



Reductions in the internalising construct following internet-delivered treatment for anxiety and depression in primary care



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ABSTRACT

Depressive and anxiety disorders are different manifestations of a latent internalising construct. To date, efficacy studies have tended to focus on disorder-specific outcomes, rather than underlying dimensions. This study examined the effect of a transdiagnostic internet-delivered cognitive behavioural therapy (iCBT) on the internalising construct in a primary care sample. Participants included 635 patients aged 18 years or over who were prescribed a six lesson transdiagnostic iCBT program for anxiety and depression by their primary healthcare professional. All patients completed the Patient Health Questionnaire 9, the Generalised Anxiety Disorder 7-Item Scale, the Mini Social Phobia Inventory and the Panic Disorder Severity Self-Report Scale at baseline. 325 of these patients completed the program and provided data on each of these scales during the final lesson. Reductions in the latent internalising construct were assessed within a longitudinal factor analysis framework that compared internalising factor means before and after treatment. The within group mean reduction in the latent internalising construct was large ($ES = 1.23$, $SE = 0.09$; $p < 0.001$). Due to the lack of a control group, between group reductions in the latent internalising construct could not be investigated. This study demonstrated that there are clinically significant reductions in the latent internalising construct following transdiagnostic iCBT for anxiety and depression.

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Introduction

The diagnostic criteria for the six anxiety disorders and major depression differ as though they were very distinct entities (American Psychiatric Association, 2013). Yet converging lines of evidence suggest that the characteristics shared amongst these disorders outweigh the differences (Andrews, 1990; Barlow, Sauer-Zavala, Carl, Bullis, & Ellard, 2014; Krueger, 1999; Tyrer, 1989). Andrews et al. (2009) demonstrated that the anxiety and depressive disorders are highly comorbid and share genetic and environmental risk factors (Andrews et al., 2009; Goldberg, Andrews, Krueger, & Hobbs, 2009; Krueger & South, 2009). These disorders also respond to the same treatments (selective serotonin reuptake inhibitors and cognitive behavioural therapy) in similar ways as though these disorders were driven by the same underlying

psychopathological processes (Andrews, 1990). Anxiety and depressive disorders have therefore been labelled internalising disorders, and neuroticism has been identified as the core feature underpinning the internalising construct (Griffith et al., 2010). Given the relationship between neuroticism and a range of psychiatric disorders (Griffith et al., 2010; Van Os & Jones, 2001), not just anxiety and depression, the internalising construct is fully transdiagnostic in nature, with implications for treatment that have only recently been realised.

Consistent with this evidence, there is a growing body of literature that focuses on the efficacy of transdiagnostic cognitive behavioural therapy (CBT) for a range of comorbid internalising disorders (Barlow, Allen, & Choate, 2004; Dear et al., 2011; Mansell, Harvey, Watkins, & Shafran, 2008; Mansell, Harvey, Watkins, & Shafran, 2009; McEvoy, Nathan, & Norton, 2009; Newby et al., 2013; Norton, 2012). When evaluating these transdiagnostic treatments, however, most efficacy studies have tended to focus on disorder specific measures as the outcomes of interest. The efficacy of transdiagnostic treatments in terms of modifying the underlying internalising construct, or the vulnerability that underpins these disorders, has been largely unexplored. Treatment-related reductions in generic temperamental factors known to correlate

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highly with the internalising construct (such as neuroticism or behavioural inhibition) have been demonstrated (Carl, Gallagher, Sauer-Zavala, Bentley, & Barlow, 2014; Lucas & Donnellan, 2011; Newby et al., 2013), but these remain indirect manifest reflections of the latent internalising construct. Latent variable analysis is one method that can be used to determine the effect of transdiagnostic treatments on the underlying construct of interest (Kushner et al., 2013; Naragon-Gainey, Gallagher, & Brown, 2014). Working within a longitudinal latent variable framework, changes in the mean levels of the internalising construct can be established from pre- to post-treatment (Marsh & Grayson, 1994; Pitts, West, & Tein, 1996). This latent level approach allows an examination of the way in which treatment influences the mechanisms that many disorders share, rather than focusing on indirect symptom measures of the construct under consideration. In addition, latent variable analysis specifically accounts for psychiatric comorbidity and is therefore consistent with the dimensional approach that has informed the development of transdiagnostic psychotherapies. Working within this latent variable approach, the aim of the current study was to examine whether a transdiagnostic internet-delivered CBT (iCBT) program for anxiety and depression reduces the latent internalising construct, as opposed to the manifest diagnosis-specific symptoms that have been the focus of previous research.

Methods

Participants

The sample consisted of 635 patients aged 18 years or over who completed at least one online CBT lesson for comorbid anxiety and depression between September 2011 and March 2013. 66.1% of the sample were female ($n = 420$), 38.4% were from a rural location ($n = 244$) and the average age was 40.8 years ($SD 13.8$; range 18–81 years). Participant flow is represented in Fig. 1. Over half of the sample was prescribed the course by their general practitioner ($n = 350$; 55.1%), whilst the remaining patients were prescribed the course by their psychologist ($n = 151$; 23.8%) or other health professional ($n = 134$; 21.1%). The prescribing health professionals retained clinical responsibility for their patients and were advised that patients were unlikely to benefit from treatment if they had persistent suicidal thoughts, drug or alcohol dependence,

schizophrenia, bipolar disorder, or were on atypical antipsychotics or benzodiazepines. This study was approved as part of the quality assurance activities undertaken by the Patient Safety and Quality Unit at St. Vincent's Hospital, Sydney, with whom a copy of this manuscript has been lodged. Prior to enrolment in the treatment program, all individuals are informed that data will be collected and used for quality assurance research as per the following: 'By participating in This Way Up clinic, you acknowledge that your data will be pooled, analysed and periodically published in scientific articles to enhance scientific knowledge in anxiety and depression. In any publication, information will be provided in such a way that you cannot be identified'. All patients provided electronic informed consent that their pooled data could be used for these purposes.

Intervention

The Worry and Sadness Program consists of six online lessons to be completed over a 90 day period. The Worry and Sadness Program was specifically developed to target comorbid generalised anxiety disorder (GAD) and major depression and was subjected to a CONSORT compliant clinical trial in October 2011. Following evidence of efficacy, the Worry and Sadness Program was disseminated amongst 3600 primary care health professionals across Australia who were encouraged to prescribe the program to patients suffering from comorbid anxiety and depression. Lesson content was presented in the form of an illustrated story about two fictional characters who were anxious and depressed but who gained mastery over their problems using CBT techniques (see Table 1 for course content). (pg. 6) "This transdiagnostic program did not focus on specific symptoms associated with anxiety or depression, but instead targeted shared cognitive, emotional and behavioural processes that maintain symptoms across anxiety and depressive disorders, with the aim of reducing symptoms". For example, some of the shared maintenance factors that were targeted included both rumination and worry, as well as negative interpretation biases, avoidance, and safety behaviours (Newby et al., 2013). Following each lesson, participants downloaded a lesson summary, which included practical homework (e.g., graded exposure tasks). Participants had access to (i) frequently asked questions for each lesson, (ii) "Patient Recovery Stories" from former patients and (iii) extra resources related to sleep disturbance, activity planning, assertiveness, pleasant events,

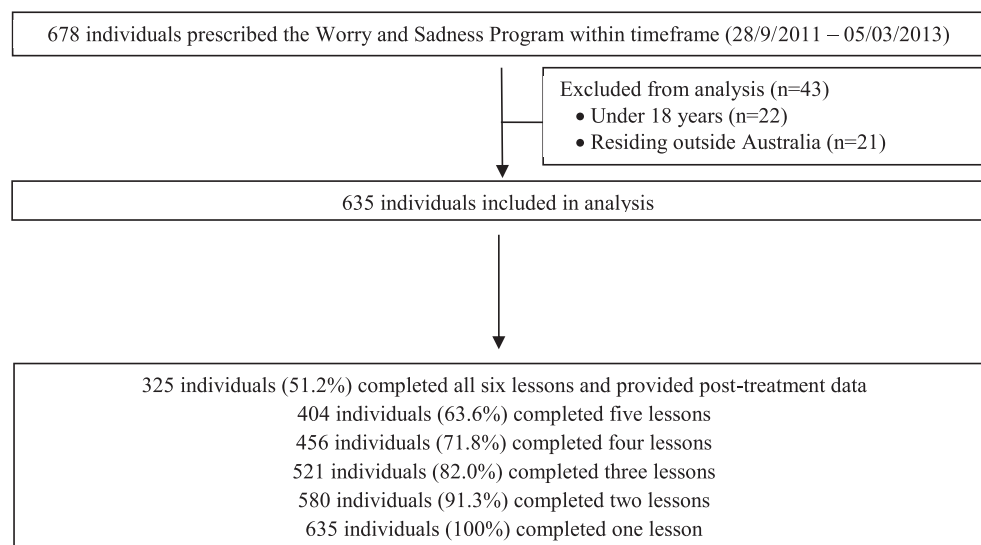


Fig. 1. Participant flow diagram.

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