





Cost-effectiveness of internet-based vs. group treatment in subthreshold depression

Viola Spek, PhD **Tilburg University** Trimbos-institute **Netherlands**



Subthreshold depression: symptoms of depression, but not enough to meet the DSM-IV criteria for major depression



- Prevalence: 8-16% in people >
 50 years of age
- Clinically relevant
- Risk factor for developing a major depressive episode



rearlier papers, we reported on the fectiveness of internet-based eatment compared to group eatment for subthreshold depression



nternet-based treatment was found to e at least equally effective compared o group treatment.

pek et al. Psychological Medicine 2007; 37, 1797-1806.

pek et al. Psychological Medicine 2008; 38, 635-640.



Objective of the study

To estimate the cost-effectiveness of in internet-based intervention for subthreshold depression, by comparing it to an evidence-based group treatment.



Methods

200 participants

mean age = 55 years, SD = 4.6

presenting with subthreshold
depression (depressive symptoms
not meeting the DSM-IV criteria of
depression)



Procedure

- Screening for depression
- Face-to-face interview with CIDI
- Randomization
- Baseline assessment
- Intervention
- (Post-treatment assessment)
- One-year follow-up



Interventions

- Group cognitive behaviour therapy
- 10 group sessions with homework
- Evidence-based treatment
- Based on Lewinsohn's Coping With Depression course



Interventions

Color Your Life
Treatment at home
Self help, no support from therapist
Based on Dutch adaptation of
Lewinsohn's Coping With Depression
course



Methods

Depressive symptoms were measured with the BDI.

reatment response:

linically significant change according the definition of Jacobson & Truax 1991).



Methods

econdary cost-effectiveness analysis ased on:

direct medical costs, intervention costs, patients' out-of-pocket costs.

lot included: costs stemming from



ccurred in 63% of the participants the received the internet-based therevention as compared to 53% in roup intervention.



er participant intervention costs

nternet-based treatment: € 323

Group treatment: € 1830

his includes participants' time, costs or travel, group leaders salaries, osting for the website, etc.



ealth service type	Direct medical costs	Direct non- medical costs	
eneral practitioner	€ 21.36	€ 11.74	
ocial worker	€ 45.38	€ 30.14	
nysiotherapist	€ 24.06	€ 20.52	
ntroposophic GP	€ 21.36	€ 11.74	
sychic/medium	€ 42.46	€ 21.05	
ternative therapist	€ 42.48	€ 21.05	
sychologist	€ 131.14	€ 21.05	
edical specialist	€ 103.64	€ 21.36	



re- to post-treatment savings in costs by ondition: means (standard deviations)

	Internet CBT	Group CBT	Difference
ntidepressants	€ 11.33	€ 4.08	€ 7.25
hypnotics	(€ 43)	(€ 50)	
ther medical	€ 294.18	€ 312.39	- € 18.21
osts	(€ 572)	(€ 617)	
irect non-	€ 26.93	€ 22.92	€ 4.01
edical costs	(€ 47)	(€ 46)	



Incremental cost-effectiveness ratio

(C1 - C0) / (E1 - E0)

(655 - 2170) / (63 - 53) =£ 151.50



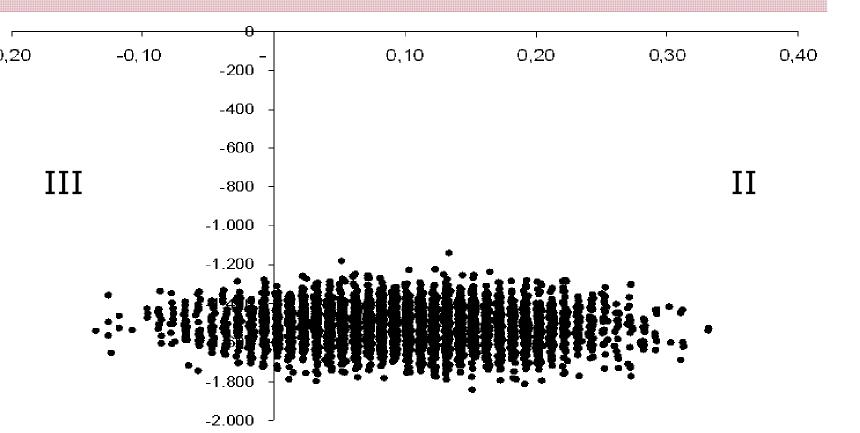
Incremental cost-effectiveness ratio

For each case of clinically significant change that is reached by offering nternet based treatment instead of group treatment, a saving of £151.50



Results Cost-effectiveness plane Cost difference IV + Effect difference 0







Cost-effectiveness plane

94% of the dots are in the lower right-hand quadrant

Internet-based treatment generates better health effects against lower costs

6% probability that internet-based is



Discussion

Clinically significant change:

63% vs. 53%

Costs of internet-based treatment compared to group treatment:

€ 323 vs. € 1830

Incremental cost-effectiveness ratio

= - € 151.50



Limitations

We did not incorporate costs of production losses

We were faced with attrition and missing data

Time span = 1 year



Conclusions

Internet-based treatment combines gains in health with cost savings compared to group treatment.



Thank you for listening!

Co-authors:
Filip Smit
Heleen Riper
Ivan Nyklíček
Pim Cuijpers
Victor Pop

v r m snek@uvt nl