**SUMMARY**

**Objectives:** To determine the efficacy of a combination of psychoeducation and low dosage tricyclic antidepressant, imipramine on the quality of life of patients with major depression and compare it with imipramine alone.

**Study Design/Setting:** A randomized controlled trial involving 87 adults aged 18-65 years with major depression presenting at the GOPD of JUTH, Jos.

**Methods:** Subjects were matched according to their range of BDI-II scores as mild, moderate and severe major depression and randomly allocated to control and intervention arms. The interventions offered were a combination of psychoeducation and imipramine in the intervention arm and imipramine alone in the control arm. Data collected from subjects include socio-demographic data along with the DSM-IV diagnostic criteria, BDI-II scores and the WHOQOL-BREF scores. Subjects were followed-up every 4 weeks and relevant BDI-II and WHOQOL-BREF scores collected at each visit. Adherence to treatment was also assessed via pill count at each visit.

**Results:** At the end of the twelve weeks of study, there was a statistically significant difference between the two study arms in all the domains of quality of life assessed at a 0.05% p value.

There was also a consistent trend towards higher improvement in mean quality of life in the intervention arm (psychoeducation plus imipramine) compared with the control arm (imipramine only) in all the quality of life domains assessed (i.e., physical, psychological,
social and environmental). All the subjects also reported an overall poor perception of quality of life at baseline (p<0.05).

Of the eighty seven subjects who completed the study, 34 (39.1%) had the BDI-II scores for severe depression, while 38 (43.8%) had BDI-II scores in the range for moderate depression and 10 (11.5%) had a BDI-II scores in the range for mild depression. The mean baseline BDI-II scores for the control and the intervention were 32.0±10.3 and 30.0±10.5 respectively, with no significant difference (t=-0.904, p=0.369) between the two arms.

Sixty eight (78.2%) subjects had BDI-II scores reduction of 50% and above at the end of the study. Of these, 25 (59.5%) were in the control arm and 95.6% in the intervention arm.

CONCLUSION: At the end of twelve weeks of study, there was a statistical significant difference between the two study arms in all the domains of quality of life assessed. Though both groups showed some improvement in quality of life, those in the intervention group were better. There was also significant inverse correlation between the BDI-II scores and scores on all WHOQOL-BREF domains (i.e. the severity of depressive symptoms scores were inversely related to the quality of life scores.) The intervention arm had a better reduction in depressive symptoms.