







## Prescripción accesible de psicoterapia en pacientes con depresión en AP: *Ifightdepression*

## The development of the *iFightDepression* website and self-management tool

Annabel Cebria<sup>1,2,4</sup> Eva Aguilar<sup>1,2,4</sup>; ;Azucena Justicia<sup>1,2,3</sup>; Matilde Elices <sup>1,3</sup>; Jesús Gorosabel<sup>5</sup>;Dolors Puigdemont<sup>1,6</sup>;Javier de Diego<sup>16</sup>;Andrea Gabilondo<sup>7</sup>Alvaro Iruin<sup>7</sup>; E. Arensman, U. Hegerl, Víctor Pérez<sup>1,2,3</sup>;,Diego J Palao<sup>1,2,4</sup>

University Hospital, Department of Psychiatry and Psychotherapy, University of Leipzig, Leipzig, Germany

German Depression Foundation, Depression Research Centre, Leipzig, Germany



<sup>&</sup>lt;sup>1</sup> Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Madrid, Spain

<sup>&</sup>lt;sup>2</sup> Departament de Psiquiatria i Medicina Legal, Universitat Autònoma de Barcelona, Cerdanyola del Vallès, Barcelona, Spain

<sup>&</sup>lt;sup>3</sup> Institut de Neuropsiquiatria i Addiccions, Hospital del Mar. Institut Hospital del Mar d'Investigacions Mèdiques (IMIM), Barcelona, Spain

<sup>&</sup>lt;sup>4</sup> Parc Taulí Hospital Universitari. Sabadell, Spain

<sup>&</sup>lt;sup>5</sup> Lagasca Health Center. Madrid, Spain

<sup>&</sup>lt;sup>6</sup> Department of Psychiatry, Hospital de la Santa Creu i Sant Pau. Institut d'Investigació Biomèdica Sant Pau, Barcelona, Spain.

<sup>&</sup>lt;sup>7</sup>Outpatient Mental Health Care Network, Osakidetza- Basque Health System. Biodonosti Health Research Institute, San Sebastian, Spain







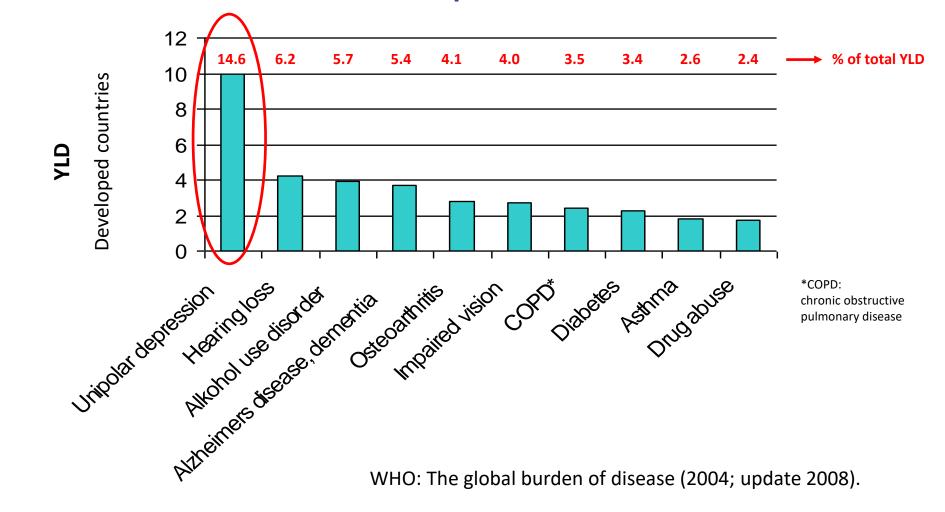


## What are the benefits of implementing the iFightDepression tool in clinical practice?

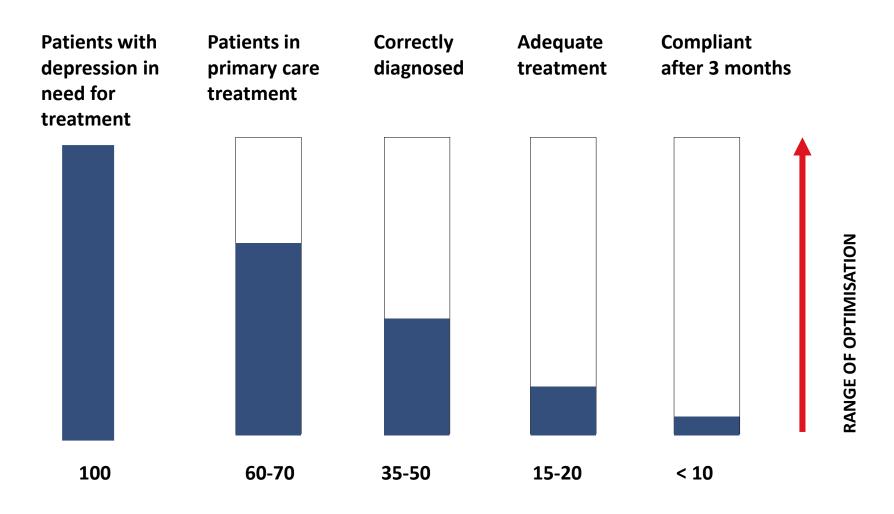
- A tool to offer to (mild and moderately) depressed patients
  - Which might help to bridge waiting times to specialised care
- Early intervention with this patient group to prevent the development of severe depression
- Improving your knowledge about Cognitive Behavioural Therapy (CBT) and basic psychotherapeutic skills
- The opportunity to develop local networks of professionals
- Additional material for your work with depressed patients

# **Depression: Public Health Significance**

## Size of the Problem in developed countries:



# **Depression: Diagnostic and therapeutic deficits**



Kohn et al. (2004), Boenisch et al. (2012), Pence et al. (2012)

## The iFD tool - a self-management tool

What is self-management?

- "Interventions, trainings, and skills by which patients with a chronic condition, disability, or disease can effectively learn how to take care of themselves and effectively deal with difficult situations" (Sterling et al, 2010)
- Successfully applied to chronic somatic diseases
- Increasingly being applied to mental health

# **GPs and Mental Health Practitioners role in supporting self-help with the iFD tool**

To identify patients who might benefit from the iFD tool

Encourage patients to use the iFD tool

To help tackle obstacles in using the materials

 NB – Patients can and should continue to use medication or any other treatments they have been undertaking while using the iFD tool.

## The development of the iFD tool

- iFightDepression is based on
  - Elements of Cognitive Behavioural Therapy (CBT)
  - Other elements, such as sleep regulation
- It was developed based on
  - The existing evidence of online self-management of depression
  - Additional input to the material by international experts from the field
  - Personal experiences of the researchers involved in PREDI-NU
  - Phase 1 of the PREDI-NU project which provided user and professional feedback

computerised CBT (cCBT):
An evidence based approach?

Findings from a meta-review conducted by the PREDI-NU researchers (including 1 meta-review and 21 systematic reviews)

- cCBT is ...
  - equally effective to therapist-led CBT
  - more effective than treatment as usual and bibliotherapy
  - effective in reducing depressive symptoms and improving diagnostic status
  - more effective in guided interventions than non-guided or purely self-guided cCBT interventions
  - more effective for people with mild to moderate depression than for those with major/severe depression

## iFightDepression: overall outline

i Fight Depression

**Adult version** 

(25 and older)

6 core modules

1 optional module

Healthy Lifestyle

iFightDepression

Version for young people (15 – 24)

6 core modules

3 optional modules

Healthy Lifestyle

Social anxiety

Relationships

## iFightDepression: overall outline

### The 6 core modules:

Module 1: Thinking, Feeling and Doing

Module 2: Sleep and Depression

Module 3: Planning and Doing Things That You Enjoy

Module 4: Getting Things Done

Module 5: Identifying Negative Thoughts

Module 6: Changing Negative Thoughts

### 1 Optional module

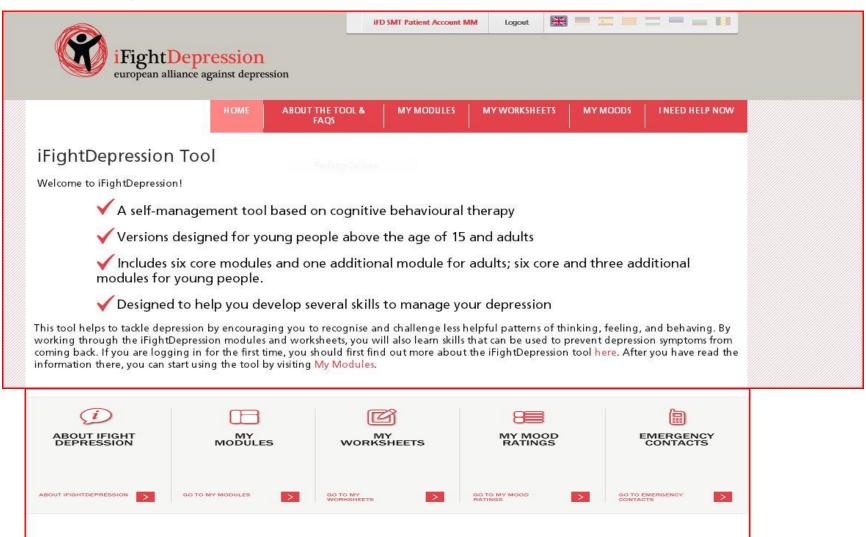
Module 7: Feel Better All Round: Healthy Lifestyle

# What does iFightDepression involve for the patients?

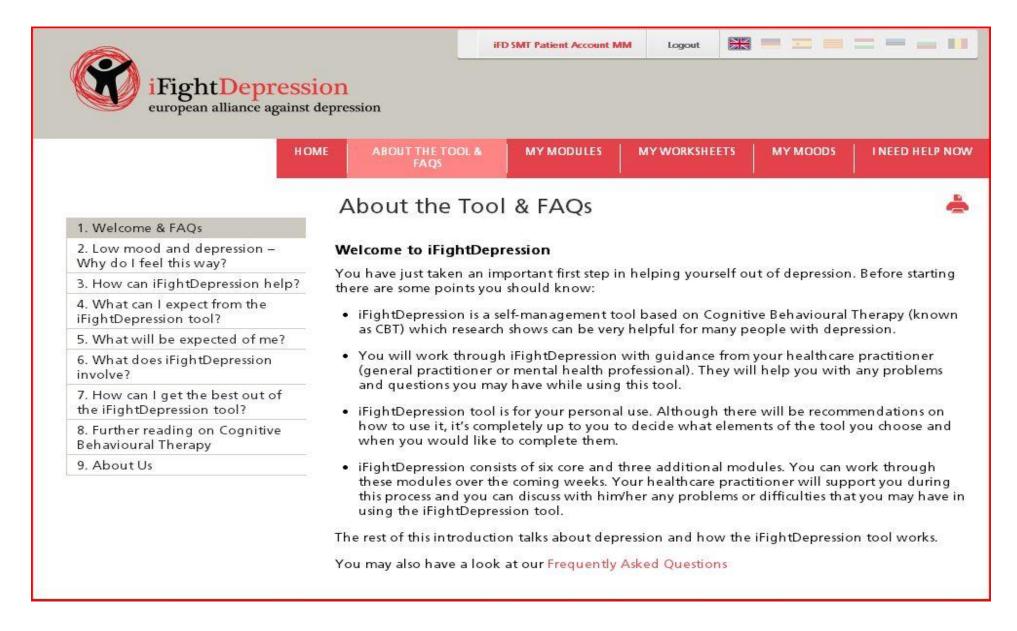
- Completion of six core modules
  - Suggestion: one module per week (approx. 30 45 min each)
  - Patients themselves decide about the pace of their work
- Optional modules
  - 1 for adults, 3 for young people
  - Patient can choose depending on their personal circumstances
- Worksheets and exercises
- Mood scoring (PHQ-9)
  - 3 automated obligatory time points
  - Can be completed as often as they like meanwhile
  - Might be printed and shared with you, but patient can choose to maintain confidentiality.
  - (Note for professionals: 3 x consecutive scores indicating 'severe' depressive symptoms and/or positive response to item 9 (suicidal/self-harm tendencies) -> automatic feedback window appears advising patient to contact healthcare professional or emergency services)

# What does iFightDepression look like?

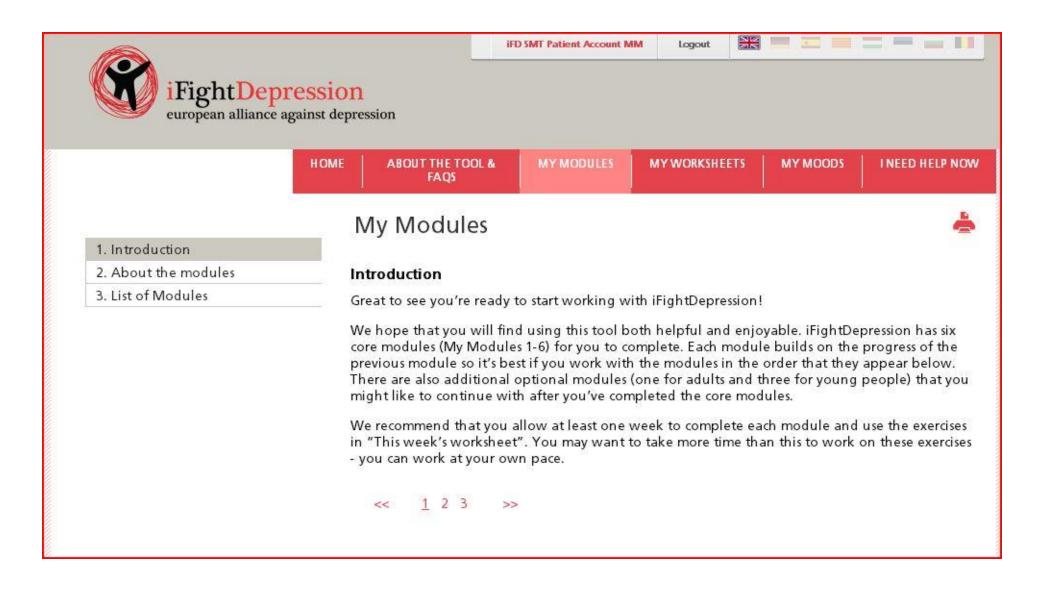
• www.ifightdepression.eu



# and FAQs



## Introduction



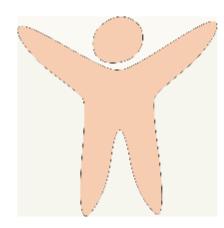


**ABOUT THE TOOL** MY MODULES MY WORKSHEETS MY MOODS I NEED HELP NOW **HOME** & FAQS

### Module 1: Thinking, Feeling & Doing



- 1. In this module
- 2. Thinking, Feeling and Doing
- 3. Depression is a downward spiral
- 4. How activity can help you feel better
- 5. Activity monitoring exercise: introduction
- Activity monitoring exercise: Steps 1-3
- 7. Planning an enjoyable activity
- 8. This week's worksheet (Module
- 1: Weekly Plan: Activity Monitoring)
- 9. Well Done...



#### In this module, we will learn

- · how our thoughts, feelings and behaviour/actions are connected
- · how depression is a downward spiral
- · how activity can help you feel better
- · how to build up doing positive activities

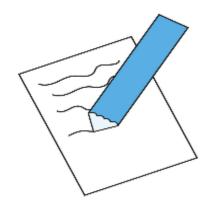


HOME ABOUT THE TOOL MY MODULES MY WORKSHEETS MY MOODS I NEED HELP NOW & FAQS

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#### This week's worksheet

Between this module and the next, your task is to keep a record of your activity, moods and sleep times on a daily basis. We recommend that you continue to do this exercise beyond the first week. Keep doing the task for as long as it seems useful to you. You can save or print as many copies of the blank Weekly Plan as you need and complete them during the week.

You may wish to bring a printout of your completed worksheets at your next visit to discuss them with your healthcare practitioner.

## **Activity monitoring worksheet**

Activity Monitoring Worksheet: Record your activity, rate your mood, do at least one thing that you enjoy

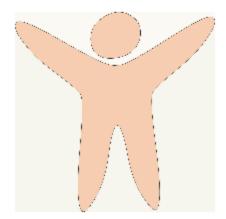
Date in calendar week Colour picker: standard spare time activity obligatory activity other activity Monday Tuesday Wednesday Thursday Friday Saturday Sunday Time waking up (lights on) How many percent of last night were you awake (0-100)Mood in the hour after waking up (0-10)Naps (in hours and minutes) Time going to bed (lights off) Mood when going to sleep (0-10)Monday Tuesday Wednesday Thursday Friday Saturday Sunday Mood Mood Mood Mood Mood Mood Mood Activity Activity Activity Activity Activity Activity Activity (0-10)(0-10)(0-10)(0-10)(0-10)(0-10)(0-10)06:00 - 08:00 08:00 - 10:00 10:00 - 12:00 12:00 - 14:00

НОМЕ	ABOUT THE TOOL & FAQS	MY MODULES	MY WORKSHEETS	MY MOODS	I NEED HELP NOW
				i e	

### Module 2: Sleep and Depression



- 1. Recap
- 2. In this module
- 3. Sleep and depression
- 4. Why can more sleep be worse for your mood? I
- 5. Why can more sleep be worse for your mood? II
- 6. Understanding your personal sleep and mood patterns
- 7. A sleep diary
- 8. Using the information recorded in your sleep diary
- 9. Feedback about your sleep
- 10. Well done...



#### In this module...

In this module we deal with sleep and its influence on depression. Most depressed people suffer from sleep problems and feel exhausted. They long for a good and refreshing night's sleep. Surprisingly, many people affected by depression do not feel refreshed after having slept. More sleep could make their symptoms even worse.

The aim of this module is to help you check how the time you spend sleeping affects your depression. People are very different in this respect so it is important to see how it works for you. Knowing more about the effects of sleep on your mood could help to improve your symptoms. This could be done by changing the amount of time you spend in bed or asleep. So, in this module you will learn:

- how sleep and mood are related for you personally
- why sleening less might improve your mood.





SEARCH

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FOR ALL

FOR YOUNG PEOPLE

FOR FAMILY & FRIENDS

FOR COMMUNITY PROFESSIONALS PROFESSIONALS

Homepage

#### SELF-MANAGEMENT RESOURCES

There are several ways to promote better mental health.

Learn how to help yourself and manage your depression.

Read about self-management and take the self-test

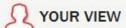
Take the self-test



Learn more







Your feedback is very welcome and important to us.

Please help us to improve iFightDepression.com by filling in our short evaluation questionnaire.



#### RECOGNISING DEPRESSION

If you don't feel right, you can take this selftest to get some answers.

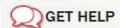
Are you concerned that someone you know may be depressed?

Encourage them to take the test.



## IFIGHTDEPRESSION TOOL

The iFightDepression tool aims to help individuals with mild to moderate depression to self-manage their symptoms and to promote recovery. Access to the tool is provided by GPs or mental health professionals who have attended specific training.



If you don't feel right, seeking help is an important first step.

See our 'Get Help' section for contact details for emergency departments, helplines, and GP listings.

## **Selection of patients**

- Who can use the iFightDepression tool?
  - Patients with mild to moderate depression
    - → Selection can be made
      - Based on your clinical judgment
      - Screening for depression (WHO 5 and / or PHQ-9)
  - Age ≥ 15 years
  - Access to telephone, computer, internet connection and email account

### **Selection of patients**

- The Patient Health Questionnaire-9 (PHQ-9)
  - Nine item depression scale of the Patient Health Questionnaire
    - Assessing symptoms and functional impairment
    - Measuring severity score
  - As well as screening, PHQ-9 will be used for evaluation, automatically administered to patients
    - At first log-in, after 6 weeks, and after three months
  - Benefits
    - Good validity in primary care (Kroenke, Spitzer & Williams, 2002)
    - Will be used over the course of the intervention
    - Sensitive to change (Löwe et al, 2004)
    - Can be self-rated
    - Suitable for adolescents from the age of 13 as well as adults (Richardson et al., 2010)

Score between 5 and 14 indicates mild to moderate depression

#### PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:		DATE:		
Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "" to indicate your answer)	Hot d dil	Several days	More the days	HERTH BERT SON
1. Little interest or pleasure in doing things	o	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
<ol> <li>Trouble falling or staying asleep, or sleeping too much</li> </ol>	o	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	О	1	2	3
<ol> <li>Feeling bad about yourself—or that you are a failure or have let yourself or your family down</li> </ol>	0	1	2	3
<ol> <li>Trouble concentrating on things, such as reading the newspaper or watching television</li> </ol>	o	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	o	1	2	3
<ol><li>Thoughts that you would be better off dead, or of hurting yourself in some way</li></ol>	0	1	2	3
	add columns:		+	+
	TOTAL:			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		Not difficult at all  Somewhat difficult  Very difficult  Extremely difficult		

#### STUDY PROTOCOL

**Open Access** 



Rationale and methods of the iFightDepression study: A double-blind, randomized controlled trial evaluating the efficacy of an internet-based selfmanagement tool for moderate to mild depression

Azucena Justicia<sup>1,2,3,4\*</sup>, Matilde Elices<sup>1,4</sup>, Ana Isabel Cebria<sup>1,2,5</sup>, Diego J. Palao<sup>1,2,5</sup>, Jesús Gorosabel<sup>6</sup>, Dolors Puigdemont<sup>1,7</sup>, Javier de Diego-Adeliño<sup>1,2,7</sup>, Andrea Gabilondo<sup>8</sup>, Alvaro Iruin<sup>8</sup>, Ulrich Hegerl<sup>9,10</sup> and Víctor Pérez<sup>1,2,3,4</sup>









#### Abstract

**Background:** During the last decade online interventions have emerged as a promising approach for patients with mild/moderate depressive symptoms, reaching at large populations and representing cost-effective alternatives. The main objective of this double-blind, randomized controlled trial is to examine the efficacy of an internet-based self-management tool (iFightDepression) for mild to moderate depression as an add-on to treatment as usual (TAU) versus internet-based psychoeducation plus TAU.

**Metho ds:** A total of 310 participants with major depression disorder (MDD) will be recruited at four different mental-health facilities in Spain. Participants will be randomly allocated to one of two study arms: iFightDepression (iFD) tool + TAU vs. internet-based psychoeducation + TAU. Both interventions last for 8 weeks and there is a 12 weeks follow up. The primary outcome measure is changes in depressive symptoms assessed with the Hamilton Depression Rating Scale. Additionally, pre-post interventions assessments will include socio-demographic data, a brief medical and clinical history and self-reported measures of depressive symptoms, quality of life, functional impairments and satisfaction with the iFD tool.

**Discussion:** iFightDepression is an easy-prescribed tool that could increase the efficacy of conventional treatment and potentially reach untreated patients, shortening waiting lists to receive psychological treatment. Confirming the efficacy of the iFD internet-based self-management tool as an add-on treatment for individuals with mild to moderate depression will be clinically-relevant.

Trial registration: Registration number NCT02312583. Clinicaltrials.gov. December 4, 2014.

Keywords: Depression, Cognitive behavioural therapy, Internet-based, Self-management, Primary care, Randomized controlled trial





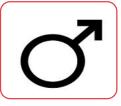




## **Expected Outcomes**



Increased uptake of support options by young people and adults with mild to moderate depression



Increased uptake of support options by men who otherwise may not receive support



Increased awareness of depression among health professionals which will contribute to early identification of depression and the prevention of suicidal behavior



Diffusion of effects throughout Europe through awareness website, which will be made available in nine languages

## Thank you!









