INAHTA

INAHTA Brief

Issue 2019/2021

Title Internet-Delivered Cognitive Behavioural Therapy for Major Depressive Disorder and Anxiety Disorders: A Health Technology Assessment

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References Internet-Delivered Cognitive Behavioural Therapy for Major Depressive Disorder and Anxiety Disorders: A Health Technology Assessment. Ottawa: CADTH; 2019 Mar. (CADTH Optimal Use project no. OP0534-000). Available from: www.cadth.ca/icbt

Aim

The objective of this Health Technology Assessment (HTA) was to inform decisions on the optimal use of Internet-delivered cognitive behavioural therapy (iCBT) for supporting improved access to treatment for people with mild to moderate major depressive disorder and/or anxiety disorders. This HTA was conducted in collaboration with Health Quality Ontario (HQO). It sought to evaluate the clinical effectiveness and safety, cost-effectiveness and budget impact on public funding, patient preferences, experiences, and values, as well as implementation considerations and ethical issues.

Conclusions and results

The HTA found that, compared with waiting list, guided iCBT improves symptoms of mild to moderate major depression and select anxiety disorders, and improves quality of life. While some people valued the freedom to navigate iCBT by themselves and at their own pace, guided iCBT was generally valued. Relative to usual care, guided iCBT probably represents good value for money for the short-term management of adults with mild to moderate major depression or anxiety disorders.

Important barriers and limitations to using iCBT include the need for a computer, Internet connectivity, and computer literacy, as well as the need to understand complex written information, the cost of treatment, the number of sessions in a course of treatment, and lack of follow-up support. Providers also face several challenges such as practitioners' lack of training in using the Internet as a delivery mechanism, gaps in technical acumen, the expense of establishing the necessary infrastructure, and legal restrictions to offering service across jurisdictional borders. Engagement of multiple stakeholders in the development of strategies and standards for integrating iCBT into clinical care pathways may facilitate implementation and increase access to iCBT.

Considering the evidence, the Ontario Health Technology Advisory Committee recommends public funding of guided iCBT for managing major depression or anxiety disorders in Ontario and CADTH's Health Technology Expert Review Panel recommends guided iCBT for major depressive disorders and/or anxiety disorders across Canada.

Methods

HQO performed a systematic review of the clinical and economic literature; consulted with people with depression or anxiety and a family member in Ontario to contextualize the potential value of iCBT as a treatment option; created a decision-analytic model to compare the costs and benefits of unguided iCBT, guided iCBT, face-to-face Cognitive Behavioural Therapy, and usual care over one year from the perspective of the Ontario Ministry of Health and Long-Term Care; and conducted a five-year budget impact analysis.

CADTH conducted two rapid reviews of the clinical literature and qualitative evidence syntheses of the literature on the perspectives and experiences of practitioners and persons who used iCBT, implementation considerations, and ethical issues. CADTH also conducted an economic reanalysis that reflected a pan-Canada context by adapting the model created by HQO to incorporate additional results from the two rapid reviews and additional clinical expert validation.

Further research/reviews required

Information regarding the safety of iCBT appears to be lacking in the existing clinical literature. Alternative approaches to information gathering that emphasize capturing the experiences of practitioners and persons who used iCBT could help to further the understanding around safety. Broader engagement and enhanced communication and collaboration among all relevant stakeholders involved in the delivery of iCBT may provide guidance for future research, development, and evaluation of iCBT programs.

The literature on the experiences of practitioners and persons undergoing iCBT generally reflected the perspectives of individuals who volunteered to participate in an iCBT intervention. Accordingly, there is a lack of information on experiences related to those who did not have access to computers or faced other challenges. Much of the literature on ethical issues is framed in relation to the ethical obligations of providers; future research exploring the ethical dimensions of iCBT emerging from other stakeholders' perspectives will be important.

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