BEYOND PHARMACOTHERAPY:
SOCIOECONOMIC BARRIERS IN TREATMENT-RESISTANT DEPRESSION

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INTRODUCTION

Treatment-resistant depression (TRD) is currently understood as depression that fails to respond satisfactorily to treatments considered adequate. The most adopted definition involves non-response to at least two antidepressant trials of adequate dose and duration, with documented adherence. However, this framework may overlook barriers that limit access to other evidence-based interventions, particularly in resource-constrained settings.

METHODS

1. Setting: TRD Outpatient Clinic at IPUB-UFRJ, Brazil.
2. Participants: N = 6 adults with severe TRD.
3. Protocol: Standard DBT Skills Training delivered as an adjunct to ongoing pharmacotherapy.
4. Outcome focus: attendance, participant engagement, and contextual barriers to participation.

RESULTS

Institutional implementation was done.
However, treatment adherence was low.

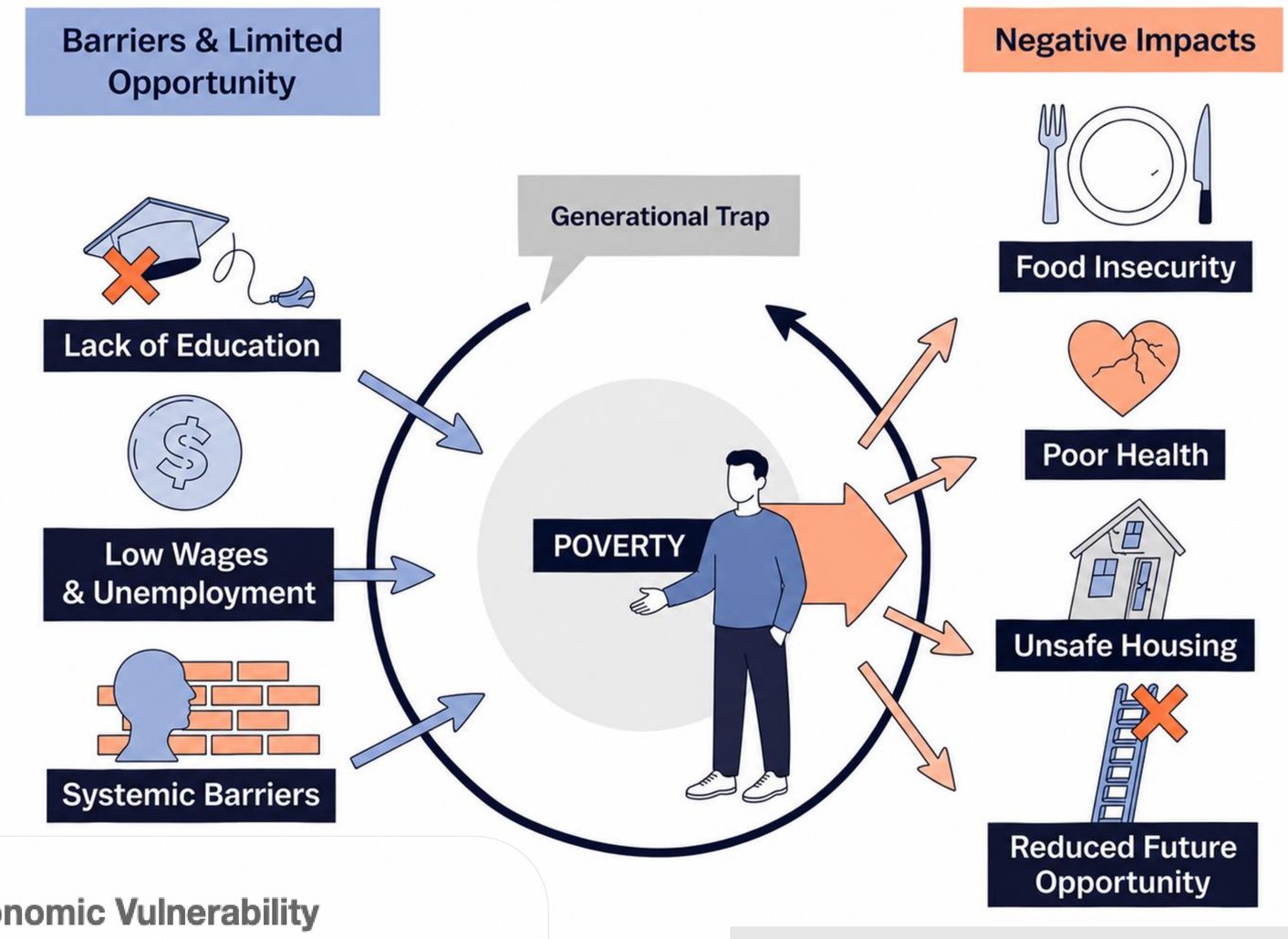
Primary finding:
Attendance difficulties were more frequently linked to transportation costs and socioeconomic barriers than to worsening clinical symptoms.

DISCUSSION

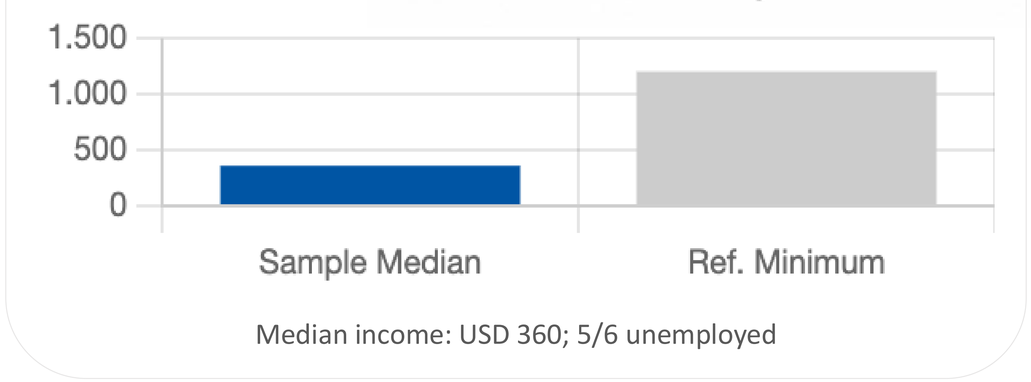
Socioeconomic barriers were frequently recounted as direct obstacles to participation in skills training. Participants frequently reported transportation costs, financial hardship, physical health limitations, and competing life demands as obstacles to sustained engagement.
How much of what we call treatment resistance reflects the contexts in which treatment takes place? From a contextual behavioral perspective, adherence difficulties may reflect environmental constraints as much as individual characteristics. When treatment itself is difficult to access, what exactly are we measuring when we measure treatment resistance?

Treatment resistance is not just synaptic; it is systemic

Socioeconomic barriers function as contextual constraints on treatment engagement in TRD



SCIENCE AREA



Limitations: Small sample size (N=6); lack of control group; high attrition rate linked to structural factors.

Clinical Observations: *Patients reported high motivation but physical inability to attend sessions due to cost of transit.*

WHY DBT SKILLS?

DBT targets transdiagnostic processes (emotion regulation, distress tolerance) central to chronic depression.
In LMICs, these skills may be particularly relevant for navigating sustained adversity, yet structural barriers can limit opportunities for participation in skills-based interventions.

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