Journal of Crohn's and Colitis (2014) 8, 536–542

Available online at www.sciencedirect.com

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Preferences of inflammatory bowel disease patients for computerised versus face-to-face psychological interventions

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Received 19 August 2013; received in revised form 11 November 2013; accepted 12 November 2013

KEYWORDS
Computerised interventions;
Inflammatory bowel disease;
Psychotherapy

Abstract

Background and aims: Psychological interventions can be effective treatments for patients with medical illnesses such as inflammatory bowel disease (IBD). However, there are barriers to their widespread implementation such as lack of therapists, high costs, stigma, and poor accessibility in remote areas. Computerised psychological interventions can overcome these barriers. The aim of this study was to measure and compare the preferences of IBD patients for computerised versus face-to-face psychological interventions.
Methods: One hundred and two IBD patients were given a support willingness questionnaire which measured their willingness and confidence to participate in computerised and face-to-face psychological interventions as well as the number of sessions they would be willing to participate in.
Results: IBD patients were more likely to want to take part in a computer based than face-to-face intervention (45.5% versus 16.8%, $p = 0.045$). Furthermore, IBD patients were willing to participate in more sessions of computerised than face-to-face intervention median (5 vs. 3.5, $Z = 3.93$, $p < 0.001$). Younger females had a significantly higher acceptability of a computerised intervention than older females ($\chi^2(1) = 6.77$, $p = 0.009$) but the same was not found for males. Duration of disease was not associated with willingness to participate in an intervention.
Conclusions: IBD patients appear more willing to participate in a computerised than face-to face psychological intervention. Future studies should attempt to study the effectiveness of computerised psychological interventions in IBD.

1. Introduction

Psychotherapy, and in particular cognitive behavioural therapy (CBT), is effective in treating patients with psychiatric[1,2] and physical illness.[3–6] However, many barriers hinder its widespread

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http://dx.doi.org/10.1016/j.crohns.2013.11.011

implementation, including shortages of adequately trained therapists, high costs, potential stigma associated with seeking professional help and lack of accessibility in remote areas.[7–10] Computerised CBT (CCBT) provides a means by which these constraints can be mitigated. Some studies have shown CCBT to be equally as effective as traditional CBT for psychiatric illness[11–16] although this evidence has not been widely accepted.

Measuring the acceptability of psychotherapy in patients with chronic physical illnesses such as inflammatory bowel disease (IBD) is important. Acceptability refers to the degree that patients, clinicians or others are comfortable or at ease with a service and are willing to use it.[17]

Healthcare utilization is related to both medical problems and psychological factors, such as disease burden experience, depression, and poor quality of life (QOL).[18–20] Psychotherapy may lead to decreases in healthcare utilization[21] with consequent cost savings. IBD patients may benefit from psychotherapy physically and mentally, especially those who have baseline psychiatric comorbidities[22,23] or physical symptoms.[23,24] Psychotherapy for IBD has also shown promise for reducing pain, fatigue, relapse rate and hospitalisation, and improving medication adherence in IBD patients.[23]

Few studies have measured the acceptability of computerised psychotherapy. Wootton et al.[25] performed an acceptability study on obsessive compulsive disorder (OCD) patients and found that 86% of 116 internet based respondents reported that they definitely or possibly would "use Internet [sic] therapy". In a survey of 244 internet-based post-traumatic stress disorder patients, Spence et al.[26] showed that 74% of their internet based sample (n = 244) would possibly or definitely "try Internet [sic] therapy" and that 29% of their sample would prefer Internet therapy versus 32% who would prefer face-to-face treatment. However, both of these study populations comprised patients who were already using the internet and, therefore, did not represent the general population.

It is unknown whether IBD patients would prefer a computerised over a face-to-face psychological intervention. However, given the increased convenience (i.e. computerised interventions done at home in their own time) and reduced stigma associated with a computerised psychological intervention,[27] it can perhaps be expected that a computerised intervention will be popular relative to a face-to-face intervention.

Individual characteristics of IBD patients, such as age, sex, and time since diagnosis may also determine the acceptability of computerised psychotherapy. For example, computer literacy declines with age[28] and so willingness to participate in a computerised intervention should decrease with age relative to a face-to-face intervention. Meanwhile, men have generally been shown to be less open to seeking help for psychological and physical ailments[29] and so it is perhaps to be expected that men will be less accepting of computerised and face-to-face psychological interventions. Lastly, time since diagnosis is a less straightforward independent variable because no studies have examined it and newly diagnosed IBD patients' desire to learn more about how to cope with IBD may be offset by them being in an earlier stage of health behaviour change.[30] However, it is important to measure because if time since diagnosis is shown to alter acceptability, better decisions can be made about which patients to target for a computerised psychological intervention.

No computerised psychological intervention acceptability studies have been performed in IBD populations. Therefore, we aimed to measure the willingness and confidence of IBD patients to complete a psychological intervention and compare their acceptability of computerised versus face-to-face intervention. We also wished to see whether certain patient characteristics, such as age, sex, and time since diagnosis were associated with a preference for computerised versus face-to-face psychological interventions.

It is hypothesised that IBD patients will be more willing to participate in a computerised than face-to-face psychological intervention, females will be more willing than males to participate in psychotherapy, willingness for computerised interventions will decline with age, and time since diagnosis will bear no relationship to acceptability.

2. Materials and methods

2.1. Participants

Participants were eligible for the study if they had been diagnosed by a specialist with IBD and were aged 18 years or over. One hundred and fifteen participants were approached (81 from a Gastroenterology outpatient's clinic and 34 from an existing observational IBD study) and 102 completed the questionnaire (response rate 88.7%).

2.2. Questionnaire

No questionnaire has previously been developed to measure patient preferences for computerised versus face-to-face interventions in chronic physical illness populations. The support willingness questionnaire (SWQ) was developed to determine the acceptability of a psychological intervention and whether patients would prefer a computerised or face-to-face psychological intervention. A psychiatrist, gastroenterologist, psychologist, and statistician were involved in its development. It contained 12 questions. The first three questions asked about age, sex, and disease type and the last nine questions about acceptability of psychological support (questions 4 and 5), preference for computerised or face-to-face CBT (questions 6 and 7), preferred number of sessions (questions 8 and 10), access to the internet (question 9) and confidence in the participant's ability to complete the sessions (questions 11 and 12). Length of time since diagnosis was obtained from their clinical notes.

Before questions six and seven it was stated "Such an intervention could be given either face-to-face with an IBD nurse or else online using a computer programme. Face-to-face participation would involve coming to the hospital for a defined number of sessions to speak with the nurse. Computer-based would involve a defined number of sessions completed online in your own home."

2.3. Statistics

Statistical Package for the Social Sciences version 19 (SPSS 19-x) was used to calculate frequencies (questions 2–12), medians (question 1 and time since diagnosis), median splits (age and time since diagnosis), and range (question 1). A