

Computer assisted CBT provides little or no benefits for depression

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Researchers at the University of York have revealed computerised cognitive behavioural therapy (cCBT) is likely to be ineffective in the treatment of depression.

Published in the *British Medical Journal (BMJ)*, Professor Simon Gilbody from York's Department of Health Sciences and the Hull York

Medical School led the REEACT trial. The study was funded by the National Institute of Health Research Health Technology Programme.

Cognitive behavioural therapy (CBT) delivered by a trained therapist is considered to be a highly effective "talking treatment" for depression, but this is not always immediately available through the NHS. One alternative is the delivery of CBT via specially-designed computer programmes which can be used to increase access.

To judge the effectiveness of computerised CBT, York researchers carried out the largest randomised control trial to date, assessing the effectiveness of cCBT when added to usual GP care.

The REEACT trial included 691 patients with depression carefully selected from 83 general practices across England.

Results showed that cCBT offered little or no benefit over usual GP care.

Patients generally did not engage with computer programmes on a sustained basis, and they highlighted the difficulties of repeatedly logging on to computer systems when clinically depressed.

Dr Elizabeth Littlewood, who managed the REEACT trial, said: "Current NICE guidelines recommend the use of cCBT as a treatment for depression, but there was a need to carry out a large trial to judge the value of these treatments as they are offered in the NHS. Our findings show that cCBT is likely to be an ineffective form of low-intensity treatment for depression and an inefficient use of finite healthcare resources.

"Despite the high level of technical support and weekly encouragement to use the computer packages, there was general low adherence and

engagement with this form of treatment. It seems that participants often want more clinical support in addition to therapy."

Professor Gilbody, Director of the York Mental Health and Addictions Research Group (MHARG) and Chief Investigator of the REEACT study, added: "These findings have important implications for those who commission services and purchase commercial products on behalf of publicly funded [health](#) services. Depression is a treatable condition and there a number of effective interventions that can be offered. We know that CBT works very well for [depression](#) but this research make us less sure that it can be treated when computers alone are used to deliver this treatment."

Professor Karl Atkin, Head of Department at Health Sciences in York, concluded: "This is one of a number of large scale trials in this area to be conducted by MHARG and the York Trials Unit. Such research is essential in ensuring the best care is offered in the NHS and finite healthcare resources are used to the maximum benefit for patients. This is the type of research which York does very well."

More information: Computerised cognitive behaviour therapy (cCBT) as a treatment for depression in primary care (The REEACT trial): a large scale pragmatic randomised controlled trial, www.bmj.com/cgi/doi/10.1136/bmj.5654

Provided by University of York

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