


Evaluating the effectiveness of guided CCBT in the Netherlands (Beating the Blues): design of a randomized trial

Esther Parigger – Interhealth

<p>Beating the Blues</p> <ul style="list-style-type: none">• CCBT program for mild to moderate depression• NICE approved, and<ul style="list-style-type: none">→ clinically effective→ cost effective→ acceptable• Characteristics<ul style="list-style-type: none">○ web-based○ (inter)active○ CBT techniques○ 8 modules; 50' each○ case studies• Dutch version recently introduced, but<ul style="list-style-type: none">→ with three f2f contacts→ i.e. guided CCBT<p>http://beatingtheblues.nl/ demo</p> <p>Control treatment</p> <ul style="list-style-type: none">• Treatment as usual: f2f therapy based on CBT<ul style="list-style-type: none">→ integrity check with CTS <p>Trial registration</p> <ul style="list-style-type: none">• Dutch Cochrane Centre NTR2621	<p>Objectives</p> <ul style="list-style-type: none">• Primary objective<ul style="list-style-type: none">○ determine clinical and cost effectiveness of guided CCBT for mild to moderate depressive symptoms→ hypothesis: guided CCBT is not inferior to f2f therapy based on CBT (tolerated maximum effect difference $\delta=0.2$)• Secondary objectives<ul style="list-style-type: none">○ influence on anxiety symptoms○ acceptability to clients○ predictors/ moderators of outcome <p>Design</p> <ul style="list-style-type: none">• Non-inferiority randomized clinical trial<ul style="list-style-type: none">→ two active interventions; parallel→ blocked randomization→ 374 participants→ blinding not possible <p>Procedure</p> <ul style="list-style-type: none">• Enrolment (screening, baseline)• Allocation (after randomization)• Follow-up (6w, 12w, 6m, 12m)• Analysis (clinical, economical) <p>Study period</p> <ul style="list-style-type: none">• 01-02-2011 until 01-02-2014<ul style="list-style-type: none">→ pilot just started	<p>Participants</p> <ul style="list-style-type: none">• Recruited from Mentaal Beter practices• Inclusion criteria: BDI-II-NL range 14-28, duration complaints ≥ 2m, 18-65 years-of-age, proficient speaker of Dutch, access to internet and e-mail at home• Exclusion criteria: other psychological treatment for depressive complaints, suicide ideation, severe co-morbid disorders, substance abuse (alcohol/ drugs)• Participants can leave the study at any time for any reason without any consequences  <p>Questionnaires</p> <ul style="list-style-type: none">• Online available• BDI-II-NL, PHQ-9, DAS, BADS, GAD-7, CORE-34, WSAS (clinical analysis); EQ5D/VAS, TIC-P (economical analysis)• Feedback and acceptability questionnaires are also administered	<p>Statistics</p> <ul style="list-style-type: none">• Clinical analysis<ul style="list-style-type: none">○ primary outcome measure: presence/ severity of depressive symptoms as measured with BDI-II-NL<ul style="list-style-type: none">→ compare difference scores→ improvement and between group effect sizes→ reliable and clinically significant change• Economical analysis: cost-effectiveness and cost-utility<ul style="list-style-type: none">○ primary outcome measure: QALY based on EQ-5D/ VAS <p>Steering group</p> <ul style="list-style-type: none">• Added to the study to provide feedback and advice <p>Discussion</p> <ul style="list-style-type: none">• Inflow? Adherence?• Comments? <p>References</p> <ul style="list-style-type: none">• See hand-out; for more information, e-mail to e.m.parigger@interhealth.nl
--	---	---	---



Interhealth is the holding company of Mentaal Beter and Innohealth. Mentaal Beter started in 2004 as a franchise organization for private mental health care professionals. It holds approximately 400 franchisees all over the Netherlands. To date, over 1100 professionals are connected to Mentaal Beter. Innohealth started in 2007 and is bringing innovative health care solutions to the Dutch market. One of these is Beating the Blues. In the near future, Fearfighter will also be introduced.