Depression is among the most disabling disorders and negatively affects many aspects of life. It is associated with a high risk of recurrence. Of all people with a first episode, more than half experience such a recurrence. Treating depression in the Netherlands costs almost a billion euro (£968 million) per year. These substantial economic consequences of depression are mainly due to its recurrent nature. An important potential area of improvement in care for people with depression is the prevention of recurrence. The most commonly used strategy is the continuation of antidepressant medication. However, due to possible side effects and non-adherence issues, continuing antidepressant medication may not always be the preferred option. Psychological interventions could be a valuable alternative. In order to improve clinical outcomes it is highly relevant to study the prevention of recurrent depression using psychological interventions in primary care. Therefore, Karolien Biesheuvel and her colleagues carried out several studies, including a randomised controlled trial in The Netherlands. The research questions were:

1) What is the burden of disease of recurrent depression compared to single episode depression?

2) What is the effectiveness of existing psychological interventions compared both to usual care and the continuation of antidepressant medication, to prevent relapse and recurrence in recurrent depression?

3) What is the cost-effectiveness of existing psychological interventions to prevent relapse and recurrence in recurrent depression, compared to enhanced usual care?

4) What is the (cost-)effectiveness of a psychological self-help intervention in primary care, for the prevention of relapse and recurrence in recurrent depression?

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