



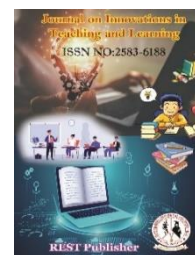
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# Cognitive Behaviour Therapy Vs Medication

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**Abstract:** Various mental and physically large international fitness problems affect millions of people. There are two primary measures for melancholy -tarefa cognitive behavioural therapy (CBT) and antidepressant medicine (CEO). The purpose of both measures is to reduce signs and symptoms of depression, even if they work through exclusive mechanisms. CBT specializes in changing poor thought patterns and behaviours at the same time as neurochemical imbalance of CEO in the brain. Studies have shown that each treatment can be strong, although their effectiveness may also depend on character factors including early worrying studies, cognitive and genetic variables and various epignant factors. Cognitive behavioural measures (CBT) have been through maximum testing for a long time depression and are usually recommended in maximum treatment manulain. However, any recent meta evaluation has not included the effect of random tests that analyze its effects, and efficiency is uncertain compared to other psychiatrists, pharmacies and goals for sadness. We discovered PubMed, Psycinfo, Embase and Cochrane Library to identify research on CBT and separated carpet tests in many heroes separately for separate behaviour random theme -outcome and analysis. We covered 409 tests (518 comparison) with 702 patients, resulting in a particular meta for evaluating a particular form of psychiatry for mental illness. The speed of the first pain was largely multiplied over the years (with the increasing number of tests with a low probability of bias, very few weight list businesses and manipulation of large pattern sizes). CBT was the greatest effect compared to controlled conditions in the form of care of general and weight list ( $G = 0.79$ ; 95% KI: 0.70, 0.89), which was the same in sensitivity analysis and still important in 6 '12 important virgin. According to the publication year, CBT had no decline in the size of the effect (2001 Veso2010 against 2011). CBT was much more effective than other psychiatrists, but the difference was small ( $G = 0.06$ ; 95% CI: 0 - 0.12) and the highest sensitivity analysis. The effects of CBT were not quite different from pharmacotherapy in the short term, but 6–12-man follow-up (Up ( $G = 0.34$ ; 95% CI: 0.09, 0.58) were quite large, even though nubel were small, and di they sensitivity analysis compared to the main effects. The Effects of CBT Were Not Quite Different From Those Of Pharmacotherapy In The Short Term, But The 6-12-Mana's Follow-Up (Up ( $G = 0.34$ ; 95% CI: zero.09, 0.58) Were Quite Large, Although The Nubers Small, and Di Nubers Small, and Di Di Sensitivity analysis. CBT had primary impacts compared to controlled conditions as a care for wellknown and weight listing ( $G = \text{zero. Seventy nine}$ ; ninety five% CI: 0.70, zero.89), which become comparable in sensitivity analysis and nonetheless 6 '12 tremendous in the virgin. According to the booklet 12 months, CBT had no decline within the size of the have an impact on (<2001 against 2001 Veso2010 vs.> 2011). CBT changed into plenty extra effective than other psychiatrists, however the distinction became smaller ( $G = 0.06$ ; ninety five% CI: zero - zero.12) and the maximum sensitivity became not -positioned in analyses. The Effects of CBT Were Not Quite Different From Those Of Pharmacotherapy In The Short Term, But The 6-12-Mana's Follow-Up (Up ( $G = \text{zero.34}$ ; 95% CI: 0.09, 0.Fifty eight) Were Quite Large, Although The Nubers Small, and Di Numbers Small, and Di Di Sensitivity analysis. CBT had major affects in comparison to managed situations as a take care of widespread and weight listing ( $G = 0.79$ ; ninety five% CI: zero.70, zero.89), which changed into similar in sensitivity analysis and nonetheless 6 '12 significant within the virgin. According to the book 12 months, CBT had no decline in the size of the have an impact on (<2001 towards 2001 Veso2010 vs.> 2011). CBT was an awful lot greater powerful than other psychiatrists, but the difference became smaller ( $G = \text{zero.06}$ ; ninety five% CI: zero - 0.12) and the maximum sensitivity turned into not -located in analyses. The Effects of CBT Were Not Quite Different From Those Of Pharmacotherapy In The Short Term, But The 6-12-Mana's Follow-Up (Up ( $G = \text{zero.34}$ ; 95% CI: zero.09, zero.Fifty eight) Were Quite Large, Although The Nubers Small, and Di Numbers Small, and Sensitivity evaluation.

**Key Words:** Cognitive Behaviour Therapy (CBT), Antidepressant Medication (ADM), Depression Treatment, Efficacy, Relapse Prevention, Neural Mechanisms, Coping Strategies, Neurochemical Imbalances, Treatment Selection, Mental Health.

## 1. INTRODUCTION

Cognitive behavioural remedy (CBT) is a nicely -established shape of psychotherapy that focuses on figuring out and changing negative thought styles and behaviors that contribute to depression. By supporting people perceive and assignment perverse wondering, CBT strengthens them with realistic copying strategies that they can maintain to use for a long term after the cease of the remedy. This everlasting effect reduces the chance of relaxations, which causes CBT to be in particular beneficial for human beings with mild to moderate depression or who pick non-pharmacological strategies. CBT also entails behavioral activation, and encourages engagement in activities that give a sense of performance or happiness. This approach facilitates to break the cycle of inactivity and the go back is regularly associated with depression. The flexibility permits it to be distributed thru person or group periods -Online programs, which increases get right of entry to. On the opposite hand, antidepressants (adms) target neurochemical imbalance in the mind, presenting greater instant relief than symptoms of depression. Medications consisting of selective serotonin-reatec inhibitors (SSRIs) and Serotonin-nerpsphripine-ripcate inhibitors (SNRI) are useful for individuals who revel in severe or acute episodes of melancholy, particularly. By restoring neurotransmitter balance, Adm can improve the mood, electricity stage and every day function. However, the benefits of adm are typically handiest when the drug is taken, the symptoms every now and then return to dissection. In addition, side outcomes together with weight gauges, sexual dysfunction or gastrointestinal troubles can have an effect on. Regular observe -up with fitness experts is required to deal with these facet results and alter the remedy as wanted. It is crucial to satisfy remedy plans for man or woman necessities. Some may additionally gain maximum from the ability -based totally, lengthy -term views of CBT, while others might also require speedy symptomatic relief given by the CEO. In many cases, a combination of both remedies is suggested, specially for moderate to intense melancholy or co-tension disorders. This common method benefits from CBT's replica strategies with stabilization effects of ADM, and gives tremendous care. This ensures non-stop monitoring and edition of the treatment plan as needed. Open conversation between the affected person and their health crew is vital to make knowledgeable choices that guide long -time period mental health and nicely -being. Individually, both CBT and CEO offer valuable system in the remedy of melancholy. A personal, adaptable approach that assesses non-public alternatives, symptom's severity and widespread health, is essential to reap the quality healing consequences.

## 2. REVIEW OF LITERATURE

Cognitive behavioural measures (CBT) allow humans to close avoidance and safety pillows that prevent self -improvement of inadequate beliefs, which facilitates compressive control to reduce stress -related problems and decorate mental stamina. The current assessment evaluated the effectiveness of CBT in painful situations between scientific and standard population, and diagnosed recent advances in CBT -related strategies. A discovery of literature for studies conducted for the period 1987–2021 identified 345 articles on biopsy medicine; The evaluation of 154 (45%) was evaluated, including 14 systemic criticism, and fifty three (15%) clinical studies such as forty -five randomly managed studies. The results of several randomly managed tests indicated that CBT was quite effective for some intellectual problems (e.g. anxiety disease, lack of interest on allergic reaction disease, bullimia nervosa, depression, hypochondrial), behaviour, drug addiction, game, weight, smoking) ,, in the shortest long period; The larger observatory comments had to investigate the results of the long -term period of CBT. Mental and physical problems can possibly be controlled effectively with the use of a mobile app with online CBT or self -assisted CBT, although they should be done with care, as with regard to their price efficiency and purpose for a given population.

Behavioral remedy has its origins in “behaviourism.” This concept assumes that human behaviour is discovered out and might therefore be modified or determined out in another manner. Behavioral remedy dreams to find out whether or not tremendous behavioural styles make your lifestyles greater hard or make troubles worse. In the second step, you determine on converting the ones behavioural patterns.

For example, human beings who have superior depressive thoughts frequently commonly tend to emerge as withdrawn and give up their interests. As a end result, they experience even extra sad and isolated. Behavioral therapy enables to pick out this sample and find strategies to become more energetic yet again.

In tension sickness behavioural remedy often includes studying about matters that permit you to revel in calmer. For example, you can learn how to reduce tension via consciously inhaling and out deeply simply so your respiratory is calmer and your frame can lighten up. When doing this, you remember your breathing in place of the difficulty this is causing your anxiety. These varieties of techniques allow you to kick back out in preference to letting your anxiety weigh down you.

In Japan, CBT for mood disorders received its first coverage via the National Health Insurance (NHI) in 2010; later, CBT for such psychiatric issues as obsessive-compulsive ailment, social tension disorder, panic disorder, publish-worrying pressure ailment, and bulimia nervosa have been introduced to the NHI scheme. The first step in the right allocation of clinical assets in step with severity and complexity of these issues could be to analyse treatment consequences and medical insurance expenses for those six issues. In Japan, medical insurance coverage is given most effective as and whilst the physicians observe for remuneration. There isn't any enabling framework for shared care of CBT among nurses and CBT vendors, certified psychologists, or a transition of care provision from clinical professionals to psychologists altogether. ICT tools can be an enabler for shared delivery of CBT among distinct sets of specialists: clinicians vs. Psychologists in health facility, community, and self-assist settings. The magazine Biopsychosocial Medicine has posted 334 applicable studies until the quit of May 2021, out of which 112 (33.Five%) have focused completely on CBT. CBT stays a burning problem in biopsychosocial medication that merits in addition investigations toward its utility inside the scientific

Medication: The indices of patients' fitness outcomes include historic repetition of symptoms, range of emergency visits, hospitalization and re -access fee, illness and mortality. As essential players within the health care machine, the provider can affect those activities, consisting of the timeliness of diagnosis and disease management, fees of treatment, get right of entry to health insurance and compliance with the substance. In addition to fitness offerings accessibility and access, sufferers' ability to comply with the recommendations of treatment of sufferers is a long manner to behave as a recipe for improving affected person outcomes. Unfortunately, -adherence isn't always vast, exacerbated health conditions have ended and elevated health care. This article provides some new thoughts and right thoughts to inspire the compliance with the drug. Adopting lively and passive conversation, consisting of reminders of consent, can boom compliance, to enhance schooling for suppliers and patients. Embrace of participation between providers' groups and trust -based totally and social groups may be accompanied.

Use an income-based hat on charges for out-of-package deal and the use of physical houses, bioavailability and drug doses to house special affected person populace preferences can encourage weight loss plan and compliance filling. Following excellent medications can be removed in better patient consequences.

In the twenty first century, progress in clinical generation in clinical era and past glitter and drug improvement technology, well -knowledgeable prescribing and drug distribution, what takes place to the patient is the ultimate best referred to as the patient. The outcomes of the sufferers encompass the events surrounding the ailment, disorder tests and the usage of the drug, including patience, relapse and bargain on symptoms, the quantity of journeys within the emergency chamber, hospitalization and studying, reality, performance and care, infection and mortality. Some factors affecting health outcomes from patients might also include diagnosis and news in sickness control, remedy fees, get admission to health insurance and compliance with the drug. Drugs are one of the primary tools used for curing, treating, or stopping any number of medical disorders. This has left a obtrusive gap in society as to whom is to be blamed for the effects of pharmacotherapy. Recent tendencies have shown pharmacists willingly accepting societal obligations for the results of drug therapy. If a healthcare professional strives to fulfil a patient's drug-related wishes, then that practitioner must also consider what the which means of medicines is for that patient. However, the practice idea of the drugs enjoy remains a subject of insufficient take a look at in pharmacy.

The lengthy-standing debate approximately Cognitive-Behavioral Therapy (CBT) as opposed to pharmacological remedy of mental issues inclusive of despair and tension has a big and huge body of literature that deliberates at the strengths and weaknesses of each alongside comparative efficacy. CBT has for lengthy been liked for addressing the foundation reasons of the mental issues, which includes converting bad concept styles and

behaviours that are regularly at the idea of situations like melancholy and tension. Some researchers say that CBT has an effect at the least as powerful as medicine, with more sustained outcomes in a few instances. For example, proof shows that individuals with depression who receive CBT are less probable to relapse than those dealt with medicinal drugs alone; this sustained impact is concept to arise because CBT no longer simplest alleviated the signs and symptoms but also ready individuals with realistic tools and coping strategies to cope with destiny stressors and challenges in healthier ways.

On the alternative hand, medications that include, among others, antidepressants may be expected to present spark off alleviation from signs, mainly in situations like melancholy and anxiety. Medication comes with special side outcomes, and that may discourage some individuals from taking them, consisting of weight advantage, sexual disorder, and drowsiness; Plus, in preferred, the drugs have to be taken over a giant time to prevent the recurrence of symptoms, thereby supplying the capability for drug dependence in conditions wherein lengthy-time period use is warranted.

It is different from CBT, which produces long -term results, promotes individuals' freedom to maintain their mental health without the need for an ongoing drug. When discussing anxiety disorders, research has indicated that CBT has more superiority on pharmacological treatment for disorders. A systematic review of CBT and tests that examine the effect of medicine for generalized anxiety disorder (GAD) found more short and long improvement than CBT. This technique allows patients to identify and meet their concerned thoughts and behaviours, which can later be replaced with a structure with more positive imitation. Medications that treat anxiety, such as benzodiazepines or SSRI, usually help patients deal with their symptoms, which actually causes anxiety without treating the underlying cognitive distortions. On the other hand, CBT provides patients with long -term anxiety management strategies, thus reducing any possibility of relaxations after the treatment is over.

Nevertheless, one must identify that not all of them provide the same response to CBT or medication, and some can benefit from combining both. In fact, an appropriate amount of literature has suggested that the combination of drug treatment with CBT achieves better results for more disturbed or treatment -resistant cases. The combination of the two is sympathetic in the fact that medications can quickly reduce symptoms while CBT is aimed at cognitive and behavioural aspects of disorders. For example, people with severe depression and anxious find it difficult to interest to CBT and participate when their symptoms are weak. When medications reduce symptoms, therapy becomes more possible for them to really engage and take advantage of it.

Thus CBT has reached unacceptably high degrees of efficacy beyond the direct domain of melancholy and anxiety-Insomnia and binge consuming disease (BED) had been domain names where medicinal drugs are presently a general remedy). For insomnia, CBT-Insomnia turned into considerably higher than pharmacological alternatives, with long lasting advantages with out danger of dependence. Likewise, CBT for BED became located appreciably advanced to pharmacotherapy in supporting people to increase healthful ingesting habits and completely deal with the psychosocial factors that trigger binge-consuming episodes. This further reinforces the declare that CBT has applicability for a wide kind of conditions, regularly giving longer-time period outcomes than pills alone. Ultimately, it all comes all the way down to the depth of the condition, the non-public choices of the person, the history of remedy, and aid feasibility earlier than making the selection-be it among CBT and medications, or a aggregate of both. For a few, therapy is an inaccessible alternative because of its tendency to scare away with price or dedication to time. Medications, on the other hand, offer a extra straightforward approach but come with their own troubles- aspect effects and viable dependence. There's a demand for the person to be actively engaged in CBT; sadly, it is able to turn out to be a barrier for others, specially at some stage in excessive misery or whilst there are shortages of professionally educated therapists. For others, but, mastering to manage their mental health beneath a prescribed layout is probably greater powerful and viable in yielding an empowerment experience in the long run. In exercise, the great approach is often pretty tailor-made to individual requirements: CBT alone is probably sufficient for a few slight to reasonably depressed patients; others prove too excessive and want the short remedy of medicinal drugs the permanent benefits of CBT. And it's most effective a growing part of proof that emphasizes private care, where the individual's entire clinical history and alternatives and way of life are taken into the account when choosing remedy manipulation.

CBT versus tablets brings to termination both components of remedy wanted for intellectual health conditions but with the respective advantage of each over the opposite. It is a pretty effective remedy for melancholy, tension,

insomnia, and BED, main to lengthy-term advantages by addressing the root-stage reasons of those problems. Medicines perform short-term comfort of symptoms at a more superficial degree and seldom offer enhancements, frequently requiring endured remedy. The mix appears to work excellent for some individuals and offers the fastest remedy to start with and focuses on managing the underlying cognitive patterns which have been established previously and contribute to the mental fitness demanding situations. Treatment selections need to in the end be made in conjunction with those decisions taken via a healthcare company about that character's specific and person situations.

### 3. OBJECTIVES

1. **Efficacy Evaluation:** Randomized controlled trials should be conducted to compare the efficacy of CBT and pharmacotherapy in reducing depressive symptoms and enhancing overall mental health. **Understand Mechanisms:** Employing neuroimaging and other advanced techniques, researchers will examine the neural and possible psychological mechanisms through which CBT and pharmacotherapy exert their effects.
2. **Assessment of Long-Term Outcomes:** CBT and pharmacotherapy will be compared with respect to sustained symptom relief and overall quality of life; relapse rates will constitute the third axis in this study.
3. **Identifying Individual Differences:** Increase understanding of differences among individuals, such as genetic predispositions, cognitive styles, early life experiences, and the presence of comorbid conditions, and their influence on
4. **Cost-effectiveness:** Analysing the cost-effectiveness of CBT and pharmacotherapy will help healthcare policymakers and professionals in resource allocations, which considers both direct and indirect costs.
5. There should be examinations of side effects and safety profiles for both: any possible interactions with other medications and their long-term health consequences. Investigating the different mechanisms and benefits of CBT and ADM will allow for a more profound understanding of the complexity of treating depression and the necessitation for personalized treatment strategies. Ultimately, the translation of this knowledge will provide better outcomes and better life quality for the sufferers of this area challenging disorder.

#### **Purpose:**

**Assessment of Efficacy:** This objective shall entail the comparison of the effects exerted by Cognitive Behavioral Therapy (CBT) and antidepressant medications (ADM) on the reduction of symptoms and enhancement of mental well-being. A series of randomized controlled trials (RCTs) assessing the impact of each treatment on symptoms and overall mental health will thus be imposed. Such a comparison presents empirical evidence guiding healthcare professionals in making appropriately informed decisions in the management of various patient populations considering their specific clinical needs.

**Understanding Mechanisms:** This study aims at mapping the biological and psychological processes through which CBT and ADM are efficacious against depression. With the aid of recently developed neuroimaging techniques like functional magnetic resonance imaging (fMRI) and positron emission tomography (PET), researchers will be able to visualize changes in brain function that occur with either treatment. This objective would improve our understanding of how these therapies may act through brain structures and cognitive processes to usher in relief of depressive symptoms.

**Assess Long-Term Outcomes:** The long-term outcomes of CBT and ADM will be assessed through the patient follow-up assessment over a prolonged period. The study assesses whether each treatment brings a lasting relief against depressive symptoms, the risk for relapse, and the improvement of quality of life. Knowing the durability of treatment effects is crucial for furthering developed and refined maintenance strategies and insight into the burdens of recurrence.

**Identifying Individual Differences:** This objective deals with personal attributes such as genetics, style of thinking, history of life experiences, and the presence of comorbid mental disorders and how they influence the treatment's

success. Identifying these treatment mediating factors will assist in custom tailoring treatment to improve the odds of successful outcome and reduce the chances of treatment failure.

**Optimize Treatment Plans.** This paper aims to formulate comprehensive treatment guidelines for combining the advantages of CBT and ADM. Combining the two techniques also requires determining the timing and dosage of each, as well as the coordination between therapist and medical provider. Optimized treatment plans will ultimately maximize patient outcomes while minimizing side effects.

**Cost-Effectiveness:** The analysis of cost-effectiveness of CBT and ADM would include not only the direct costs-therapy fees and the costs for the prescribed medications-but also the indirect costs, such as work absenteeism and lost productivity. With this objective, healthcare policy and resource allocation can be based on effective treatments to keep up with the required standards of patient approach, making them accessible and less costly.

#### **4. ANALYSIS AND EFFECTIVENESS**

**Comparative Analysis:** Compare the efficacy of CBT versus medication in the short and long terms. Investigate any additional effects of combination therapy and its some possible synergistic advantages. Evaluate long-term effects, including sustained relief from symptoms and relapse prevention. **Ethical Considerations** **Informed Consent:** Ensure the participants understand the study, the associated risks, and the benefits and provide written consent. **Confidentiality:** The confidentiality of participant data will be maintained in accordance with ethical guidelines and regulations.

**Ethical Approval:** Obtain approval from an institutional review board (IRB) or ethics committee, ensuring that the study is to be conducted in adherence with ethical standards.

**Dissemination Publication:** Publish the findings in peer-reviewed journals for transparency and rigour of reporting. **Conferences:** Disseminate the results at both national and international conferences for the engagement of the scientific community.

**Public Engagement:** Disseminate the findings through the media and community outreach and educate the public about depression treatments. **Further Considerations** **Training And supervision:** Ensure proper training and regular supervision of the therapists and clinicians to maintain the highest standards of care.

**Culture Sensitivity:** Efforts should be made to introduce cultural sensitivity and relevance into interventions considering the diverse backgrounds of participants.

**Tech Opportunities:** Consider the possible use of technology, including teletherapy and digital health applications, to improve accessibility and facilitate engagement in treatment. **Patient-Centered Approaches:** Integrate feedback from patients about their own preferences into the research design, ensuring that the study responds to the needs of and concerns for those suffering from depression.

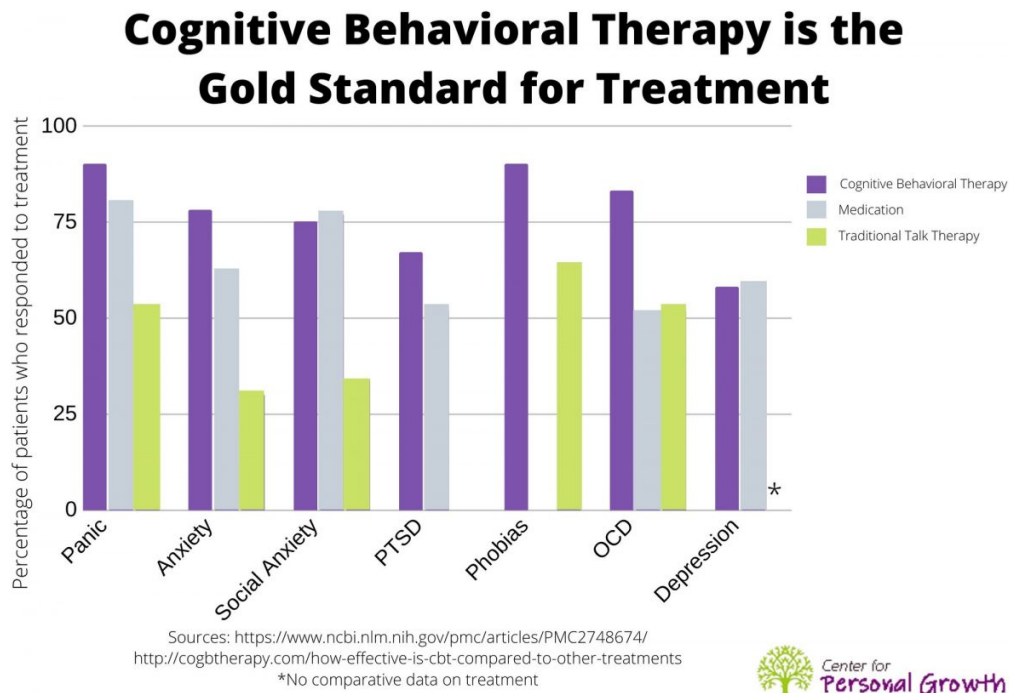


FIGURE 1.

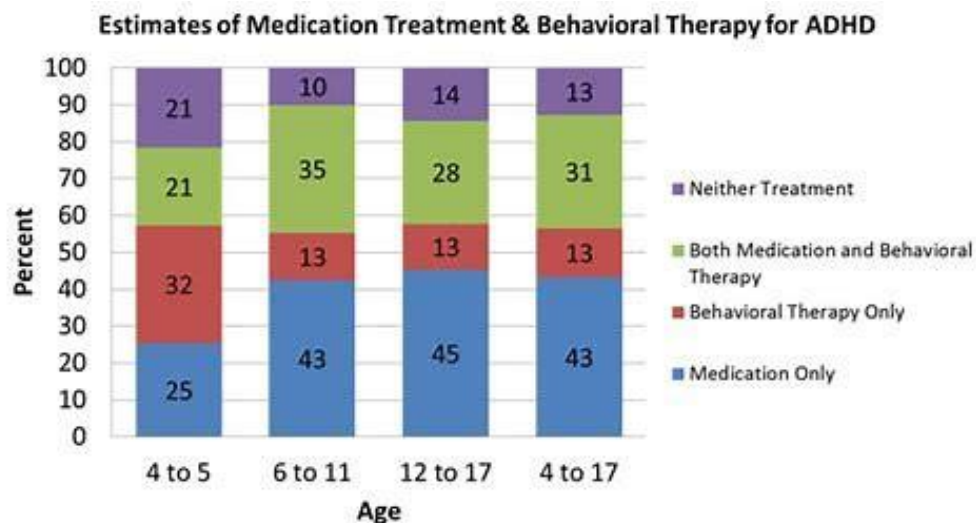


FIGURE 2.

## 5. RESEARCH METHODOLOGY

**Study Design: Randomized Controlled Trial (RCT):** The gold standard for comparing interventions. Participants will be randomly assigned to either the CBT group or the medication group, allowing for an unbiased allocation of groups and minimizing potential confounding factors.

**Double-Blind:** Preferably the study will be double-blind, so that neither the participants nor the researchers administering the treatment know which group the participants are in. This prevents any biases associated with treatment administration or assessment of the outcome from entering.

### **Participants:**

**Inclusion Criteria:** Adults 18 to 65 years, with a diagnosis of anxiety (GAD) or depression (MDD) of moderate to severe intensity based on the DSM-5 criteria should not have received psychiatric treatment in the last 3 months.

**Exclusion Criteria:** Severe comorbid disorders (e.g., bipolar disorder, schizophrenia), substance abuse, or contraindication for medication use.

**Sample Size:** A power analysis shall be carried out for the determination of an adequate sample size effecting the detection of clinically important differences. A larger sample will ensure increased statistical power and reliability.

**Treatment Interventions Group:** Structured, evidence-based CBT will be provided by trained therapists; sessions will adhere to a standardized protocol (e.g., 12 sessions over 12 weeks).

**Medication Group:** Participants will be treated with the SSRI (Selective Serotonin Reuptake Inhibitor) currently more frequently prescribed for anxiety and depression. The clinical guidelines will be followed for dosing and administration and adjusted according to individual requirements.

**Outcome Measures:** Primary Outcome: Change in symptom severity as measured by the Beck Depression Inventory (BDI) and Generalized Anxiety Disorder-7 (GAD-7), both validated scales commonly employed in clinical trials.

**Secondary Outcomes:** Quality of life (WHOQOL-BREF), functional impairment (Sheehan Disability Scale), and 6-month follow-up relapse rates.

**Adverse Effects:** TESS (Treatment Emergent Symptom Scale) will be used for monitoring adverse side effects from the medication and challenges associated with CBT treatment will be assessed through feedback from the therapist and interviews with participants.

**Data collection and analysis:** Pretreatment, Mistreatment (6 weeks), and Post-treatment (12 weeks): Quantitative data will be collected at three major sessions. The follow-up will serve to appraise long-term effectiveness and relapse rates.

**Statistical analysis:** Between two-group pre- and post-treatment scores will be compared using the paired t-test or repeated measures ANOVA. Inter-group comparisons will be made using independent t-tests or ANCOVA with baseline severity as a covariate.

**Qualitative analysis:** After treatment, semi-structured interviews will be conducted with participants to gather insights about their experiences. These will take place through the transcription of interviews for analysis using thematic analysis, to identify shared patterns and relevant considerations toward treatment preference and perceived effectiveness.

**Ethical considerations:**

**Informed Consent** - All participants receive a clear and comprehensive consent form that explains the study's purpose, risks, and benefits.

**Confidentiality** - All personal information will remain confidential, and data will be anonymized.

**Well Being of Participant** - A subject may withdraw from the study at any time and may be provided another option of treatment if he/she wishes.

**Limitations and Considerations:** Informed interventionists. Sometimes, these therapists may entail non-blind treatment group knowledge. However, applying common CBT protocol with continuous supervision should minimize the contribution of this factor to bias.

**Generality:** Findings might be restricted to a limited population or treatment setting, thus calling for caution in interpreting generalization of the findings in wider groups.

By improving in these critical areas, this methodology ensures that rigorous comparisons might be done between CBT and medication, giving much more insight into the relative effectiveness of both treatment modes.

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