groups received usual care including referral services and follow-up with a case manager. Patients in the treatment group also received outpatient cognitive therapy focusing on identifying thoughts, images, and core beliefs present before the suicide attempt, and were assisted in developing methods of coping with stressors. After 18 months of follow-up, 13 participants (24.1%) in the cognitive therapy group and 23 participants (41.6%) in the usual care group had at least 1 reattempt at suicide (*P*=.05; NNT=6).

A meta-analysis of more than 40,000 patients in 477 randomized placebo-controlled trials was performed to investigate whether adults treated with SSRIs have an increased risk of suicide-related outcomes.[4] Most (but not all) patients were being treated for depression; the mean study length was 8 to 10 weeks. There were 16 suicides, 172 episodes of nonfatal self-harm, and 177 episodes of suicidal thoughts reported. The data failed to show either a decrease or an increase in the rate of suicide in patients taking an SSRI (OR 0.85; 95% CI, 0.20–3.4).

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Does St. John's wort treat depression in adult patients?

Evidence-Based Answer

In treating patients with major depressive disorder (MDD), St. John's wort (*Hypericum perforatum*) is as effective as standard antidepressants and often better tolerated. (SOR: **A**, based on a meta-analysis.) Clinically, St. John's wort may be considered for use in treating mild to moderate MDD. (SOR: **B**, based on an evidence-based guideline.)

In 2008, Cochrane authors reviewed all RCTs comparing St. John's wort with placebo or prescription antidepressants, identifying 29 high-quality trials with 5,489 patients meeting the inclusion criteria: 18 comparisons with placebo and 17 comparisons with synthetic standard antidepressants.[1] In the 18 placebo-controlled trials, 16 trials used reductions in the Hamilton Depression Scale (HAMD scale) to assess response on treatment. A significant response was defined as a final HAMD score <10 or a reduction to <50% of the baseline score.

Compared with placebo, more patients taking St. John's wort were significant responders, with a response rate ratio (RR) of 1.48 (95% CI, 1.23–1.77). The dropout rate was the same for St. John's wort and placebo.[1]

In the 17 trials with standard antidepressants, St. John's wort had an equivalent response rate (RR of significant response 1.01; 95% CI, 0.93–1.09). There was no difference in response rate for St. John's wort compared with older antidepressants (tricyclic, tetracyclic, and related antidepressants) (RR 1.02; 95% CI, 0.90–1.15), or compared with selective serotonin reuptake inhibitors (SSRIs) (RR 1.00; 95% CI, 0.90–1.12). Patients taking St. John's wort were significantly less likely to drop out due to adverse effects than patients taking either older antidepressants (OR 0.24; 95% CI, 0.13–0.46) or SSRIs (OR 0.53; 95% CI, 0.34–0.83).[1]

The American Psychiatric Association Task Force for complementary and alternative medicine in MDD issued guidelines based on their literature review from 1965 to January 2010 that included 7 articles (1 meta-analysis, 4 RCTs, and 2 non-RCTs).[2] The guideline authors stated that placebo-controlled studies showed mixed results but larger studies demonstrated significant improvement in mild to moderate depression. The task force concluded that St. John's wort is a reasonable treatment for mild to moderate MDD.

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Evidence-Based Practice learning objectives

1. To become knowledgeable about evidence-based solutions to commonly encountered clinical problems.
2. To understand how ground-breaking research is changing the practice of family medicine.
3. To become conversant with balanced appraisals of drugs that are marketed to physicians and consumers.