Internet-Delivered Cognitive Behaviour Therapy for Depression Comorbid with Diabetes: Preliminary Findings

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Abstract : Background:Depression treatment for people living with depression comorbid with diabetes is of critical importance for improving quality of life and diabetes self-management, however depression remains under-recognised and under-treated in this population. Cost—effective and accessible forms of depression treatment that can enhance the delivery of mental health services in routine diabetes care are needed. Provision of internet-delivered Cognitive Behaviour Therapy (iCBT) provides a promising way to deliver effective depression treatment to people with diabetes. Aims:To explore the outcomes of the clinician assisted iCBT program for people with comorbid Major Depressive Disorder (MDD) and diabetes compared to those who remain under usual care. The main hypotheses are that: (1) Participants in the treatment group would show a significant improvement on disorder specific measures (Patient Health Questionnaire; PHQ-9) relative to those in the control group; (2) Participants in the treatment group will show a decrease in diabetes-related distress relative to those in the control group. This study will also examine: (1) the effect of iCBT for MDD on disability (as measured by the SF-12 and SDS), general distress (as measured by the K10), (2) the feasibility of these treatments in terms of acceptability to diabetes patients and practicality for clinicians (as measured by the Credibility/Expectancy Questionnaire; CEQ). We hypothesise that associated disability, and general distress will reduce, and that patients with comorbid MDD and diabetes will rate the program as acceptable. Method:Recruit 100 people with MDD comorbid with diabetes (either Type 1 or Type 2), and randomly allocate to: iCBT (over 10 weeks) or treatment as usual (TAU) for 10 weeks, then iCBT. Measure pre- and post-intervention MDD severity, anxiety, diabetes-related distress, distress, disability, HbA1c, lifestyle, adherence, satisfaction with clinicians input and the treatment. Results:Preliminary results comparing MDD symptom levels, anxiety, diabetes-specific distress, distress, disability, HbA1c levels, and lifestyle factors from baseline to conclusion of treatment will be presented, as well as data on adherence to the lessons, homework downloads, satisfaction with the clinician's input and satisfaction with the mode of treatment generally.

Keywords : cognitive behaviour therapy, depression, diabetes, internet