

A randomised controlled trial of computerised cognitive behaviour therapy for the treatment of depression in primary care: the Randomised Evaluation of the Effectiveness and Acceptability of Computerised Therapy (REEACT) trial

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†In memoriam

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Plain English summary

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Plain English summary

Depression is a common mental health problem. An effective talking treatment for depression is cognitive behaviour therapy (CBT). Computerised CBT (cCBT) is a recently developed form of CBT which is delivered by computer rather than by a face-to-face therapist. We conducted a fair test of two cCBT programs compared with the usual care people receive from their general practitioner (GP) to find out whether or not cCBT is effective in treating people with depression.

A total of 691 people with depression were allocated to one of three interventions: (1) a pay-to-use cCBT program (called Beating the Blues[®]; Ultrasis, London, UK) added to usual GP care; (2) a free-to-use cCBT program (called MoodGYM; National Institute for Mental Health Research, Australian National University, Canberra, Australia) added to usual GP care; or (3) usual GP care alone. People received support and encouragement to complete cCBT sessions via weekly telephone calls. People completed questionnaires about general and mental well-being and symptoms of depression at 4, 12 and 24 months after the study started. Some people were also interviewed to find out about their experiences of cCBT.

The cCBT programs were no more effective at reducing symptoms of depression than usual GP care alone at 4 and 24 months, although there was a small benefit for MoodGYM compared with usual GP care alone at 12 months. The free-to-use program was not inferior to the more costly program. The cCBT programs were liked by some people and rejected by others, but the majority were ambivalent. We found that usual GP care was better value for money than cCBT in addition to usual GP care.

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