COGNITIVE-BEHAVIOURAL THERAPY V. MIRTAZAPINE FOR CHRONIC FATIGUE AND NEURASTHENIA: A RANDOMISED PLACEBO-CONTROLLED TRIAL The British Journal of Psychiatry 192, Stubhaug, B.; Lie, S. A.; Ursin, H.; Eriksen, H. R., Cognitive—behavioural therapy v. mirtazapine for chronic fatigue and neurasthenia: randomised placebo-controlled trial, pp. 217-223. Copyright 2008 Royal College of Psychiatrists. All rights reserved. Abstract only. Full-text not available due to publisher restrictions. The published version is available at: http://dx.doi.org/10.1192/bjp.bp.106.031815

Cognitive—behavioural therapy v. mirtazapine for chronic fatigue and neurasthenia: randomised placebo-controlled trial
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Abstract

Background

Single interventions in chronic fatigue syndrome have shown only limited effectiveness, with few studies of comprehensive treatment programmes.

Aims

To examine the effect of a comprehensive cognitive—behavioural treatment (CCBT) programme compared with placebo-controlled mirtazapine medication in patients with chronic fatigue, and to study the effect of combined medication and CCBT.

Method

A three-armed randomised clinical trial of mirtazapine, placebo and a CCBT programme was conducted to investigate treatment effect in a patient group (n=72) with chronic fatigue referred to a specialist clinic. The CCBT programme was compared with mirtazapine or placebo therapy for 12 weeks, followed by 12 weeks treatment with a mixed crossover—combination design. Assessments were done at 12 weeks and 24 weeks.

Results

By 12 weeks the treatment effect was significantly better in the group initially receiving CCBT, as assessed with the Fatigue Scale (P=0.014) and the Clinical Global Impression Scale (P=0.001). By 24 weeks the treatment group initially receiving CCBT for 12 weeks followed by mirtazapine for 12 weeks showed significant improvement compared with the other treatment groups on the Fatigue Scale (P50.001) and the Clinical Global Impression Scale (P=0.002). Secondary outcome measures showed overall improvement with no significant difference between treatment groups.

Conclusions

Multimodal interventions may have positive treatment effects in chronic fatigue syndrome. Sequence of interventions seem to be of importance.

Declaration of interest

The trial received an unrestricted grant from Organon AS, who provided the placebocontrolled medication.