Websites offering information about depression or cognitive behaviour therapy reduced depressive symptoms


In community dwelling patients with depression, do websites offering information about depression or cognitive behaviour therapy (CBT) reduce depressive symptoms?

METHODS

Design: randomised controlled trial.

Allocation: (concealed)*.

Blinding: unblinded.

Follow up period: 6 weeks of intervention.

Setting: Canberra, Australian Capital Territory, Australia.

Patients: 525 patients 18–52 years of age (mean age 36 y, 71% women) who had symptoms of depression but were not receiving clinical care and had access to the internet.

Intervention: a website offering information about depression (BluePages, http://bluepages.anu.edu.au) (n = 165) or CBT (MoodGYM, http://moodgym.anu.edu.au) (n = 182), or an "attention placebo" (control) (n = 178). Lay interviewers telephoned patients in the BluePages and MoodGYM groups every week to provide directions on how to use the websites. Detailed guides outlining website navigation and weekly assignments were sent by post at the commencement of the trial. Patients in the control group were telephoned once a week to discuss lifestyle and environmental factors that may have had an influence on depression.

Outcomes: measures of symptom change (20 item Center for Epidemiologic Studies depression scale, with scores >16 out of 60 reflecting clinical depression).

Patient follow up: 83% (intention to treat analysis).

*Information provided by author.

MAIN RESULTS

At 6 weeks, reductions in symptoms of depression were greater in both the BluePages and MoodGYM groups than in the control group (table).

CONCLUSION

In community dwelling patients with depression, websites offering information about depression or cognitive behaviour therapy reduced depressive symptoms.

A modified version of this abstract appears in Evidence–Based Medicine.

A website offering information about depression (BluePages) or a website offering cognitive behaviour therapy (MoodGYM) v ’attention placebo’ (control) for depression*

<table>
<thead>
<tr>
<th>Outcome at 6 weeks</th>
<th>Comparison</th>
<th>Mean</th>
<th>Difference (95% CI)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from baseline in CES-D scores</td>
<td>BluePages v control</td>
<td>3.9 ± 1.0</td>
<td>2.9 (0.6 to 5.2)</td>
</tr>
<tr>
<td></td>
<td>MoodGYM v control</td>
<td>4.2 ± 1.0</td>
<td>3.2 (0.9 to 5.4)</td>
</tr>
</tbody>
</table>

*CI defined in glossary.
†CES-D = Centre for Epidemiologic Studies Depression scale; scores range from 0–60, with scores >16 reflecting clinical depression.
‡Both significant differences favour BluePages and MoodGYM over control.