *Magnification and minimization*: Magnifying the negative while minimizing the positive
- *Catastrophizing*: Focusing on the worst possible outcome, however unlikely, or thinking that a situation is unbearable or impossible when it is just uncomfortable.

Underlying beliefs are those that shape the manner in which an individual perceives and interprets different events. These beliefs are commonly recognised as templates or rules for information processing that underlie the most superficial layer of automatic thoughts. In CBT, beliefs are understood at two levels:

- *Core beliefs*: Beck argued that the core beliefs of a person help govern their interactions with the world, the manner in which they respond to stress as well as their relationships. Core beliefs commonly tend to develop in response to the experiences a person has and begin developing in very early childhood and then continue to develop over time (Villines, 2022). For instance, as a child grows up, they are likely to try to make sense of what is happening around and to them, and in trying to find meaning or learn from these experiences, they develop a set of beliefs. However, since these core beliefs start developing so early, they are not always based on balanced or informed opinions. People can sometimes unknowingly absorb messages from those around them including family, friends, teachers as well as the media and these messages have a great impact on their worldview in either positive or negative ways. Overall, core beliefs can be helpful, unhelpful or even neutral. That being said, unhelpful or unrealistic core beliefs have the potential to negatively affect a person's mental health and overall satisfaction with their lives. Some common examples of dysfunctional or negative beliefs that individuals may have include believing in notions such as "I am unlovable" or "I am not enough". Core beliefs can also affect personality. As per a 2022 study of young adults, participants who displayed more greed were also more likely to hold negative core beliefs, such as that they were unlovable (Mussel et al., 2022). This suggests that greed might be a misdirected attempt to find love or approval through material wealth.
- *Intermediate beliefs*: These consist of assumptions, attitudes, and rules and are those that are connected to specific experiences or situations. They can be more flexible in nature and can change over time. Furthermore, they are often more conscious than core beliefs and may be based on clear evidence and past experiences (Guerrette, 2023). Examples of some negative or dysfunctional intermediate beliefs include "To be accepted I should always please others" and "I should be excellent at everything I do to be considered adequate"

CBT entails a range of techniques and approaches that address our thoughts, emotions, and behaviours. Some of the specific types of therapeutic approaches that involve CBT include:

- *Dialectical behaviour therapy (DBT)* is a modified type of cognitive behaviour therapy which was originally intended to treat borderline personality disorder but has since been adapted to treat other mental health

conditions as well (Schimelpfening, 2023). More specifically, DBT has the main goal of teaching people how to live in the moment, develop healthy ways to cope with stress, improve their relationships with others and regulate their emotions. DBT is commonly used in settings such as group therapy, individual therapy as well as phone coaching

- *Acceptance and commitment therapy (ACT)* is a behaviorally oriented CBT technique that relies heavily on positive reinforcement and counter-conditioning. As per Avigail Lev, PsyD, a licensed clinical psychologist who specializes in acceptance-based treatments, "Acceptance and Commitment Therapy (ACT) is a third-wave cognitive-behavioural therapy approach that focuses on helping people accept difficult thoughts, feelings, sensations, and internal experiences while guiding them to commit to values-based actions" (Glasofer, 2015). ACT therapists operate under a theory that suggests that increasing acceptance can lead to increased psychological flexibility - explained by Rachel Goldman, PhD, FTOS, as the ability to "stay in the present moment and be open to experiencing whatever thoughts or feelings may arise, and then take action that is aligned with our values" (Cherry, 2023)
- *Mindfulness-based cognitive therapy (MBCT)* is another type of psychotherapy involving a combination of cognitive behavioural therapy, meditation as well as the cultivation of a present-oriented, non-judgemental attitude called 'mindfulness' (MacKenzie & Kocovski, 2016). This form of therapy was developed by therapists Zindel Segal, Mark Williams, and John Teasdale who felt that integrating cognitive therapy with a program developed in 1979 by Jon Kabat-Zinn called mindfulness-based stress reduction (MBSR) therapy - aiming to bring people into the present moment so they can experience their thoughts and feelings non-judgmentally and avoid worrying about the past or future - could be more effective (Harold, 2023).
- *Rational emotive behaviour therapy (REBT)* is also a type of cognitive behaviour therapy which was developed by psychologist Albert Ellis. It is known as an action-oriented approach which is focused on helping people to deal with irrational beliefs and learning how to manage their emotions, thoughts and behaviours in a more realistic and healthy manner (Cherry, 2021). Simply put, this form of therapy acknowledges that when people hold irrational beliefs about themselves and the world then problems can result, therefore, it aims to help people recognise and alter those negative thinking patterns so as to overcome psychological problems and mental distress (Turner, 2016).

An Exploration Of Depression And An Evaluation Of CBT Compared To Pharmacotherapy

Depression is different from regular mood changes and feelings about everyday life, instead, it is recognised as a common mental disorder which involves a depressed mood or loss of interest or pleasure in activities for long periods of time. Depression has the ability to affect all aspects of an individual's life including their relationships with the community, their family and friends. Whilst depression may happen to anyone, people who have lived through severe losses, stressful events and abuse are more likely to develop depression. Research also finds that women are more likely to have depression than men. As per statistics published by WHO (2023a), "an estimated 3.8% of the population experience depression, including 5% of adults (4% among men and 6% among women), and 5.7% of adults older than 60 years. Approximately 280 million people in the world have depression and it is about 50% more common among women than among men".

Depression may be categorised depending on the severity of the symptoms experienced by a person. For instance, while some people experience mild and temporary depressive episodes, others may experience severe and ongoing ones. That being said, there are some main types of depression that are identified - some of these are further analysed below:

- *Major depressive disorder (MDD)* is recognised as the most severe form of depression. It is characterized by persistent feelings of worthlessness, hopelessness and sadness which do not go away on their own. Common symptoms of MDD include but are not limited to feeling depressed most of the day, significant weight loss or gain, sleeping a lot or not being able to sleep at all, loss of concentration or indecisiveness as well as reoccurring thoughts of death or suicide (Kerr, 2012). The National Institute of Mental Health (NIMH) (2023) estimates that 21 million U.S. adults had at least one major depressive episode in 2021. This represents 8.3% of the U.S. adult population.
- *Persistent depressive disorder (PDD)* is a milder but chronic form of depression. In order for the diagnosis of PDD to be made, symptoms must last for at least two years. These symptoms can include loss of interest in normal daily activities, feelings of hopelessness, loss of productivity and low self-esteem (Gabbey, 2012). PDD has the potential to impact an individual's life more than MDD because it lasts for a longer period. According to the National Institute of Mental Health (2017), 1.5% of adults in the United States had persistent depressive disorder in the past year. The disorder affects women (1.9%) more than men (1%), and researchers estimate that around 1.3% of all U.S. adults will have the disorder at some point during their lives.
- *Seasonal affective disorder (SAD)* is a condition wherein an individual experiences depression, sleepiness and weight gain during the winter months but feels perfectly fine during spring (American Psychiatric Association, 2013). This type of depression may also be referred to as major depressive disorder with

seasonal pattern. SAD is believed to be caused by a disturbance in the normal circadian rhythm of the body - when light enters through the eyes, it influences this rhythm and any seasonal variation in night and day patterns can therefore cause a disruption, leading to depression (Vadnie & McClung, 2017). With regard to the prevalence rates of SAD, this is difficult to pinpoint as the condition often goes undiagnosed and unreported, however, it has been said that it is likely to be more common in areas further from the equator. For example, estimates suggest that SAD impacts 1% of the population of Florida; that number increases to 9% in Alaska (Horowitz, 2008).

- *Postpartum depression* refers to the depression that happens after childbirth. It is a common disorder after pregnancy and reportedly affects 1 in 9 new parents (OASH, 2021). While it is recognised that it is common for people to experience feelings of sadness or emptiness after childbirth, if such feelings and emotions last for longer than 2 weeks post-childbirth then an individual is likely to be suffering from Postpartum depression. Some common symptoms of postpartum depression include; feeling sad, hopeless, overwhelmed, restless and moody, having thoughts of hurting the baby or oneself, having no interest in the baby or feeling disconnected from them, and withdrawing from activities that were once enjoyed and from family and friends (Pietrangelo, 2012).

With regard to the treatment for depression, in acute cases, the aim is to lower the symptoms and to provide relief. The effects of treatment may be in the form of a response i.e. a visible improvement in the condition of the patient or remission i.e. a major absence of symptoms (Vasile, 2020). In order to achieve the aforementioned, antidepressant medication (ADM) may be prescribed. ADMs can be divided into different classes as detailed below:

- *Selective serotonin reuptake inhibitors (SSRIs)* block the reuptake of serotonin into the presynaptic cell and consequently increase the level of serotonin in the brain (Chu & Wadhwa, 2023). Common examples include Fluoxetine (Prozac) and Sertraline (Zoloft).
- *Serotonin-norepinephrine reuptake Inhibitors (SNRIs)* inhibit the reuptake of both serotonin and norepinephrine, increasing their levels in the brain (Sansone & Sansone, 2014). Common examples include Venlafaxine (Effexor), Duloxetine (Cymbalta), and Desvenlafaxine (Pristiq).
- *Tricyclic antidepressants (TCAs)* which block the reuptake of norepinephrine and serotonin (Colon-Rivera et al., 2023). Common examples include Nortriptyline (Pamelor), Imipramine (Tofranil), and Doxepin.
- *Monoamine oxidase inhibitors (MAOIs)* inhibit the activity of monoamine oxidase, an enzyme that breaks down serotonin, norepinephrine, and dopamine (Mayo Clinic, 2019). Common examples include Phenelzine (Nardil), Tranylcypromine (Parnate), and Isocarboxazid (Marplan).

Other than ADM, CBT is one of the most studied and scientifically validated therapeutic forms used in the treatment of depression. The manner in which CBT works for depression is by focusing on changing the feelings of a person with the aim of improving their thoughts and behaviours. Different types of CBT may work in different ways. For example, while ACT targets depression by helping individuals reduce the impact of negative thoughts and self-talk, manage anxiety and judgment, and increase their ability to focus on the present (Corrieri, 2024), DBT teaches individuals how to balance acceptance and change and helps them address irrational thoughts and behaviours, making more healthy and sustainable changes to cope with life's stresses and REBT addresses depression by challenging irrational beliefs and promoting rational thinking - it uses the desire to feel happy or fulfilled to reduce depressive symptoms (Patterson, 2023).

With regard to the effectiveness of CBT in comparison to pharmacotherapy for depression, several studies have displayed varying results. In 2005, for example, a study was conducted by DeRubeis et al. (2005) with 240 severely depressed participants who were randomized to receive antidepressant therapy (paroxetine, augmented with lithium or desipramine as needed), cognitive therapy, or placebo. At the 8-week assessment period, it was found that both cognitive therapy and antidepressant use outperformed the placebo. At the end of the 16-week treatment phase, there were no differences in response rates between therapy and medication with 58% of both the treatment groups showing improvements. However, after 16 weeks, the remission rates were found to be better for the antidepressant group; of those taking antidepressants, 46% reached remission compared with 40% of the participants in therapy. Another study from 2019 found that ADM was able to reduce overall depression severity in people slightly more effectively than CBT (Boschloo et al., 2019). The primary symptoms that it was able to reduce more effectively included feelings of guilt, suicidal thoughts, mental anxiety, general somatic symptoms and depressed mood.

While the above studies argue that ADM may be more effective, many studies conducted also show the opposite i.e. that talk therapy in most cases is more effective than ADM at treating depression. A recent paper published by Hollon et al. (2020), for instance, concludes the aforementioned based on fifty years of data and theory comparing the effectiveness of traditional modes of talk therapy and antidepressant medications like Prozac, Zoloft and other SSRIs and MAOIs. The authors analyse a number of studies showing that people

who talk through their depression as part of CBT are more likely to reduce the duration of their depressive episodes and also address the root cause of the depression, making relapse less common. As per the estimates of the authors, patients treated to remission with talk therapy are half as likely to relapse following treatment as patients treated with antidepressant medications.

Considering the aforementioned, it is likely that the severity of depression greatly impacts the efficacy and effectiveness of the treatment in question. While CBT may be more effective at treating mild and moderate depressive disorders and symptoms, severe cases are more likely to require intervention of pharmacotherapy. However, CBT can still be effective for severe symptoms depending once again on the level of expertise of the therapist. That being said, instead of choosing one treatment or the other as being the most effective, it has been found that a combined approach of CBT and AMD can be rather beneficial. In a 2014 study, by Hollon et al., for example, 452 adults with chronic or recurrent major depressive disorder were randomly assigned to one of two treatments; antidepressant medication alone or antidepressants combined with cognitive therapy. Treatment lasted for 42 months until recovery was achieved. Overall, 72.6% of the participants who received combination therapy recovered, compared with 62.5% of those in the antidepressant-only group. Those with more severe symptoms of depression benefited even more from the combination treatment. For instance, participants using a combination of therapy and medication had an 81% recovery rate compared to only 51% of participants using antidepressants alone. In addition, those who were given combination therapy experienced fewer serious side effects compared to those taking only antidepressants.

An Exploration of Anxiety and an Evaluation of CBT Compared to Pharmacotherapy

Anxiety may be defined as “apprehension, tension, or uneasiness that stems from the anticipation of danger, which may be internal or external” (Griffin, 1990). Whilst many people still use anxiety and fear interchangeably, it is important to highlight that anxiety is not the same as fear. While fear is an “appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat”, anxiety is considered a “future-oriented, long-acting response broadly focused on a diffuse threat” (APA, 2021). As per statistics from WHO (2023b), anxiety disorders are the most common mental disorder in the world with approximately 301 million people being affected by it in 2019. Similar to depression, anxiety disorders are also more likely to affect women than men.

The Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5-TR) classifies anxiety disorders into several main types. Some of them are analysed below:

- *Generalized anxiety disorder (GAD)* refers to persistent and excessive worry that interferes with daily activities and personal relationships (Leonard, 2019). When this type of anxiety is present mildly or in extremes, it can also be accompanied by physical symptoms including restlessness, fatigue, sleeping problems and difficulty concentrating. Whilst the disorder comes on gradually and can begin across the life cycle, the risk is highest between childhood and middle age. As per available research, GAD affects 6.8 million adults, or 3.1% of the U.S. population, in any given year. Moreover, women are twice as likely to be affected (ADAA, 2022).
- *Panic disorder* is a type of anxiety disorder that is characterized by intense, recurrent, and unexpected panic attacks (American Psychiatric Association, 2013). People with panic disorder may experience symptoms including sweating, trembling and/or shaking, palpitations, rapid breathing, chest pain as well as severe feelings of terror, detachment and loss of control. Though panic disorder can strike at any point in life, research suggests that symptoms most often begin during late adolescence or early adulthood. The National Institute of Mental Health (NIMH) (2007) reports that approximately 2.7% of the adult U.S. population experiences panic disorder each year. Furthermore, approximately 44.8% of these individuals experience cases of panic disorder that are classified as "severe."
- *Phobia-related anxiety* is an excessive and irrational fear reaction. Individuals with a phobia may experience a deep sense of dread or panic when they encounter the source of their fear which can be a certain place, situation, or object (Wodele, 2011). Unlike GAD, a phobia is usually connected to something specific. Approximately 10% of people in the U.S. have specific phobias (Fritscher, 2019).
- *Social anxiety disorder* (also called social phobia) is intense anxiety or fear of being judged or rejected in social or public situations (WebMD, 2022). The aforementioned leads to people with social anxiety disorder avoiding social situations altogether. Many of the symptoms of social anxiety are associated with anxiety (or panic) attacks. People who suffer from this type of anxiety may find it interfering with their daily life as it prevents them from meeting new people, eating or drinking in public as well public speaking. Social anxiety disorder affects around 15 million American adults, which makes it one of the most common anxiety disorders and among the most prevalent mental health disorders (WebMD, 2022).

With regard to what causes anxiety and anxiety disorders, as stated in the definition, there are a variety

of factors which may be internal or external. On an internal front, for example, anxiety disorders could be linked with underlying health conditions. On the other hand, external factors such as the environment can play a significant role as well. A 2018 review confirms that “environmental factors can increase the likelihood of anxiety. For example, a person’s family composition, their cultural and religious upbringing, and many other childhood experiences can influence anxiety levels” (Nechita et al., 2018). Culture, in particular, has been studied in detail in terms of its connection with mental health. Culture has a big influence on the manner in which individuals perceive the world and themselves, present mental disorders and get diagnosed, treated and cope with the same. In more competitive cultures, for example, individuals and the value of their own achievements may be affected as comparisons with the wider population can trigger anxiety and generate negative emotions such as feelings of inadequacy. Moreover, when detailing how culture affects how populations cope with anxiety; it has been observed that in some cultures it is deemed more acceptable to express emotions whilst in others emotional restraint may be the norm (Therapy Brands, 2022). In a culture following the latter norm, it could be expected that individuals withhold their anxiety due to feeling ashamed or in fear of being ‘different’ - which may only worsen it in the long run.

The treatment of anxiety disorders may be managed with pharmacotherapy, specifically Benzodiazepines, Buspirone and ADM.

- *Benzodiazepines*, for instance, work by enhancing the activity of the neurotransmitter GABA - which is a chemical in the brain that helps individuals feel calm. Their effect also produces drowsiness, making it easier to fall asleep and sleep through the night (CAMH, 2012). However, they are generally prescribed for short-term use due to the risk of dependence and tolerance. Common examples include Alprazolam (Xanax), Lorazepam (Ativan) and Clonazepam (Klonopin).
- *Buspirone* is an anxiolytic drug. Whilst the drug was developed as an antipsychotic, it was found ineffective for psychosis, but it had useful anxiolytic features. Buspirone has recently come into favour, primarily due to its decreased side-effect profile compared to other anxiolytic treatments (Wilson & Tripp, 2023). Buspirone is primarily used to treat generalized anxiety disorder (GAD). It is an FDA-approved medicine for managing anxiety disorders or the short-term relief of anxiety symptoms.
- ADM including SSRIs and SNRIs can also be used to treat anxiety. In the case of the former, the ability to increase the levels of serotonin in the brain makes it ideal as this can improve mood and reduce feelings of anxiety. With SNRIs, not just serotonin but even norepinephrine, another neurotransmitter involved in mood regulation, is influenced.

Other than pharmacotherapy, once again, CBT is a helpful treatment for anxiety. As per Steven Lucero, PhD, MBA, a clinical psychologist with Brightside, “CBT helps individuals identify the links in the chain that lead to worse anxiety and depression: the thoughts, feelings, behaviours, and physical sensations that are intimately connected to one another”. He stresses that the key is that an individual takes action to disrupt the spiral of avoiding the situation that causes anxiety (Kerslake, 2021). With regard to the effectiveness of CBT for anxiety, several studies have been conducted. A systematic review and meta-analysis of 69 randomized clinical trials including 4118 patients by van Dis et al. (2020), for example, found that CBT was “associated with better outcomes compared with control conditions among patients with anxiety symptoms within 12 months after treatment completion. At longer follow-up, significant associations were found only for generalized anxiety disorder, social anxiety disorder, and posttraumatic stress disorder; relapse rates (predominantly for panic disorder with or without agoraphobia) after 3 to 12 months were 0% to 14%”. Another meta-analysis found that CBT showed better long-term outcomes than applied relaxation in GAD patients (Cuijpers et al., 2014).

When comparing the effectiveness of CBT and pharmacotherapy for anxiety, specifically, results can vary depending on several factors including the type of anxiety being treated. Whilst pharmacotherapy can provide quicker relief of symptoms, the one risk with medications which has been highlighted is the ability for patients to relapse once it has been stopped. A study by Batelaan et al. (2017) found that “up to one year of follow-up, discontinuation of antidepressant treatment for anxiety disorders results in higher relapse rates among responders compared with treatment continuation”. On the other hand, while CBT may be a more extensive treatment option, studies have found positive results with regard to low rates of relapse or continuing effects in the long term. A meta-analysis by Kindred et al. (2022), for instance, shows that “CBT for SAD is efficacious in producing enduring reduction of social anxiety symptoms 12 months or longer after treatment cessation”.

In contrast to depression, the studies on the combined use of pharmacotherapy and CBT for treating anxiety disorders have not yet yielded concrete results. One study suggests that “in panic disorder, GAD and SAD combined treatment with antidepressants or benzodiazepines may result in greater effectiveness during the acute phase and post-treatment but treatment gains appear not to be durable compared to CBT monotherapy. Some evidence suggests that combination with some types of medication may actually be detrimental to long-

term outcome” (Würz & Sungur, 2009). Another study found that “no benefit was found for adding CBT to medication treatment, as compared to medication alone, in the context of patients who were seeking medication treatment” (Crits-Christoph et al., 2011). Once again, however, it is important to highlight here that the attribution of improvement and patients’ attitudes towards treatment are possible factors in understanding the complex interaction between psychotropic medication and CBT.

III. Conclusion

The conversation around mental health disorders, specifically depression and anxiety, has been on the rise. Discussions around the treatment of these disorders are of specific interest in the medical field. With pharmacotherapy and talking therapies like CBT being the most common treatments, this research paper aimed to evaluate the effectiveness of CBT for treating depression and anxiety, in comparison to pharmacotherapy.

CBT has evolved greatly over the years and now entails several different techniques with their own respective characteristics. With regard to the treatment of depression, the majority of findings suggest that CBT can be effective at treating mild and moderate depression. However, some findings also suggest that severe depression can be treated using CBT depending on the expertise of the therapists involved. In fact, a large-scale study found that the combined treatment, i.e. the use of both pharmacotherapy and CBT, can be incredibly effective in reducing severe symptoms of depression. On the other hand, while the research on the effectiveness of combined treatment for anxiety is not as concrete, there is definitely evidence to back the application of CBT for anxiety, particularly in the context of the reduction of symptoms and relapse in the long term, post discontinuation of the treatment.

Overall, the literature regarding the effectiveness of CBT for depression seems to be a lot stronger than that for anxiety. While for depression it does seem as though the combined treatment approach can be effective, for anxiety, more research needs to be conducted to obtain more conclusive findings. That being said, the type of depression and/or anxiety, the severity of it as well as the openness of the patients to talk therapy like CBT as well as being prescribed pharmacotherapy can largely influence the effectiveness of these treatments and how they compare to one another.