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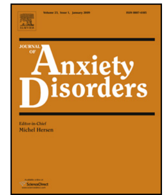

A randomized controlled trial of guided internet-delivered cognitive behaviour therapy for older adults with generalized anxiety

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ABSTRACT

This study aimed to establish the efficacy of guided Internet-delivered cognitive-behaviour therapy (ICBT) for older adults with generalized anxiety disorder (GAD) or subclinical GAD. Participants were randomized to receive seven modules of ICBT ($n = 24$) or to a waiting list condition (WLC; $n = 22$). Faster improvements in symptoms of anxiety and depression were observed for participants in the ICBT condition relative to the WLC, with large between-group effect sizes on the Generalized anxiety disorder-7 ($d = .85$) and the Patient health questionnaire ($d = 1.17$) obtained at post-treatment. Further reduction in generalized anxiety symptoms was reported over the one-month follow-up. Treatment effects were replicated when control participants subsequently underwent treatment. Higher ratings of treatment credibility, but not expectancy, prior to ICBT predicted improvements over time. The results support the efficacy of ICBT as treatment for older adults with GAD.

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1. Introduction

Generalized anxiety disorder (GAD) is characterized by persistent and excessive anxiety as well as uncontrollable worry about a number of events, topics, or activities (American Psychiatric Association [APA], 2013), and is one of the most common psychological disorders affecting adults aged 60 years and older (Kessler et al., 2005). When subclinical anxiety is taken into account (Heun, Papassotiropoulos, & Ptok, 2000), prevalence estimates reach as high as 19% in this age cohort (Mehta et al., 2003). The negative impact of clinical anxiety on older adults has been well-documented; older adults with GAD experience marked levels of disability and health-related quality of life impairment, along with increased healthcare utilization compared to healthy controls (Porensky et al., 2009).

Group (e.g., Stanley et al., 2009) and individual (e.g., Mohlman et al., 2003) cognitive-behaviour therapy (CBT) are efficacious for treating GAD among older adults, but are not frequently provided. Mobility difficulties (Stanley et al., 2003b), stigma related to treatment use (Sirey et al., 2001), and limited access to providers trained in evidence based-treatment (Gega, Marks, & Mataix-Cols, 2004) in both urban and rural locations are factors associated with under-treatment. These treatment barriers emphasize the need for researchers to investigate novel methods of improving access to psychological services for older adults with anxiety.

Guided Internet-delivered CBT (ICBT) is an innovative approach to providing treatment that has the potential to increase accessibility and affordability of mental health services for older adults. While treatment programs vary, many are comprised of structured self-help manuals based on CBT principles combined with therapist guidance and support through weekly e-mails or telephone calls. Emerging evidence has supported the clinical efficacy of ICBT for treating various mental health problems including GAD (e.g., Titov, Andrews, Choi, Schwencke, & Johnston, 2009); however, older adults remain under-represented in these studies. Older adults may be unfairly excluded from ICBT research as they are the fastest growing group of computer users and information seekers on the Internet (Veenhof and Timusk, 2009). As our population continues to age, examination of the efficacy of such interventions for anxiety symptoms in this age group is important, but is currently limited.

Zou et al. (2012) conducted the first known feasibility trial evaluating ICBT for adults over the age of 60 with a range of anxiety disorders. The authors found that the program was effective in reducing symptoms of generalized anxiety (Cohen's $d = 1.65$) and depression (Cohen's $d = 1.22$) from pre- to post-treatment, with gains maintained at 3-month follow-up (Zou et al., 2012). More recently, Dear et al. (2015a) compared the efficacy of ICBT for older

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adults with symptoms of anxiety to a waiting list control (WLC) group. Relative to WLC, the ICBT group reported marked reductions in anxiety (Cohen's $d = 1.43$) and depression (Cohen's $d = 1.79$) at post-treatment, with reductions sustained at 3- and 12-month follow-up (Dear et al., 2015a). Dear et al. (2015a) also found support for the cost-effectiveness of ICBT. In a follow-up study, Dear et al. (2015b) provided a self-guided ICBT program to participants who were initially assigned to the WLC. Even without therapist involvement, significant reductions in anxiety (Cohen's $d = 1.17$) symptoms were observed from pre- to post-treatment and health-related quality of life significantly improved over the 8-week treatment. Encouragingly, similar results were reported for older adults with symptoms of depression (Titov et al., 2015). The findings underscore the considerable potential of ICBT for improving anxiety and depression in older adults.

The present trial aimed to add to the emerging research on ICBT for older adults in several ways. First, no known published studies to the authors' knowledge have researched ICBT specifically for the treatment of generalized anxiety in older adults. Thus, it remains unclear whether ICBT is efficacious for older adults specifically with generalized anxiety, a clinical problem known to be harder to treat than other anxiety disorders in late-life (Westen and Morrison, 2001). To address this gap, we conducted a randomized controlled trial (RCT) that examined whether an ICBT program designed for the treatment of GAD was efficacious in reducing GAD symptoms, anxiety, worry, and depression, and for improving quality of life, when compared to a WLC group. Unlike other studies in this area, we also included a partial replication of the RCT by examining the treatment effects of ICBT in waiting list participants after the waiting period. In addition, we sought to further our understanding of how client engagement factors, such as ICBT participants' expectations of ICBT and ability to change their anxiety, are associated with treatment outcomes. Finally, to date, all studies focused on ICBT for older adults have been carried out by one research group in Australia (e.g., Dear et al., 2015a). Independent replication is, therefore, a necessary and important next step in the literature in order for ICBT for older adults with anxiety to be accepted as efficacious (APA Presidential Task Force on Evidence-Based Practice, 2006).

It was hypothesized that: (1) relative to WLC participants, ICBT participants would improve at a faster rate on measures of generalized anxiety, worry, depression, and quality of life; (2) medium effect sizes would be observed from pre- to post-treatment for ICBT participants; (3) at post-treatment, 80% of treatment participants would report no longer experiencing clinically significant symptoms of GAD as assessed by a cut-off of 10 or less on the generalized anxiety disorder 7-item (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006); (4) participants who were offered ICBT after the waiting list would show a significant improvement in symptoms post-treatment, and; (5) participants with higher as compared to lower credibility/expectancy ratings related to ICBT would improve at a faster rate.

2. Method

2.1. Research design

An RCT design was used that involved randomly assigning participants to ICBT (active treatment) or WLC (a delayed treatment) and comparing groups using a between-subjects design. Waiting time varied between seven and 10 weeks, with waiting time matched to the time it took ICBT participants to complete the intervention. All participants in the WLC were immediately offered treatment after the waiting period. To provide a partial replication of the RCT design, data was gathered from those who originated

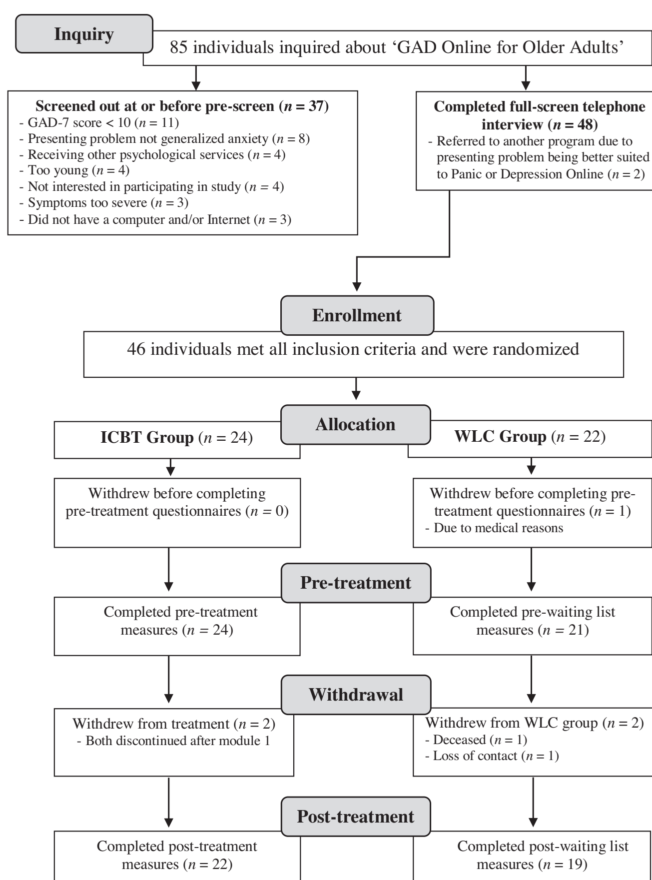

Fig. 1. Flow of participants through the study.

in the WLC group but converted to receive ICBT after the waiting period (i.e., Converters) to determine whether treatment effects were observed in this subset of the sample. For all participants who received ICBT (initial treatment group and Converters), we examined the impact of client engagement factors on improvement during ICBT. Ethics approval was sought jointly from the Research Ethics Boards for two provincial universities and the local health region. This trial was registered with Current Controlled Trials (ISRCTN83626400).

2.2. Participants

Participants were recruited using numerous methods, including newspapers, newsletters, radio announcements, online advertisements, posters, and letters sent to physicians and psychiatrists. Between March 2012 and August 2013, 85 interested individuals inquired about the study (see Fig. 1 for details of participant flow through the study). Eligible participants were residents of Saskatchewan, Canada, aged 60 years or older, had access to a computer and Internet, reported no change in psychotropic medication for at least one month prior to enrollment, and met Diagnostic and Statistical Manual of Mental Disorder fourth edition text revision (DSM-IV-TR; APA, 2000) criteria for clinical or subclinical GAD. Subclinical GAD was an inclusion criteria because research indicates that few older adults endorse the following DSM-IV-TR diagnostic criteria for GAD: worry more days than not, difficulty controlling worry, and clinically significant distress/impairment (Diefenbach et al., 2003). As such, participants who did not endorse such criteria were categorized as subclinical, but were eligible for participation. Participants also had to endorse at least moderate symptoms on the GAD-7 (i.e., a score of $\geq$10) at pre-screening to participate. By using

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