

Are Pharmaceutical Treatments or Psychological Approaches a More Effective Way of Treating Depression?

Ruo Chen Wu*

A-Level Center, International Education College, Hefei University of Technology, Hefei 230009, Anhui Province, China

Abstract: *Objective:* To review the related researches on the treatment of depression around the world and to summarize the advantages and disadvantages of antidepressants and psychotherapy, so that to find a more effective treatment plan for depression. *Methods:* The principles of several common pharmaceutical treatment combined with psychological approach were analyzed, cognitive behavioral therapy, interpersonal psychotherapy and social support therapy included. *Results:* Some experimental results were illustrated and the advantages of Pharmaceutical treatment combined with psychological approach was revealed. *Conclusion:* Research indicates when pharmaceutical treatment is available, the combination of drugs and psychotherapy is more effective than sole pharmaceutical treatment.

Keywords: Depression; Pharmaceutical treatment; Psychological approach; Relapse

Publication date: July, 2020

Publication online: 31 July, 2020

***Corresponding author:** Ruo Chen Wu, 18856017145@163.com

1 Introduction

Depression is a kind of mental disorder characterized by persistent depression. It has the characteristics of high mortality and high recurrence rate, which is very harmful. In addition to traditional pharmaceutical treatment, more and more psychological approaches have been applied to the treatment of depression. Depression is a kind of psychological disorder characterized by persistent depression, which makes patients have obvious symptoms such as anxiety,

motor hallucination, agitation, delusion, sleep disorder, and even leads to suicide^[1]. It has a high relapse rate^[2]. With the continuous acceleration of people's pace of life, the pressure on life and work is increasing, and the incidence rate is increasing year by year. According to the survey, the current prevalence of depression has exceeded that of cardiovascular and cerebrovascular diseases and tumors, ranking first in developed countries. According to two surveys in the United States, the lifetime prevalence of depression is 13.25%-16.20%, and the annual prevalence rate is 5.28%-6.60%^[3]. In February 2017, the World Health Organization (WTO) issued an official document saying that the number of depression patients in the world has reached 322 million, and about 4.30% of the people in the world suffer from depression. It is expected that depression will rank the second in the global disease disability rate and disease burden by 2030. Epidemiological studies show that 20% of Chinese people have depression symptoms, and only less than 10% of them have received regular treatment^[4]. That is to say, depression has great harm, which not only harms the physical and mental health of patients but also brings a huge social burden. And at present, the treatment effect of depression is not good, and further research is needed, and its treatment has been paid more and more attention.

The treatment of depression can be divided into two categories: pharmaceutical treatment and psychological approach. As the most basic treatment of depression, pharmaceutical treatment has a long history. With the development of new psychotropic drugs, it has a good effect. After the 1970s, some new psychosocial interventions continued to appear^[5]. These methods have been found to be effective in

alleviating symptoms, improving social functioning and reducing relapse rates in depression. With the deepening of the research and the accumulation of practical experience of psychological approaches for depression, psychological approaches have gradually become mature. So how to choose the medical method of depression in practical application?

Many scholars conducted controlled trials on patients with depression in hospitals and found that if they were combined with some psychological treatment methods based on traditional antidepressants, they would often produce better results. So can it be concluded that antidepressants combined psychotherapy is the best method for the treatment of depression, and is better than a single method? And there are many types of drug treatments, each has its own scope of application. The most appropriate antidepressant should be selected according to the actual situation of the patient. Because there are many methods of psychotherapy and the specific effect is not easy to quantify and compare. For the study of depression relapse, due to the large time span and many influencing factors, it can only be concluded that Pharmaceutical treatment combined with psychological approach has better results than pure drug therapy. The unified psychological treatment usually used in the experiment, and more clinical treatment experience is needed to obtain the best treatment plan.

Against this background, this paper studies the following questions: Are pharmaceutical treatments or psychological approaches a more effective way of treating depression? By reviewing, summarizing and evaluating representative relevant research, measuring various sources of evidence and control experiment results, some conclusions are drawn. The structure of this paper is as follows: the second part describes the characteristics and limitations of different treatments for depression; the third part introduces several common pharmaceutical treatments combined with psychotherapy schemes and their principles, and proves the advantages of antidepressants combined psychotherapy with case evidence; finally, some conclusions are drawn.

2 Materials and methods

2.1 Pharmaceutical treatment for depression

Pharmaceutical treatment is the most important

treatment for depression, and it is the main treatment for moderate or major depressive disorder. Antidepressants can change the anxiety and depression of patients, alleviate and gradually eliminate the depressive symptoms of patients by improving or regulating the function of central monoamine transmitters and receptors, this plays a key role in the treatment of depression^[6]. When clinically treating depression, doctors usually analyze the relevant causative factors and determine the pathogenesis according to the symptoms, and choose different treatment options according to the different pathogenesis. It can be divided into five categories: selective serotonin reuptake inhibitors, atypical antidepressants, tricyclic antidepressants, monoamine oxidase inhibitors, and other antidepressants. At present, the clinical treatment of depression has accumulated enough experience. In the clinical treatment, doctors should first choose one or more appropriate programs according to the pharmacological effect.

Pharmaceutical treatments have the advantages of convenient use, quick effect and low price, which are often used as the first choice of treatment for depression. Alleviating many physical symptoms of patients is the key factor in the treatment of depression. Pharmaceutical treatment can fundamentally relieve depression and anxiety. At the beginning of the treatment of depression, pharmaceutical treatments play an important role, especially for those patients with obvious physical symptoms. If they can't eliminate the symptoms of "complaint" quickly, they will have wrong cognition and personality defects for the disease, and psychological approaches often have little effect. Therefore, for the treatment of moderate and severe depression, pharmaceutical treatments is a prerequisite for psychological approach. Psychotherapy is slow to work, and cannot deal with physical diseases. If there is no medical treatment, it will not have a good therapeutic effect.

But because depression is a kind of disease induced by a series of social and psychological factors, it is difficult for pharmaceutical treatment to completely rectify personality defects of patients and achieve the goal of radical cure. Due to the complexity of the pathophysiology of depression, currently, it cannot be matched with treatment options, and individualized treatment cannot be given according to the specific

neurophysiological mechanism of patients. At present, there are some problems in pharmaceutical treatment, such as low clinical cure rate, outstanding residual symptoms, and high relapse rate. In a STAR*D study, 3671 patients with non-psychotic depressive disorder had an overall cumulative remission rate of 67% after a total of four lines of antidepressant treatment^[7]. At least one-third of the patients did not get remission. And since the relief of depression is the primary goal of its treatment, anti-depressant drugs alone cannot achieve a good treatment effect. In addition, residual symptoms will continue to affect the physical and mental health of patients. When the patient is initially cured, he may easily relapse if he considers that he has recovered or that he has discontinued the medication due to the side effects of rejection.

For traditional pure pharmaceutical treatments, depression is prone to relapse, so what are the factors that affect its relapse rate? Shi Jingjie^[8] used a cohort study and unconditional Logistic regression analysis to study the risk factors for depression relapse. After multivariate Logistic regression analysis, the authors found that depression relapse and compliance, family history of mental disorders and negative Sexual events are the most relevant. It can be seen that although antidepressants can alleviate depression, the most important factor affecting relapse is whether they can continue to take the drug and whether they can maintain a positive and optimistic attitude under some social and family environment factors. Therefore, psychological intervention for the relapse of depression is the main measure to prevent relapse.

But why can't antidepressants deal with these risk factors for relapse? This is because sole pharmaceutical treatment can only solve part of the physical symptoms of patients for a short time, and pharmaceutical treatment has more or less side effects, often produce nausea, headache, vertigo, and other side effects. This usually affects patient's confidence in medical treatment, exaggerates side effects, and doubts the therapeutic effect of drugs, so that the patient's compliance with drugs will be reduced, leading to a significant decline in medical effect^[9]. Patients often pay more and more attention to the symptoms, causes, and significance of depression, and think about their own failure and loss. This is what Nolen-Hoeksema et al. called ruminant thinking^[10]. And for some negative life events, how to adjust your mentality and master the

method of correctly facing frustration is even more important. Obviously, drugs alone cannot solve the psychological problems of patients. Therefore, today's hospitals apply psychological approach programs to the treatment of depression to compensate for the disadvantages of traditional pure pharmaceutical treatment.

2.2 Psychological approach for depression

The psychological approach of depression is guided by psychological theories to help patients understand the mechanism and etiology of depression. Its characteristic is to analyze patients' sense of conflict. The psychological methods adopted by physicians and the trust of patients in physicians provide psychological guidance and hints to patients, which in turn leads to better curative effects.

From the clinical studies abroad in the past 20 years, psychological approaches are suitable for patients with mild depression or patients whose depression degree alleviated after pharmaceutical treatment, as well as patients who cannot take medication due to serious side effects or serious internal diseases such as heart disease. In addition, about 10%-30% of patients with refractory disease and depression with no curative effect of drugs can be combined with psychological approaches to achieve results^[11]. This part analyzes the advantages and disadvantages of psychological approach in general.

Although drugs can treat depressive symptoms, a considerable number of patients will relapse after withdrawal, and setbacks and difficulties in life often accelerate this process. While psychological approach can teach patients how to face and adapt to setbacks, adjust the psychological balance, and improve the psychological and social applicable skills of patients. Solomon conducted a study on the relapse of depression and found that increased psychosocial impairment was significantly associated with subsequent relapse of major depression, with an increased risk of relapse of approximately 12% for every 1 point increase in the functional impairment score^[12]. Each time depression recurs, it increases the risk of relapse. Repeated episodes will eventually lead to the decline of the patient's will function, impaired social function, and affect the patient's quality of life.

So why is it that the psychological approach of depression has greatly improved the relapse of patients? Generally speaking, the relapse of

depression after sole pharmaceutical treatment is mainly due to poor clinical efficacy, lack of self-knowledge or lack of social support after discharge and no supervision of medication. Psychological approach will not produce serious physiological side effects, improve compliance with drugs in patients. Compared with pharmaceutical treatment, it can reduce the relapse rate of patients and make up for the defects of pharmaceutical treatment. Zhao Junxiong^[13] used the survival analysis method to study the relapse rate of depression and then analyzed the depression-related factors. The results showed that the curative effect was good, medication compliance was good, and negative family history was rare. Social support is good, and patients who are in good condition during the interval have fewer relapses. Because compliance, social support, and patient status can all be improved through psychotherapy, psychotherapy for depression can greatly reduce the probability of relapse.

Achieving remission is the primary goal of treatment, but the question of how to define remission remains. The research team of Zimmerman conducted a questionnaire survey on 535 patients with major depression^[14]. When 16 standard statements were evaluated to determine whether the depression was in remission, the three most recognized areas were positive mental health traits: optimism and self-confidence, a restored sense of self and a restored level of functioning. The results of these questionnaires show that for patients, having a healthy mental state and being able to face life with optimism and confidence are important criteria for determining whether their depression has reached remission. Therefore, psychological guidance and treatment play an important role in patients.

With the deepening understanding of depression, the treatment is no longer targeted at symptom relief, and the normalization of patient function has become one of the main goals of clinical treatment^[15]. The author believes that the functional recovery and mental health recovery of patients with depression are the first goals of treatment, and the relief of Major Depress Disorder (MDD) does not equate to the patient's health. A large number of clinical treatment studies have shown that patients still have impairment of psychosocial function after clinical cure. Psychological approach can greatly help the recovery of psychosocial functions. For example,

the social factors (social support, interpersonal relationship, etc.) and psychological factors (ruminant thinking, personality characteristics, etc.) that affect the onset and recovery of depression can guide the recovery of patients through reasonable psychological approaches^[16].

According to the various literature referenced, the psychological approach of depression will change as the treatment of depression progresses. In general, supportive and guided psychotherapy is used more often in the early stages. Physicians can increase patient trust by listening to the patient's heart. Correct guidance is then given to incorrect ideas so that patients recognize the characteristics of the disease. Encourage and support to improve patient confidence and courage. In the middle of treatment, the focus is on getting patients to misunderstand and change negative attitudes. In the later stage of treatment, we should focus on how to allow patients to establish interpersonal relationships, improve patients' daily social problems, and enable patients to better integrate into society.

The most common psychotherapeutic approaches to pharmaceutical treatment include cognitive behavioral therapy, interpersonal psychotherapy, social support treatment, self-control therapy, etc. The mechanism of action will be detailed in the next section. There have been numerous cases to prove the effectiveness of psychological approach, but in practical application, since sole psychological approach is only suitable for mild depression and patients with major depression have functional deficits, psychological approach cannot be completely relied on^[17]. Therefore, the current psychological approach plan for depression is often combined with pharmaceutical treatment, and sole psychological approach is rarely used.

2.3 Pharmaceutical treatment combined with psychological approach

At present, scholars have reached a consensus that psychological approach for depression can produce a better therapeutic effect and effectively reduce the relapse rate of the disease. Section 2.2 also illustrates the limitations of sole psychological approach, so the use of psychological approach as an adjunct to pharmaceutical treatment has become a trend in the future. Compared with the traditional treatment of depression with sole pharmaceutical treatment, the

emphasis of Pharmaceutical treatment combined with psychological approach is to increase the application of psychological approach in the treatment of depression. Therefore, this part introduces cognitive behavioral therapy, interpersonal psychotherapy and social support treatment, three common psychological approach programs adopted by Pharmaceutical treatment combined with psychological approach, and proves the superiority of Pharmaceutical treatment combined with psychological approach by introducing their principles and effectiveness.

Cognitive behavioral therapy (CBT) has a substantial and solid evidence base as an effective treatment for depression^[18]. By change patient's cognitive behavior, improves patient's cognitive ability of their illness, teaches patients to recognize and control irrational emotions and behaviors, and enables patients to change their cognition by changing their behaviors. However, some scholars have raised doubts about the effectiveness of CBT. Johnsen conducted a meta-analysis on the changes in CBT treatment effect over time^[19] and concluded that the effect of CBT on depression from 1977 to 2014 had been decreasing. And Brjänn^[20] believes that Johnsen's method does not study the stability of the decline in the effectiveness of CBT over time, and believes that Johnsen was highly affected by the significant decline in the effectiveness of CBT in research materials from 1977 to 1995. According to research materials from the last 20 years, this trend is not reflected. In summary, CBT still plays an important role in changing patient's cognition and improving the treatment effect.

Interpersonal psychotherapy (IPT) leads patients to actively build interpersonal relationships because interpersonal failure often leads to despair and pain, impaired social functioning and reduced psychological well-being. The IPT emphasizes the role of interpersonal relationships and social factors in depression, and achieves the effect of treatment by blocking the vicious circle of depression and interpersonal relationships, aiming to better integrate patients into society. Therefore, if patients can strengthen interpersonal communication and actively integrate into society, they can accelerate the recovery of depression^[21]. In the treatment of depression and relapse prevention, special attention to interpersonal problems, social isolation, and feelings of loneliness seem to be necessary. Barger conducted telephone

interviews and postal surveys^[22] with Swiss adults (a sample of 12,286 people) and found that lonely people are more susceptible to depression.

There is also sufficient evidence for the effectiveness of social support therapy. Although it is not as widely used as CBT and IPT, many treatment programs often add social support therapy to improve the treatment effect. Meng believes that lack of social support is an important factor in the relapse of depression. Social support therapy was added to the psychotherapy^[23]. Telephone follow-up and home visits were performed 1 and 2 years after the patient was discharged, and the relapse in the observation group was obtained. The rate was significantly smaller than the control group. It improves patient's social support deficiencies by enhancing patient's social communication skills and promoting social and emotional support of relatives and friends. It works together with IPT therapy to improve patients' self-confidence and emotional control ability, thereby reducing the relapse rate and restoring social functions of patients. Social support is stressful life events and depression, as one of the mediating factors between the symptoms, social support will make the patient's mental health better, and if they encounter difficulties in social relationships, they may hinder their recovery. Van followed up with 1,181 patients who had been depressed, and obtained similar conclusions through logistic regression and random coefficient analysis^[24].

The above three are common drug treatment schemes, but they are not used alone in practice. Multiple psychological approach schemes can be used simultaneously in the Pharmaceutical treatment combined with psychological approach method. Zheng Lanbing^[25] conducted a controlled experimental study on patients with depression and concluded that the combination of cognitive behavioral therapy and social support treatment can be used effectively improve patient symptoms. Wang Zuyan^[26] adopted a comprehensive psychological nursing intervention method, which involves three focus points: cognitive intervention, social support, and psychological counseling. Through comparative experimental analysis, this method can greatly improve the effect of pharmaceutical treatment. It improves patient compliance with medication and follow-up visits, and provides patients with more scientific and reasonable guidance for maintenance

treatment outside the hospital. Wang Miaohua^[27] uses a group of positive psychological support nursing intervention methods, which is essentially a comprehensive application of social support therapy, cognitive behavioral therapy, and interpersonal psychotherapy. The focus is to keep patients in a positive and optimistic attitude, and at the same time guide patients to form the correct cognitive and interpersonal skills. The results showed that patient compliance, quality of life score, HAMA score, and HAMD score were all effectively improved. It can be seen that most of the psychological treatment programs in practical applications are a combination of several common psychological approaches. According to the hospital's treatment experience, there is a lot of emphasis on the specific implementation methods, but the principles are similar in general.

Xu Xiaoying^[28] analyzed the psychological approach plan according to the three sources of depression: endogenous, physical and psychogenic, and gave common psychological approach plans to cooperate with pharmaceutical treatment. Endogenous depression often only emphasizes the effects of drugs and often lacks sufficient motivation for psychological approach. Pharmaceutical treatment is usually the first step, and when the patient's depression is partially relieved, psychological approach based on cognitive behavior therapy is started. Most of the physical depression is in the category of physical and mental illness, so in addition to drug treatment, cognitive therapy is performed before treatment, and then further psychodynamic therapy is performed. Psychogenic depression includes depression caused by various socio-psychological factors. The author believes that psychological approach is more important than pharmaceutical treatment at this time. Although there is not enough evidence to prove its generality, it can still be concluded that psychological approach has a significant effect on the treatment of depression. Moreover, there is no fixed treatment plan for the treatment of depression. The most appropriate choice needs to be made for the specific situation of the patient, which requires a lot of summary of treatment experience.

In summary, common psychological approach methods such as social support treatment, cognitive behavioral therapy, and interpersonal psychotherapy in Pharmaceutical treatment combined with psychological approach have sufficient basis and

principles to prove the validity of the conclusions and explain their respective principles. These psychological approaches combined with medication will produce better results, and specific experiments will be given to prove this point in the next section.

3 Discussion

In the previous section, the author introduced the reason why Pharmaceutical treatment combined with psychological approach is more effective than sole pharmaceutical treatment in principle. While in this section, specific controlled experimental evidence is used to prove the superiority of Pharmaceutical treatment combined with psychological approach. At present, there are many statistical studies. This paper will summarize the results of these studies objectively, and strive to reflect the full picture of statistical research.

Most of the experiments were conducted based on hospital treatment of patients with depression, and patients with similar depression degree, age, and other factors were equally divided into the control group and the experimental group according to the random number table, so that there was no significant difference between the two groups ($P < 0.05$). The experimental group was patients treated with Pharmaceutical treatment combined with psychological approach, and the control group was patients treated with sole pharmaceutical treatment. Because of the need to control variables, try to keep all aspects of the sample consistent, patients take the same antidepressant and the same type of psychotherapy. Therefore, the experimental samples usually come from the same hospital, and the sample capacity is not large, usually about 100 people. The results were mostly measured by the HAMD score. Hamilton Depression Scale (HAMD) is the most commonly used scale in clinical depression assessment. Its score can measure the severity of depression. The higher the score, the more severe it is. A score greater than 20 indicates that the patient has depression tendencies. In addition, the Hamilton Anxiety Scale (HAMA), Edinburgh Postpartum Depression Scale (EPDS), Rehabilitation Status Scale (MRSS), Social Function Defect Screening Scale (SDSS), and other methods are used to evaluate the treatment effect. The measured score should be expressed as the unit of measurement in the mean

± standard deviation. The score needs to be tested for difference. When $P > 0.05$, it is not considered statistically significant.

Chinese scholar Zhang Yuyan^[7] used comprehensive psychological nursing intervention to control the effect of elderly depression rehabilitation. Based on the same pharmaceutical treatment, routine nursing and comprehensive psychological nursing intervention were respectively given to observe the improvement of cognitive function of the two groups of patients. Results the average HAMD score of patients in the experimental group decreased from 29.06 before treatment to 15.14, while that in the control group decreased to 22.03. Cui 2018's study^[29] focused on children with an average age of 14 and was considered effective in cases where the reduction rate of HAMD score was greater than 25%. After 4 weeks of treatment, the effective rate of the observation group was 94% higher than that of the control group (82%), and the difference was statistically significant ($P < 0.05$). It can be seen that for patients with depression of different ages, antidepressant combined with psychotherapy has a good therapeutic effect.

Huang Hexin^[30] divided the patients into two groups according to the random number table method for controlled trials. The observation group combined with psychological therapy based on antidepressant medications. The results were HAMD scores 6 w and 12 w after treatment. The decline in the observation group was greater than that in the control group ($P < 0.05$), and the antidepressants combined psychotherapy had a significant effect. In addition, Cai Hongyan^[31] concluded that the clinical effect of the treatment of depression patients with psychotherapy based on the antidepressant citalopram hydrobromide tablets was significant through controlled experiments. Compared with the experiments performed by Huang Hexin, this experiment spans a longer time. HAMD scores were measured before treatment, 8 weeks after treatment, 1 year after treatment, and 2 years after treatment. A large number of studies and experiments have proved that Pharmaceutical treatment combined with psychological approach has a better therapeutic effect than the sole pharmaceutical treatment.

However, there are also studies with inconsistent views. Zu focused on the normalization of psychological and social functions of patients^[32].

180 patients diagnosed with deep depression were randomly divided into four groups. They were treated with four methods, namely, pharmaceutical treatment, cognitive behavioral therapy, the combination of drug and cognitive behavior therapy and standard treatment. After 6 months of treatment, there was no significant difference in the improvement of social function among the four groups. However, more literature indicates that drug-cognitive-behavioral therapy has better efficacy than pure pharmaceutical treatment or cognitive-behavioral therapy. There is little literature on this kind of viewpoint, and the sample size is too small. It can be considered that Pharmaceutical treatment combined with psychological approach is superior in general.

As for the problem of the high relapse rate of depression, many scholars have also carried out research. Xu Lixia^[33] used psychological nursing intervention to carry out the same control experiment and followed up after discharge. Psychological care interventions focus on cognitive and social support treatments. One year later, the HAMD score of the treatment group was significantly lower than that of the control group, the medication compliance was significantly higher than that of the control group, and the relapse rate was significantly lower than that of the control group (relapse criteria: HAMD total score > 17). The authors point out that this method can significantly improve patient medication compliance^[34]. 64 patients with hospitalized depression were randomly divided into a study group (Pharmaceutical treatment combined with psychological approach) and a control group (sole pharmaceutical treatment). The psychotherapy method was mainly in cognitive therapy. Follow-up was performed 6 months after treatment to observe its efficacy and relapse rate. The relapse rate at the end of the follow-up period in the drug treatment group was 21.80%, while the relapse rate in the drug combined psychotherapy group was 12.50%. The results showed that Pharmaceutical treatment combined with psychological approach could effectively reduce the high relapse rate of patients.

From the above various controlled experiments, it can be seen that Pharmaceutical treatment combined with psychological approach can effectively improve the treatment effect of depression, and the HAMD score and relapse rate are significantly reduced. Although the basic methods of psychotherapy vary

from experiment to experiment, the principles they follow are very similar. How to form a more efficient treatment method needs to be proved by practical experience.

4 Conclusion

For the treatment of depression, there is enough evidence to prove that psychological approach and pharmaceutical treatment have a great effect on the cure of depression, and they have their own scope of application and shortcomings, so Pharmaceutical treatment combined with psychological approach is more and more widely used. However, the optimal treatment scheme is not yet clear, mainly because psychological approaches are not good enough to compare their advantages and disadvantages horizontally, and it is difficult to unify variables among different experiments. Because there are many psychological factors that affect depression, the focus of treatment must be biased. How to maximize the effectiveness of treatment requires more case practice to get empirical results. In the future, more clinical research is needed to further study the recovery of psychosocial function in patients with depression. The effect on the recovery of patients' psychosocial function, and clarify its mechanism of action, and provide a feasible reference for the formulation and selection of treatment options in clinical treatment of depression.

There are many controversies surrounding the existing case-control studies, due to the limitations of control experiments, sample size, duration of experiments, course differences, gender and age differences of subjects, use of drugs, psychotherapy methods and other factors. This article believes that the case-control research method itself is a statistical method and cannot be 100% accurate. Even if there are no defects in the study design, the heterogeneity of the survey subjects and the survey process can lead to a discrepancy in the results. Although the research value of the relevant authors is not denied, the results of case studies alone cannot tell which Pharmaceutical treatment combined with psychological approach has a better effect. Generally speaking, the selection of specific treatment plans needs to consider individual differences. How to choose the most effective treatment plan for clinicians requires a lot of treatment experience to summarize.

It can be concluded from the literature that psychotherapy alone can be used for mild depression or some cases in which antidepressant drugs cannot be continued due to serious medical diseases or side effects. When pharmaceutical treatment is available, the combination of drugs and psychotherapy is more effective than sole pharmaceutical treatment. Pharmaceutical treatment can select the most suitable drugs according to the conditions of patients, while psychological approach needs a lot of practical experience to summarize the optimal practical application of social support, cognitive therapy, interpersonal psychotherapy, and other common treatment methods, which is also the research direction of depression treatment in the future.

References

- [1] Zhang CP, Ye M, Chen ZX. Clinical Trial of Psychotherapy on Patients with Depressive Disorder[J]. *International Medicine and Health Guidance News*, 2007, 13(15): 54-57.
- [2] Kuehner C. An evaluation of the 'coping with depression course' for relapse prevention with unipolar depressed patients[J]. *Psychotherapy and Psychosomatics*, 2005, 74(4): 254-259.
- [3] Zhang XM, Zhu FY, Shi XM, et al. Discussion on drug therapy for treatment-resistant depression from pharmacological mechanism[J]. *Journal of International Psychiatry*, 2018(3): 409-412.
- [4] Fu XL. Research on depression to break the haze that is rampant in the depths of the human heart[J]. *Chinese Science Bulletin*, 2018(20): 1971-1972.
- [5] Ji JL. Strategies for psychotherapy for depression[J]. *Journal of Clinical Psychiatry*, 1994(3): 176-178.
- [6] Luo ZY, Liu F, Luo YH, et al. Advances in Chinese and western medicine treatment of depression[J]. *Yunnan Journal of Traditional Chinese Medicine and Materia Medica*, 2019(5): 84-87.
- [7] Zhang YY. Effect analysis of comprehensive psychological nursing intervention in depression rehabilitation[J]. *Guide of China Medicine*, 2018(14): 249-250.
- [8] Shi JJ, Sun HS, Shi JY. The unconditional multivariate logistic regression analysis on the risk factors in relapse patients with depression[J]. *China Journal of Health Psychology*, 2006, 14(4): 446-448.
- [9] Evans VC, Iverson GL, Yatham LN, et al. The relationship between neurocognitive and psychosocial functioning in major depressive disorder[J]. *The Journal of Clinical Psychiatry*, 2014, 75(12): 1359-1370.

- [10] Nolen-Hoeksema S, Lyubomirsky WS. Rethinking rumination[J]. *Perspectives on Psychological Science*, 2008, 3(5): 400-424.
- [11] Bao JZ. Psychotherapy for depression[J]. *The Medical Journal of Industrial Enterprise*, 2009, 5(1): 27-28.
- [12] Solomon DA, Leon AC, Endicott J, et al. Psychosocial impairment and relapse of major depression[J]. *Comprehensive Psychiatry*, 2004, 45(6): 423-430.
- [13] Zhao JX, Zhang ZF. Analysis of the annual relapse rate and related factors of depression[J]. *Health Psychology Journal*, 2000, 8(3):293-295.
- [14] Zimmerman M, McGlinchey JB, Posternak MA, et al. How should remission from depression be defined? the depressed patient's perspective[J]. *American Journal of Psychiatry*, 2006, 163(1), 148-150.
- [15] McIntyre RS, Lee Y, Mansur RB. Treating to target in major depressive disorder: response to remission to functional recovery[J]. *CNS Spectrums*, 2015, 20(S1): 17-31.
- [16] Diao KL, Qu HT, Ma H, et al. Influencing factors of the recovery of psychosocial functioning with depressed patients[J]. *Chinese Journal of Behavioral Medical and Brain Science*, 2017, 26(5): 476-480.
- [17] Ishak WW, James DM, Mirocha J, et al. Patient-reported functioning in major depressive disorder[J]. *Therapeutic Advances in Chronic Disease*, 2016, 7(3): 160-169.
- [18] Namat SA, Behnaz B, Raheb G. Effects of cognitive therapy, drug therapy and combined therapy in improvement of major depression[J]. *Koomesh*, 2011, 13(1):114-120.
- [19] Johnsen TJ, Friberg O. The effects of cognitive behavioral therapy as an anti-depressive treatment is falling: a meta-analysis[J]. *Psychological Bulletin*, 2015, 141(4): 747-768.
- [20] Brjänn L, Hedman E, Mattsson S, et al. The effects of cognitive-behavioral therapy for depression are not falling: a re-analysis of johnsen and friberg (2015)[J]. *Psychological Bulletin*, 2017, 143(3): 321-325.
- [21] Cacioppo JT, Hughes ME, Waite LJ, et al. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses[J]. *Psychol Aging*, 2006, 21(2): 140-151.
- [22] Barger, Steven D, Messerli-Bürgy, et al. Social relationship correlates of major depressive disorder and depressive symptoms in switzerland: nationally representative cross sectional study[J]. *Bmc Public Health*, 2014, 14(1): 273.
- [23] Meng YQ. Effects of mental health promotion therapy on relapse rate of depression and social functions[J]. *Medical Journal of Chinese People's Health*, 2014, (12): 22-24.
- [24] Van dBRHS, Schutter N, Hanssen DJC, et al. Prognostic significance of social network, social support and loneliness for course of major depressive disorder in adulthood and old age[J]. *Epidemiology and Psychiatric Sciences*, 2017, 1-12.
- [25] Zheng LB. Effects of drug therapy and cognitive behavioral therapy combined with psychosocial support on patients with depression[J]. *Journal of clinical medical literature*, 2018, 5(29): 156-158.
- [26] Wang ZY. Effects of comprehensive psychological nursing intervention on the rehabilitation of patients with depression[J]. *Guide of China Medicine*, 2018, 16(9): 245.
- [27] Wang MH, Liu HB, Zhang JF. Effect of the group's positive psychological support nursing intervention on the rehabilitation of patients with depression[J]. *Hainan Med J*, 2019(11): 1487-1489.
- [28] Xu XY, Gong FZ. Drug and psychotherapy strategies for depression[J]. *Modern Medicine & Health*, 2019, (23): 3538-3539.
- [29] Cui J. Curative effect observation of drug therapy combined with psychological behavior therapy in the treatment of children and adolescents with depression[J]. *Chinese Community Doctors*, 2018(18):27-29.
- [30] Huang HX. Discussion on the effect of antidepressant drugs combined with psychotherapy in the treatment of depression[J]. *For all Health (Academic Edition)*, 2016, 10(11): 65.
- [31] Cai HY. Observation on the therapeutic effect of antidepressant combined with psychotherapy for depression[J]. *Medical Information*, 2015, (17): 223-223.
- [32] Zu S, Xiang YT, Liu J, et al. A comparison of cognitive-behavioral therapy, antidepressants, their combination and standard treatment for Chinese patients with moderate-severe major depressive disorders[J]. *Journal of affective disorders*, 2014, 152: 262-267.
- [33] Xu LX, Meng CQ, Yue WF. Effects of psychological nursing intervention on recovery and relapse of depression[J]. *Modern Journal of Integrated Traditional Chinese and Western Medicine*, 2011, 12(20): 111-112.
- [34] Yang SY, He H. The efficacy of pharmaceutical treatment combined with psychological approach on Depression[J]. *Nervous Diseases and Mental Health*, 2006, 13(4): 277-279.