

CADTH RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS

Guided Versus Unguided Internet-Delivered Cognitive Behavioural Therapy for Major Depressive Disorder and Anxiety Disorders: Comparative Clinical Effectiveness

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Research Question

What is the comparative clinical effectiveness of guided versus unguided internet-delivered cognitive behavioural therapy for patients with mild-to-moderate major depressive disorder or anxiety disorders?

Key Findings

Three systematic reviews (two with meta-analyses) and ten randomized controlled trials were identified regarding the comparative clinical effectiveness of guided versus unguided internet-delivered cognitive behavioural therapy for patients with mild-to-moderate major depressive disorder or anxiety disorders.

Methods

A limited literature search was conducted on key resources including Ovid Medline, PubMed (for non-Medline records), the Cochrane Library, University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, and non-randomized studies. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2008 and October 18, 2018. Internet links were provided, where available.

Selection Criteria

One reviewer screened citations and selected studies based on the inclusion criteria presented in Table 1.

Table 1: Selection Criteria

Population	<p>Adults (aged 16 years and older) with a primary diagnosis of mild or moderate MDD or anxiety disorders (excluding OCD and PTSD) according to a validated diagnostic instrument (e.g., DSM-IV, DSM-V, ICD, Centre for Epidemiological Scale for Depression, Beck Depression Inventory, Patient Health Questionnaire, Structured Diagnostic Interview Schedule)</p> <ul style="list-style-type: none"> - Participants with a primary diagnosis of anxiety disorders or primary diagnosis of mild to moderate MDD coexisting with other mental health conditions (with the exception of severe depression, OCD, and PTSD) are included - Participants with concurrent pharmacotherapy use are included
Intervention	<p>Guided internet-delivered CBT (e.g., therapist-guided, clinician-guided, coach-guided)</p> <ul style="list-style-type: none"> - Both transdiagnostic and disorder-specific programs are included - Non-traditional CBT (e.g., mindfulness CBT), CBT that is delivered via bibliotherapy, and CBT that is described as computerized (e.g., delivered via CD-ROM) with no internet component are excluded
Comparator	Unguided internet-delivered CBT (e.g., self-guided, self-help)
Outcomes	Clinical effectiveness (e.g., remission of depression or anxiety symptoms [acute phase], prevention of relapse following a successful acute treatment [maintenance phase], response to therapy [50% reduction in symptoms from baseline], improvement in social function or activities of daily living), time-to-event data (e.g., to response, remission, dropout), changes in use of pharmacotherapy, safety, quality of life, satisfaction with care, and patient adherence
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies

CBT = cognitive behavioral therapy; DSM = Diagnostic and Statistical Manual of Mental Disorders; ICD = International Classification of Diseases; MDD = major depressive disorder; OCD = obsessive compulsive disorder; PTSD = post-traumatic stress disorder.

Results

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials and non-randomized studies.

Three systematic reviews (two with meta-analyses) and ten randomized controlled trials were identified regarding the comparative clinical effectiveness of guided versus unguided internet-delivered cognitive behavioural therapy for patients with mild-to-moderate major depressive disorder or anxiety disorders. No relevant health technology assessments or non-randomized studies were identified.

Additional references of potential interest are provided in the appendix.

Overall Summary of Findings

Three systematic reviews¹⁻³ (two with meta-analyses^{1,3}) and ten randomized controlled trials (RCTs)⁴⁻¹³ were identified regarding the comparative clinical effectiveness of guided versus unguided internet-delivered cognitive behavioural therapy (iCBT) for patients with mild-to-moderate major depressive disorder (MDD) or anxiety disorders. Detailed study characteristics are provided in Table 2.

The identified literature reported varied conclusions regarding the comparative clinical effectiveness of guided versus unguided iCBT for patients with mild-to-moderate MDD or

anxiety disorders.¹⁻¹³ One systematic review¹ and seven RCTs^{4,6-8,11-13} included participants with anxiety disorders, one RCT¹⁰ included participants with depression, and two systematic reviews²⁻³ and two RCTs^{5,9} included participants with depression and/or anxiety. The primary outcomes in all included studies¹⁻¹³ were symptoms of depression or anxiety measured with various symptom assessment scales. The authors of eleven studies^{1-2,4-12} concluded that there was no clear difference between guided and unguided iCBT for the treatment of symptom severity in patients with anxiety,^{1-2,4,6-8,11-12} depression,¹⁰ or anxiety and depression.^{5,9} However, the authors of one of these RCTs⁶ did report lower attrition rates in the guided iCBT group compared to unguided iCBT. Two studies^{2,13} concluded that guided iCBT outperformed unguided iCBT for symptom severity in patients with depression² or anxiety disorders.¹³ It was not clear from the abstract of one systematic review³ whether the results indicated if there was a difference in guided and unguided iCBT for the treatment of depression or anxiety disorders.

Table 2: Summary of Included Studies on the Comparative Clinical Effectiveness of Guided Versus Unguided Internet-Delivered Cognitive Behavioural Therapy for Patients with Mild-to-Moderate Major Depressive Disorder or Anxiety Disorders

First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
Systematic Reviews and Meta-Analyses					
Olthuis, 2016¹	<ul style="list-style-type: none"> MA performed 30 included RCTs Adults with anxiety disorders N = 2,181 <p>Objective: to evaluate the effectiveness of iCBT for the treatment of anxiety disorders</p>	<ul style="list-style-type: none"> Therapist-supported iCBT 	<ul style="list-style-type: none"> Waiting list control, unguided CBT, or face-to-face CBT 	<ul style="list-style-type: none"> Anxiety disorder diagnosis Anxiety symptom severity 	<ul style="list-style-type: none"> One study that compared unguided iCBT to therapist-supported iCBT showed no difference in clinically important improvement in anxiety at post-treatment (54 participants, very low quality evidence) Four studies that compared unguided CBT (2 used bibliotherapy and 2 used iCBT) and therapist-supported iCBT reported no clear differences at post-treatment for disorder-specific anxiety symptoms (253 participants, low quality evidence) or general anxiety symptoms (138 participants, low quality evidence)
Saddichha, 2014²	<ul style="list-style-type: none"> Number of included studies was NR in the abstract Individuals with anxiety or 	<ul style="list-style-type: none"> Therapist-guided internet-based interventions Unguided internet-based 	<ul style="list-style-type: none"> NR in the abstract 	<ul style="list-style-type: none"> Symptoms of depression Symptoms of anxiety 	<p>“For depression, therapist-guided cognitive behavioral therapy (CBT) had larger effect sizes consistently across studies, ranging from 0.6 to 1.9; while</p>

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First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
	<p>depression</p> <ul style="list-style-type: none"> • N = NR <p>Objective: to review the current research on the effectiveness of internet-based interventions for depression and anxiety</p>	<p>interventions</p>			<p>stand-alone CBT (without therapist guidance) had a more modest effect size of 0.3–0.7.”²</p> <p>“For anxiety disorders, studies showed robust effect sizes for therapist-assisted interventions with effect sizes of 0.7–1.7 (efficacy similar to face-to-face CBT) and stand-alone CBT studies also showed large effect sizes (0.6–1.7).”²</p> <p>“IBIs for anxiety and depression appear to be effective in reducing symptomatology for both depression and anxiety, which were enhanced by the guidance of a therapist.”²</p>
Dedert, 2013³	<ul style="list-style-type: none"> • MA performed • Number of included studies was NR in the abstract • Adults with depressive of anxiety disorders • N = NR <p>Objective: to evaluate the effectiveness of computerized programs for the treatment of mental health conditions</p>	<ul style="list-style-type: none"> • Web-based programs (including both guided and unguided iCBT) 	<ul style="list-style-type: none"> • NR in the abstract 	<ul style="list-style-type: none"> • Symptoms of depression • Symptoms of anxiety 	<ul style="list-style-type: none"> • Computer-based CBT programs have demonstrated effectiveness in reducing symptoms of depression or anxiety • Providing support via email, instant messaging, or phone contact may improve attrition rates and treatment response
Randomized Controlled Trials					
Ciuca, 2018⁴	<ul style="list-style-type: none"> • Individuals meeting the 	<ul style="list-style-type: none"> • Guided iCBT (12 week) 	<ul style="list-style-type: none"> • Unguided iCBT (12 week) 	<ul style="list-style-type: none"> • Severity of self-report panic 	<ul style="list-style-type: none"> • Both forms of iCBT showed improvement in

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First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
	<p>diagnostic criteria for panic disorder</p> <ul style="list-style-type: none"> • N = 111 <p>Objective: to examine the efficacy of guided and unguided iCBT compared to waitlist in patients with PD</p>	intervention)	<p>intervention)</p> <ul style="list-style-type: none"> • WL 	<p>symptoms</p> <ul style="list-style-type: none"> • Diagnostic status • Symptoms of depression • Functional impairment • Catastrophic cognitions • Fear of sensations • Body vigilance 	<p>panic disorder and associated symptoms at post-treatment (guided iCBT vs. WL: Cohen's $d=1.04-1.36$; unguided iCBT vs. WL: Cohen's $d=0.70-1.06$)</p> <ul style="list-style-type: none"> • The iCBT groups did not significantly differ for symptom reduction at post-treatment, but the guided treatment was more effective for diagnostic status • The guided treatment was superior to the unguided treatment at 6-month follow-up
Dear, 2018 ⁵	<ul style="list-style-type: none"> • Young adults with symptoms of anxiety and depression • N = 191 <p>Objective: "...to compare the efficacy of an Internet-delivered cognitive behaviour therapy intervention designed for adults aged 18–24 years, when delivered in clinician-guided versus self-guided formats."⁵</p>	<ul style="list-style-type: none"> • Transdiagnostic, clinician-guided iCBT (Mood Mechanic Course) 	<ul style="list-style-type: none"> • Transdiagnostic, self-guided iCBT (Mood Mechanic Course) 	<ul style="list-style-type: none"> • Symptoms of depression • Symptoms of anxiety • General psychological distress • Satisfaction with life • Disability 	<ul style="list-style-type: none"> • Compared to baseline, both treatment groups reported improvements in symptoms of anxiety and depression, general psychological distress, satisfaction with life, and disability at post-treatment • There were no marked or consistent differences between guided and unguided iCBT at post-treatment, 3-month follow-up, or 12-month follow-up • Participants reported high satisfaction with both treatments, although it was slightly higher for clinician guided iCBT
Gershkovich, 2017 ⁶	<ul style="list-style-type: none"> • Participants with SAD • N = 42 <p>Objective: to examine the acceptability and</p>	<ul style="list-style-type: none"> • Therapist-supported iCBT 	<ul style="list-style-type: none"> • Unguided iCBT 	<ul style="list-style-type: none"> • Symptoms of SAD • Functioning • Quality of life • Attrition rates 	<p>"Both groups experienced a significant reductions in SAD symptoms and improvements in functioning and quality of life, with no significant differences between</p>

Table 2: Summary of Included Studies on the Comparative Clinical Effectiveness of Guided Versus Unguided Internet-Delivered Cognitive Behavioural Therapy for Patients with Mild-to-Moderate Major Depressive Disorder or Anxiety Disorders

First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
	efficacy of a novel iCBT program with and without therapist support				groups in both completer-only and intent-to-treat analyses. However, the therapist support group evidenced lower attrition than the minimal support group (20% vs. 50%). ⁶
Dear, 2016 ⁷	<ul style="list-style-type: none"> Participants with SAD N = 233 <p>Objective: to compare transdiagnostic and disorder-specific iCBT programs across clinician-guided and self-guided formats for the treatment of SAD</p>	<ul style="list-style-type: none"> Clinician-guided disorder specific iCBT Clinician-guided transdiagnostic iCBT 	<ul style="list-style-type: none"> Self-guided disorder specific iCBT Self-guided transdiagnostic iCBT 	<ul style="list-style-type: none"> Symptoms of SAD Symptoms of depression Symptoms of GAD Symptoms of PD 	<ul style="list-style-type: none"> All treatment groups reported large improvements in symptoms of SAD and moderate-to-large improvements in symptoms of comorbid depression, GAD, and PD at post-treatment and 24-month follow-up compared to pre-treatment There were no marked differences in effectiveness between treatment groups
Fogliati, 2016 ⁸	<ul style="list-style-type: none"> Participants with PD N = 145 <p>Objective: to compare transdiagnostic and disorder-specific iCBT programs across clinician-guided and self-guided formats for the treatment of PD</p>	<ul style="list-style-type: none"> Clinician-guided disorder specific iCBT Clinician-guided transdiagnostic iCBT 	<ul style="list-style-type: none"> Self-guided disorder specific iCBT Self-guided transdiagnostic iCBT 	<ul style="list-style-type: none"> Symptoms of PD Symptoms of depression Symptoms of GAD Symptoms of SAD 	<ul style="list-style-type: none"> All treatment groups reported large improvements in symptoms of PD and moderate-to-large improvements in symptoms of comorbid depression, GAD, and SAD at post-treatment and 24-month follow-up compared to pre-treatment There were no marked differences in effectiveness between treatment groups
Titov, 2016 ⁹	<ul style="list-style-type: none"> Adults (≥ 60 years) with symptoms of anxiety or depression N = 433 	<ul style="list-style-type: none"> Transdiagnostic, clinician-guided iCBT with an initial clinician interview 	<ul style="list-style-type: none"> Transdiagnostic, self-guided iCBT with an initial clinician interview Transdiagnostic, self-guided 	<ul style="list-style-type: none"> Symptoms of depression Symptoms of anxiety Satisfaction ratings 	<p>“Large reductions (d ≥ 1.00) in symptoms of depression and anxiety were observed across groups, and sustained at follow-up. No differences were observed in clinical outcomes or</p>

Table 2: Summary of Included Studies on the Comparative Clinical Effectiveness of Guided Versus Unguided Internet-Delivered Cognitive Behavioural Therapy for Patients with Mild-to-Moderate Major Depressive Disorder or Anxiety Disorders

First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
	Objective: to compared clinician-guided and self-guided versions of an iCBT program for adults aged 60 year and above		treatment without an initial clinician interview		satisfaction ratings.” ⁹ “Carefully developed iCBT interventions may significantly reduce symptoms of anxiety and depression in older adults when delivered in either clinician-guided or self-guided formats.” ⁹
Montero-Marin, 2016 ¹⁰	<ul style="list-style-type: none"> Adults from primary care settings with mild or moderate major depression N = 296 <p>Objective: to compare the effectiveness of low-intensity therapist-guided iCBT, completely self-guided iCBT, and improved treatment as usual for individuals with depression</p>	<ul style="list-style-type: none"> Low-intensity therapist-guided iCBT (Smiling is Fun) + iTAU Completely self-guided iCBT (Smiling is Fun) + iTAU 	<ul style="list-style-type: none"> iTAU alone 	<ul style="list-style-type: none"> Depression severity (BDI-II score) 	<ul style="list-style-type: none"> Neither iCBT program conferred benefit over iTAU alone after 3 months; however, both iCBT groups outperformed iTAU alone at 6- and 15-month follow-ups Low-intensity therapist-guided iCBT and completely self-guided iCBT did not differ at any time point <p>“An Internet-based intervention for depression combined with iTAU conferred a benefit over iTAU alone in the Spanish primary health care system.”¹⁰</p>
Dear, 2015 ¹¹	<ul style="list-style-type: none"> Participants with GAD N = 338 <p>Objective: to compare transdiagnostic and disorder-specific iCBT programs across clinician-guided and self-guided formats for the treatment of GAD</p>	<ul style="list-style-type: none"> Clinician-guided disorder specific iCBT Clinician-guided transdiagnostic iCBT 	<ul style="list-style-type: none"> Self-guided disorder specific iCBT Self-guided transdiagnostic iCBT 	<ul style="list-style-type: none"> Symptoms of GAD Symptoms of depression Symptoms of SAD Symptoms of PD 	<ul style="list-style-type: none"> All treatment groups reported large improvements in symptoms of GAD and comorbid depression, SAD, and PD at post-treatment and 24-month follow-up compared to pre-treatment There were no substantive differences in effectiveness between treatment groups
Berger, 2011 ¹²	<ul style="list-style-type: none"> Individuals 	<ul style="list-style-type: none"> Therapist- 	<ul style="list-style-type: none"> Pure self-help 	<ul style="list-style-type: none"> Symptoms of 	“Results showed significant

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First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
	<p>meeting the diagnostic criteria for social phobia</p> <ul style="list-style-type: none"> • N = 81 <p>Objective: to assess the benefits of a self-help iCBT program, the same program with minimal therapist support, and a third group with a flexible level of support for the treatment of social phobia</p>	guided iCBT	<p>(unguided) iCBT</p> <ul style="list-style-type: none"> • iCBT with flexible levels of support 	<p>social phobia</p> <ul style="list-style-type: none"> • Symptoms of depression • Interpersonal problems • General symptomatology 	<p>symptom reductions in all three treatment groups with large effect sizes for primary social phobia measures (Cohen's $d = 1.47$) and for secondary outcome measures ($d = 1.16$). No substantial and significant between-groups effects were found on any of the measures (Cohen's $d = 0.36$). Moreover, no difference between the three conditions was found regarding diagnosis-free status, clinically significant change, dropout rates, or adherence measures such as lessons or exercises completed. These findings indicate that Internet-delivered treatment for social phobia is a promising treatment option, whether no support is provided or with two different types of therapist guidance.^{11,12}</p>
Titov, 2008 ¹³	<ul style="list-style-type: none"> • Individuals with social phobia • N = 98 <p>Objective: to compare the effectiveness of clinician-guided, self-guided, and waitlist control for the treatment of social phobia</p>	<ul style="list-style-type: none"> • Clinician-guided iCBT (the Shyness programme) 	<ul style="list-style-type: none"> • Self-guided iCBT (the Shyness programme) • Waitlist control 	<ul style="list-style-type: none"> • Symptoms of social phobia 	<ul style="list-style-type: none"> • Patients who underwent clinician-guided iCBT reported significantly improved symptoms of social phobia compared to the self-guided iCBT and the waitlist control • Patients in the self-guided group who completed the treatment did report significant improvement in symptoms of social phobia compared to their baseline (within-group) <p>“The therapist-guided condition was superior to the self-guided condition,</p>

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First Author, Year	Study Characteristics and Objectives	Intervention(s)	Comparator(s)	Outcomes	Relevant Conclusions
					but a subgroup of participants still benefited considerably from the latter. These data confirm that self-guided education or treatment programmes for common anxiety disorders can result in significant improvements." ¹³

BDI-II = Beck Depression Inventory-II; CBT = cognitive behavioral therapy; GAD = generalized anxiety disorder; IBI = internet-based intervention; iCBT = internet-delivered cognitive behavioral therapy; iTAU = improved treatment as usual; MDD = major depressive disorder; NR = not reported; PD = panic disorder; RCT = randomized controlled trial; SAD = social anxiety disorder; SMD = standardized mean difference; WL = waitlist.

References Summarized

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

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Randomized Controlled Trials

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[PubMed: PM27565118](#)
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[PubMed: PM19016091](#)

Non-Randomized Studies

No literature identified.

Appendix — Further Information

Previous CADTH Reports

14. e-Therapy interventions for the treatment of anxiety: clinical evidence. (*CADTH Rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2018: <https://www.cadth.ca/sites/default/files/pdf/htis/2018/RC0984%20e-Therapy%20Anxiety%20Final.pdf>. Accessed 2018 Oct 26.
15. e-Therapy interventions for the treatments of patients with depression: a review of clinical effectiveness. (*CADTH Rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2018: <https://www.cadth.ca/sites/default/files/pdf/htis/2018/RC0983%20-%20E%20therapy%20for%20depression%20Final.pdf>. Accessed 2018 Oct 26.
16. Self-directed cognitive behavioural therapy for adult patients with a diagnosis of depression: a systematic review of clinical effectiveness, cost-effectiveness, and guidelines. (*CADTH Rapid response report: systematic review*). Ottawa (ON): CADTH; 2010: https://www.cadth.ca/sites/default/files/pdf/M0014_CBT_for_Depression_L3_e.pdf

Systematic Reviews and Meta-analyses

Alternative Population – Not Restricted to Mild-to-Moderate Major Depression

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Alternative Intervention – Unclear if iCBT is Included

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Alternative Comparator – Comparing Different Types of Guidance

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