Från forskning till klinisk vardag - en historisk tillbakablick på IKBT i Sverige

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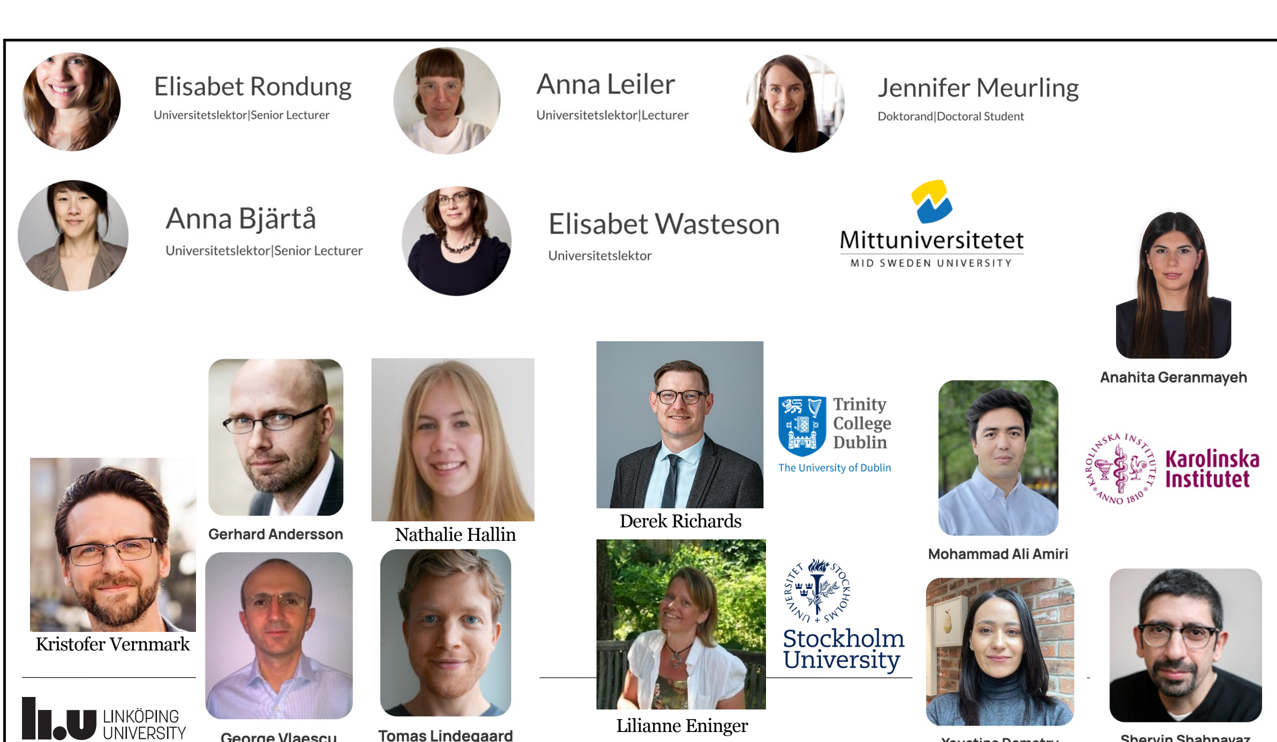

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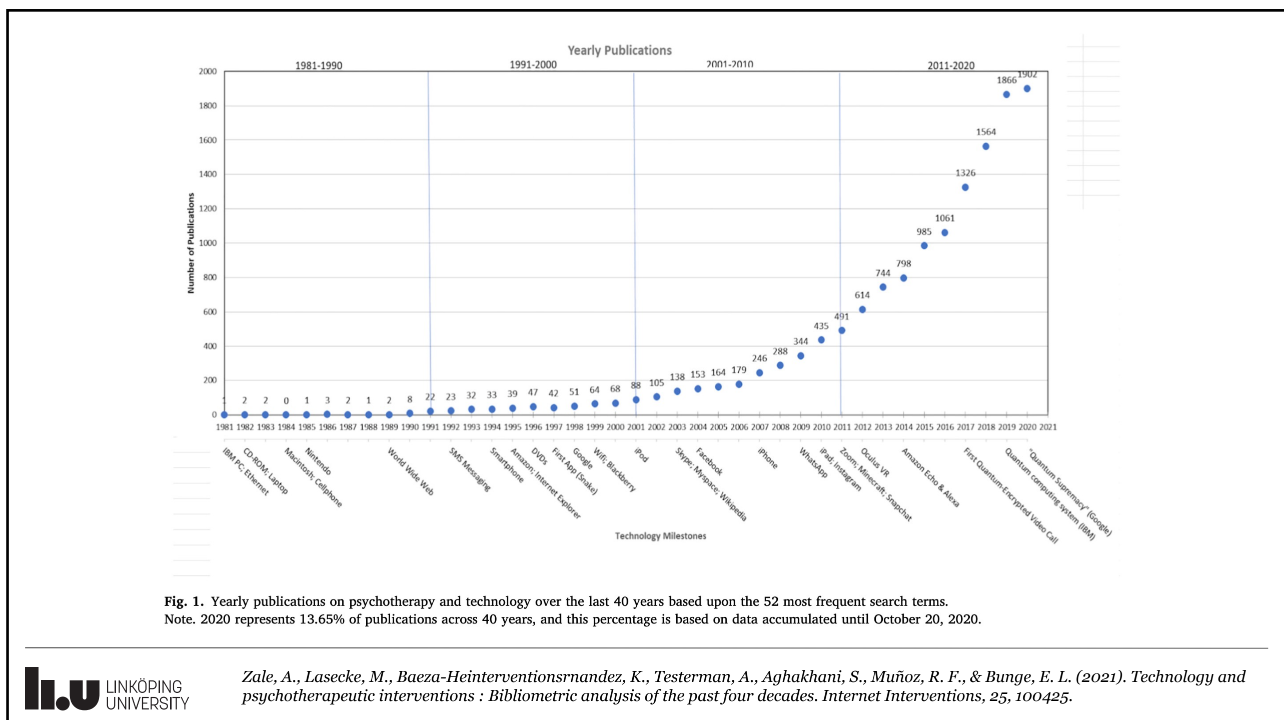

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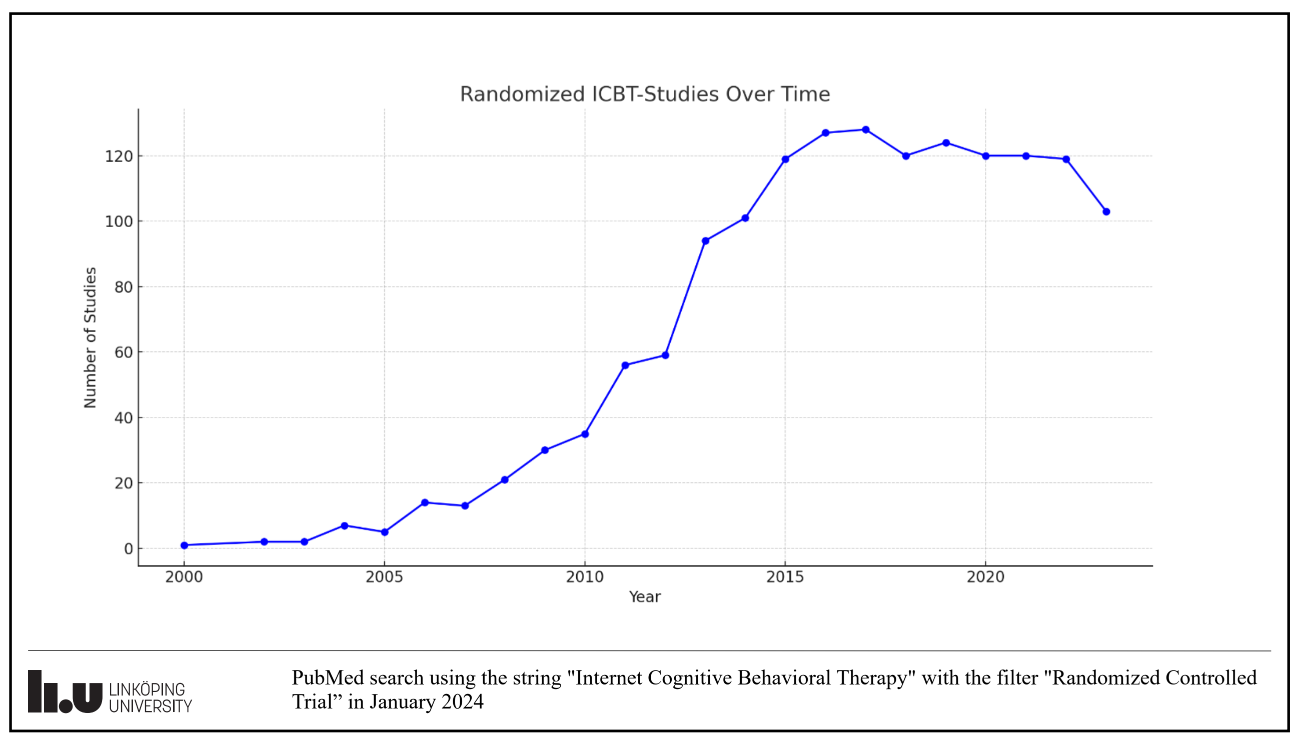

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IKBT i Sverige – ett historiskt perspektiv

6

Heja Sverige!

- Vi har en lång tradition av att forska på internetbehandling för psykisk ohälsa i Sverige
- Några av de första studierna på formatet genomfördes på slutet av 90-talet av svenska forskare

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2000, Vol. 68, No. 4, 722–727

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A Controlled Trial of Self-Help Treatment of Recurrent Headache Conducted via the Internet

Lasse Ström, Richard Pettersson, and Gerhard Andersson
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The Internet can reach a large number of people at a low cost and offers the opportunity for 2-way communication. The present study was designed to evaluate the effects of applied relaxation and problem solving in the treatment of recurrent headache when implemented via the Internet and E-mail. A group of 102 headache sufferers were randomized to 2 conditions: a 6-week treatment condition or a waiting-list control. The dropout was proportionately large (56%), and at the end of the study there were 20 participants in the treatment condition and 25 participants in the control condition. Results showed statistically significant reductions in headache for the treated participants. In 50% of these, the reduction was clinically significant. The Internet has the potential to serve as a complement in the treatment of recurrent headache and deserves further study.

Both for the society as a whole and for the single patient, cost-effectiveness is an important aspect of the health service provided. A way to reduce the costs is to minimize contact with the therapist and to let the patient treat him- or herself, supported by books and/or structured self-help manuals. When this is done without any contact with the therapist, the term *self-help* is appropriate. Usually, however, treatments include some form of contact with the therapist, for example, by means of telephone calls (e.g., Scogin, Jamison, & Gochneaur, 1989). In this article, we refer to an Internet-based treatment as self-help, although participants have the opportunity to correspond via E-mail, which could be regarded as a minimal therapist contact treatment. Because we are dealing with a novel treatment procedure, it is not obvious that treatment programs used in the clinic, and with the guidance of a therapist, or minimal contact/self-help programs for that matter, function as well when provided via the Internet—hence the need to evaluate Internet as a treatment tool.

Psychological treatment research regarding headache has mainly concentrated on relaxation techniques and biofeedback. A large number of studies indicate that there are minor differences in outcome between these treatment techniques, irrespective of headache diagnosis (Blanchard, Andrasik, Ahles, Teders, & O'Keefe, 1980; Primavera & Kaiser, 1992). There are some indications that a combination of relaxation and cognitive interventions could have a better effect than relaxation alone, especially when a high level of daily stress is associated with the headache (Rowan & Andrasik, 1996).

Psychological treatment for headache with reduced therapist contact has been well studied. When treatments are based on relaxation and biofeedback, they produce equal or better results as equivalent clinical treatments and the most common pharmacotherapies (Haddock et al., 1997; Rowan & Andrasik, 1996; Teders et al., 1984). Further, a meta-analysis of 20 controlled studies of chronic headache indicated that the cost-effectiveness on average was more than five times better for treatments with reduced therapist contact compared with clinically based treatments (Haddock et al., 1997). Haddock et al. further reported that minimal therapist contact treatments on average obtained an effect size of Cohen's $d = 0.51$ (in relation to untreated controls) and an effect size of $d = 0.70$ at follow-up. This finding indicates that the effects are persistent and that treated patients might have a tendency to get better over time.

Other approaches have been tested for providing treatment of headache. For example, in the Netherlands an attempt was made to carry out a large-scale "mass media" treatment of headache through a combination of educational TV programs, written material, and relaxation instructions on audiotape. Results of this self-help study were in line with other minimal therapist contact studies (de Bruijn-Kofman, van de Wiel, Groenman, Sorbi, & Klip, 1997) and at a low cost. There are, however, problems associated with purely self-help-based treatment studies (e.g., no contact with the therapist at all), the most salient risk being a high attrition rate, sometimes reaching 50% or more (e.g., Kohlenberg & Cahn, 1981). It is yet not known if this problem pertains to Internet-based treatment.

The Internet is a relatively new medium with the potential to reach a large number of people at a low cost. It makes two-way communication possible, something that facilitates the development of cost-effective interactions (Grohol, 1998; Hewson, Laurent, & Vogel, 1996). The aim of this study was to investigate if the reduction in headache activity that has been shown in previous minimal therapist contact treatment studies could be obtained with a self-help program conducted via the Internet and E-mail. A second purpose was to investigate the cost-effectiveness of the program.

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BEHAVIOR THERAPY 32, 751–764, 2001

2000/2001

Treatment of Panic Disorder Via the Internet: A Randomized Trial of a Self-Help Program

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This controlled study evaluated an Internet-delivered self-help program plus minimal therapist contact via e-mail for people suffering from panic disorder. Out of the 500 individuals screened using the self-administered diagnostic instrument Composite International Diagnostic Interview in shortened form (World Health Organization, 1999), 41 fulfilled the inclusion criteria. These participants were randomized to either treatment via the Internet or to a waiting-list control. The main components of the treatment were psychoeducation, breathing retraining, cognitive restructuring, interoceptive exposure, in vivo exposure, and relapse prevention. From pre- to post-test self-help, participants improved significantly more on almost all dimensions. The results from this experiment generally provide evidence for the continued use and development of self-help programs for panic disorder distributed via the Internet.

8

2003

Cognitive Behaviour Therapy Vol 32, No 3, pp. 97–99, 2003

BrunnerRoutledge Taylor&Francis healthsciences

EDITORIAL – SPECIAL ISSUE

Internet and Cognitive Behaviour Therapy: New Opportunities for Treatment and Assessment

Background

The Internet is an expanding network of computers that has dramatically changed access to information and spread of information worldwide. A highly popular use of the Internet is the world-wide-web (WWW), which was originated in 1989 at CERN (Conseil Européen pour la Recherche Nucléaire) in Switzerland by a group of high-energy particle physicists (for history see Musch & Reips, 2000). The Internet has become an everyday aspect of many people's life, and this is reflected in its use by people seeking medical advice and assistance. Medical information is often said to be one of the most retrieved types of information on the WWW (Eysenbach, Sa, & Diegen, 1999). In a recent survey of all UK voluntary groups in the field of neurology, 71% had a website (Fox, 2001) and patient organizations worldwide are also using the Internet to spread information. As the amount of medical information on the WWW is growing rapidly, concerns have been raised that material needs to be filtered (Eysenbach & Diepgen, 1998) and that some form of quality control is needed. For example, patients often turn to the Internet to confirm diagnoses, validate clinician-recommended treatment or seek alternative therapies (Bader & Braude, 1998). In addition, clinicians use the Internet to communicate with their patients – a practice in which there are advantages as well as potential problems. Moreover, under the name of "telemedicine", several interesting applications of the Internet have been developed (Mair & Whitten, 2000).

9

2004

10

Internetbaserad E-post och Självhjälpsbehandling vid depression: en randomiserad kontrollerad studie.

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Behaviour Research and Therapy 48 (2010) 368–376

Contents lists available at ScienceDirect

ELSEVIER

Behaviour Research and Therapy

journal homepage: www.elsevier.com/locate/brat

Internet administered guided self-help versus individualized e-mail therapy: A randomized trial of two versions of CBT for major depression

Kristofer Vernmark[a,b], Jan Lenndin[a], Jonas Bjärehed[a,c], Mattias Carlsson[a], Johan Karlsson[a], Jörgen Öberg[a], Per Carlbring[a], Thomas Eriksson[d], Gerhard Andersson[a,e,f,*]

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A B S T R A C T

Internet-delivered psychological treatment of major depression has been investigated in several trials, but the role of personalized treatment is less investigated. Studies suggest that guidance is important and that automated computerized programmes without therapist support are less effective. Individualized e-mail therapy for depression has not been studied in a controlled trial. Eighty-eight individuals with major depression were randomized to two different forms of Internet-delivered cognitive behaviour therapy (CBT), or to a waiting-list control group. One form of Internet treatment consisted of guided self-help, with weekly modules and homework assignments. Standard CBT components were presented and brief support was provided during the treatment. The other group received e-mail therapy, which was tailored and did not use the self-help texts i.e., all e-mails were written for the unique patient. Both treatments lasted for 8 weeks. In the guided self-help 93% completed (27/29) and in the e-mail therapy 96% (29/30) completed the posttreatment assessment. Results showed significant symptom reductions in both treatment groups with moderate to large effect sizes. At posttreatment 34.5% of the guided self-help group and 30% of the e-mail therapy group reached the criteria of high-end-state functioning (Beck Depression Inventory score below 9). At six-month follow-up the corresponding figures were 47.4% and 43.3%. Overall, the difference between guided self-help and e-mail therapy was small, but in favour of the latter. These findings indicate that both guided self-help and individualized e-mail therapy can be effective.

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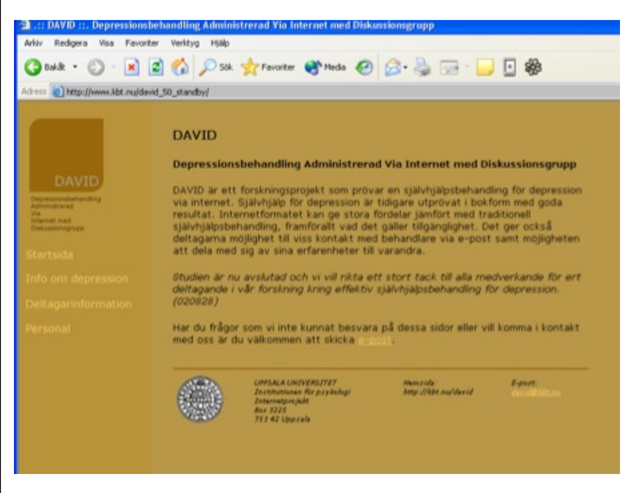

Modul 1a - Introduktion till KBT

Läsanvisningar

Se till att fokusera på modulläsningen för att kunna ta till dig materialet på bästa sätt. Försök hitta en plats och tid där du inte blir störd i din läsning. Skriv gärna ut texten så du kan göra egna anteckningar i materialet och ta fram det när du vill arbeta vidare. Om du känner att du hastar igenom texten eller fastnar vid vissa stycken om och om igen så ta en kort paus och kom tillbaka till läsningen. Vi kan inte nog betona vikten av att skapa förutsättningar för att ta till sig materialet på bästa sätt. Lycka till med Modul 1a!

Introduktion till KBT

Denna modul är tänkt att orientera dig i Kognitiv beteendeterapi (KBT) och förklara hur man från ett KBT-synsätt ser på depression. Den viktigaste funktionen med detta är att motivera de övningar som följer och förklara varför dessa fungerar. Att veta varför du gör något är nog så viktigt som att veta hur du gör det. Om du verkligen förstår en behandling så kan du också genomföra den bättre. Detta gäller alla behandlingar, inte minst självhjälp. Detta innebär också att dina kunskaper efter behandlingen kan fortsätta att ha ett positivt inflytande och ge dig möjlighet att påverka hur du vill att ditt liv ska se ut.

Du kan alltid komma tillbaka till denna modul om du behöver repetera dina kunskaper under behandlingens gång. Eftersom en del begrepp kan vara svåra att förstå har vi skapat en ordlista som du kan använda dig av. För att komma till ordlistan klicka här.

Psykologi som vetenskap försöker förstå mänskligt beteende, det vill säga studera varför människor beter sig, tänker och känner på det sätt de gör. Eftersom mänskligt beteende är så komplext och påverkas av så många faktorer, så finns det inte någon enskild teori som förklarar allt. KBT-perspektivet är baserat på hur vi människor lär oss att tänka och handla i olika situationer, det vill säga den del av psykologin som kallas för inlärningspsykologi. Dessutom tar det hänsyn till hur våra tankar påverkar hur vi människor beter oss.

12

2008

Journal of Technology in Human Services

ISSN: 1522-8835 (Print) 1522-8991 (Online) Journal homepage: http://www.tandfonline.com/loi/wths20

Development of a New Approach to Guided Self-Help via the Internet: The Swedish Experience

Gerhard Andersson , Jan Bergström , Monica Buhrman , Per Carlbring , Fredrik Holländare , Viktor Kaldo , Elisabeth Nilsson-Ihrfelt , Björn Paxling , Lars Ström & Johan Waara

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To link to this article: http://dx.doi.org/10.1080/15228830802094627

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Den svenska modellen

*...a **mixture between bibliotherapy and e-mail therapy**, but with relatively little use of e-mail correspondence. In fact, therapist contact ranges between below 100 minutes for a **8–10 week program** in most Swedish studies.*

*...we define guided Internet-delivered self-help as a therapy that is based on self-help books, guided by an identified therapist who gives feedback and answers to questions, with **a scheduling that mirrors face-to-face treatment**, and which also can include interactive online features such as queries to obtain passwords in order to get access to treatment modules.*

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Cognitive behavior therapy via the Internet: a systematic review of applications, clinical efficacy and cost–effectiveness

Expert Rev. Pharmacoecon. Outcomes Res. 12(6), 745–764 (2012)

Erik Hedman*[1,2], Brjánn Ljótsson[2] and Nils Lindefors[3]

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Internet-based cognitive behavior therapy (ICBT) is a promising treatment that may increase availability of cognitive behavior therapy (CBT) for psychiatric disorders and other clinical problems. The main objective of this study was to determine the applications, clinical efficacy and cost–effectiveness of ICBT. The authors conducted a systematic review to identify randomized controlled trials investigating CBT delivered via the internet for adult patient populations. Searches to identify studies investigating cost–effectiveness of ICBT were also conducted. Evidence status for each clinical application was determined using the American Psychologist Association criteria for empirically supported treatments. Of 1104 studies reviewed, 108 met criteria for inclusion, of which 103 reported on clinical efficacy and eight on cost–effectiveness. Results showed that ICBT has been tested for 25 different clinical disorders, whereas most randomized controlled trials have been aimed at depression, anxiety disorders and chronic pain. Internet-based treatments for depression, social phobia and panic disorder were classified as well-established, that is, meeting the highest level of criteria for evidence. Effect sizes were large in the treatment of depression, anxiety disorders, severe health anxiety, irritable bowel syndrome, female sexual dysfunction, eating disorders, cannabis use and pathological gambling. For other clinical problems, effect sizes were small to moderate. Comparison to conventional CBT showed that ICBT produces equivalent effects. Cost–effectiveness data were relatively scarce but suggested that ICBT has more than 50% probability of being cost effective compared with no treatment or to conventional CBT when willingness to pay for an additional improvement is zero. Although ICBT is a promising treatment option for several disorders, it can only be regarded as a well-established treatment for depression, panic disorder and social phobia. It seems that ICBT is as effective as conventional CBT for respective clinical disorder, that is, if conventional CBT works then ICBT works. The large effects and the limited therapist time required suggest that the treatment is highly cost effective for well-established indications.

2012

103 ICBT studies

Swedish researchers contributed with **33 of these (32%)**

ICBT for depression, panic disorder and social phobia should be classified as well-established treatments

16

2023

RESEARCH REPORT

Therapist-supported Internet-based cognitive behaviour therapy yields similar effects as face-to-face therapy for psychiatric and somatic disorders: an updated systematic review and meta-analysis

Erik Hedman-Lagerlöf[1], Per Carlbring[2], Frank Svärdman[1], Heleen Riper[3,4], Pim Cuijpers[3], Gerhard Andersson[1,5]

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Providing therapist-guided cognitive behaviour therapy via the Internet (ICBT) has advantages, but a central research question is to what extent similar clinical effects can be obtained as with gold-standard face-to-face cognitive behaviour therapy (CBT). In a previous meta-analysis published in this journal, which was updated in 2018, we found evidence that the pooled effects for the two formats were equivalent in the treatment of psychiatric and somatic disorders, but the number of published randomized trials was relatively low (n=20). As this is a field that moves rapidly, the aim of the current study was to conduct an update of our systematic review and meta-analysis of the clinical effects of ICBT vs. face-to-face CBT for psychiatric and somatic disorders in adults. We searched the PubMed database for relevant studies published from 2016 to 2022. The main inclusion criteria were that studies had to compare ICBT to face-to-face CBT using a randomized controlled design and targeting adult populations. Quality assessment was made using the Cochrane risk of bias criteria (Version 1), and the main outcome estimate was the pooled standardized effect size (Hedges' g) using a random effects model. We screened 5,601 records and included 11 new randomized trials, adding them to the 20 previously identified ones (total n=31). Sixteen different clinical conditions were targeted in the included studies. Half of the trials were in the fields of depression/depressive symptoms or some form of anxiety disorder. The pooled effect size across all disorders was g=0.02 (95% CI: –0.09 to 0.14) and the quality of the included studies was acceptable. This meta-analysis further supports the notion that therapist-supported ICBT yields similar effects as face-to-face CBT.

Key words: Cognitive behaviour therapy, Internet-based cognitive-behaviour therapy, face-to-face therapy, depression, anxiety disorders, online psychotherapy, meta-analysis

(World Psychiatry 2023;22:305–314)

31 RCT-studies comparing face-to-face with ICBT

Swedish researchers contributed with **10 of these (32%)**

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IKBT i Svensk hälso- och sjukvård

18

2002 (2007)

19

2004

NO ACCESS | American Journal of Audiology | Research Article | 1 Dec 2004

Internet-Based Cognitive—Behavioral Self-Help Treatment of Tinnitus

Clinical Effectiveness and Predictors of Outcome

Viktor Kaldo-Sandström, Hans Christian Larsen and Gerhard Andersson

https://doi.org/10.1044/1059-0889(2004/023)

Full Text | PDF | Tools | Share

The aim of this investigation was to evaluate Internet-based cognitive-behavioral therapy for tinnitus in a nonrandomized clinical effectiveness study with a sample of consecutive patients referred for psychological treatment (*N* = 77). Results were calculated at a group level on an intention-to-treat basis and showed significant reductions of distress on the Tinnitus Reaction Questionnaire (P. H. Wilson, J. Henry, M. Bowen, & G. Haralambous, 1991), the Hospital Anxiety and Depression Scale (A. S. Zigmond & R. P. Snaith, 1983), and on the Insomnia Severity Index (C. H. Bastien, A. Vallières, & C. M. Morin, 2001). A 3-month follow-up showed that patients remained improved. The dropout rate was 30%. Treatment compliance, external referral to the treatment, and number of earlier treatments for tinnitus were associated with positive outcome. The number of e-mails between therapist and patient concerning treatment problems was associated with worse outcome. Internet-based cognitive-behavioral therapy holds some promise as a treatment modality for tinnitus. Future research should focus on further controlled evaluations of the treatment technique and evaluate the cost-effectiveness compared to other forms of tinnitus treatments.

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2009

informa
healthcare

An open study of the effectiveness of Internet treatment for panic disorder delivered in a psychiatric setting

JAN BERGSTRÖM, GERHARD ANDERSSON, ANDREAS KARLSSON,
SERGEJ ANDRÉEWITCH, CHRISTIAN RÜCK, PER CARLBRING, NILS LINDEFORS

Bergström J, Andersson G, Karlsson A, Andréewitch S, Rück C, Carlbring P, Lindefors N. An open study of the effectiveness of Internet treatment for panic disorder delivered in a psychiatric setting. Nord J Psychiatry 2009;63:44–50. Oslo. ISSN 0803-9488.

Panic disorder with or without agoraphobia (PD/A) is common and can be treated effectively with selective serotonin reuptake inhibitor (SSRI) medication or cognitive–behaviour therapy (CBT). However, the lack of access to CBT services has motivated the development of self-help approaches requiring less therapist contact. A novel treatment modality in this field, showing efficacy in several randomized trials but until now not evaluated within the context of regular psychiatric care, is Internet-based treatment. The aim of the present study was to evaluate the effectiveness of Internet-based CBT for patients in a psychiatric setting. Twenty consecutively referred patients with PD were included in the study. A structured clinical interview with a psychiatrist was conducted for inclusion, as well as at post-treatment and at the 6-month follow-up. The treatment consisted of a 10-week CBT-based self-help programme, including minimal therapist support by e-mail. At post-treatment, 94% of patients no longer met DSM-IV criteria for PD (82% at 6-month follow-up). The within-group effect sizes (for the main outcome PDSS; Panic Disorder Severity Scale) were Cohen's $d=2.5$ (pre- to post-treatment) and 2.8 (pre-treatment to follow-up), respectively. The proportion of responders on the PDSS was 75% at post-treatment and 70% at 6-month follow-up. The results supports earlier efficacy data on Internet-based CBT for PD and indicates that it is effective also within a regular psychiatric setting. However, a larger randomized controlled trial should be conducted, directly comparing Internet-based CBT with traditionally administered CBT within such a setting.
• *Agoraphobia, CBT, Internet, Panic disorder, Self-help.*

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Accepted 23 April 2008.

21

2012

psykologpartners

22

Sveriges Kommuner och Landsting

2013

Forskning på metoden har pågått i snart 15 års tid och visar att internetbehandling kan vara en effektiv behandlingsmetod vid ångest- och depressionsproblematik (för översikt se bl.a. Andersson & Cuijpers, 2009; Andrews et al., 2010).

Fördelar med metoden är exempelvis att den innebär **hög tillgänglighet till psykologisk behandling, skapar metodologiskt kvalitetssäkrade behandlingar och ger patienterhög grad av insyn**. Dessutom gör metoden det möjligt för patienterna att påverka sin egen behandling och dess upplägg (för ytterligare diskussion om metodens för- och nackdelar, se Vernmark & Bjärehed, 2013 samt Hedman, Carlbring, Ljótsson, Anderson, In press).

Denna rapport beskriver vad internetbehandling är, hur forskningsläget ser ut, vilka insatser som är värdefulla vid ett införande av internetstödd behandling, och den lyfter fram erfarenheter av tidigare och pågående implementeringar av metoden i den kliniska vardagen.

23

2013/2014

ERIK HEDMAN
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INTERNETBASERAD PSYKOLOGISK BEHANDLING
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LINKÖPING UNIVERSITY

24

ELSEVIER

Research report

Effectiveness of Interne
for depression in routi

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Gerhard Andersson [a,d], Nils Li

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Routine care

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All rights reserved
DOI: 10.1111/acps.12079

Effectiveness of Inte
behaviour therapy fo
routine psychiatric c

Hedman E, Ljótsson B, Rück C, Bergström J, An
Jansson L, Andersson E, Andersson E, Blom K, I
Ivarsson J, Nasri B, Rydh S, Lindefors N. Effecti
based cognitive behaviour therapy for panic disor
psychiatric care.

Objective: Guided Internet-based cognitive beha
for panic disorder has been shown to be efficaciou
randomized controlled trials. However, the effecti
treatment when delivered within routine psychiatr
been studied. The aim of this study was to investig
of ICBT for panic disorder within the context of r
care.
Method: We conducted a cohort study investigati
(n = 570) who had received guided ICBT for pani
between 2007 and 2012 in a routine care setting at
psychiatric clinic providing Internet-based treatm
outcome measure was the Panic Disorder Severity
(PDSS-SR).
Results: Participants made large improvements fr
pretreatment assessments to posttreatment (Cohe
PDSS-SR = 1.07–1.55). Improvements were susta
follow-up.
Conclusion: This study suggests that ICBT for pa
effective when delivered in a routine care context
published randomized controlled trials.

> J Consult Clin Psychol. 2015 Oct;83(5):902-14. doi: 10.1037/a0039198. Epub 2015 May 25.

Effectiveness of Internet-based cognitive-behavior therapy for social anxiety disorder in clinical psychiatry

Samir El Alaoui [1], Erik Hedman [2], Viktor Kaldo [1], Hugo Hesser [3], Martin Kraepelien [1], Evelyn Andersson [1], Christian Rück [1], Gerhard Andersson [1], Brjánn Ljótsson [1], Nils Lindefors [1]

Affiliations + expand
PMID: 26009780 DOI: 10.1037/a0039198

Abstract

Objective: Internet-based cognitive-behavioral therapy (ICBT) has received increased attention as an innovative approach to improve access to evidence-based psychological treatments. Although the efficacy of ICBT for social anxiety disorder has been established in several studies, there is limited knowledge of its effectiveness and application in clinical psychiatric care. The purpose of this study was to evaluate the effectiveness of ICBT in the treatment of social anxiety disorder and to determine the significance of patient adherence and the clinic's years of experience in delivering ICBT.

Method: A longitudinal cohort study was conducted using latent growth curve modeling of patients (N = 654) treated with ICBT at an outpatient psychiatric clinic between 2009 and 2013. The primary outcome measure was the Liebowitz Social Anxiety Scale-Self-Rated.

Results: Significant reductions in symptoms of social anxiety were observed after treatment (effect size d = 0.86, 99% CI [0.74, 0.98]). Improvements were sustained at 6-month follow-up (d = 1.15, 99% CI [0.99, 1.32]). Patient adherence had a positive effect on the rate of improvement. A positive association between the clinic's years of experience with ICBT and treatment outcome was also observed.

Conclusions: This study suggests that ICBT for social anxiety disorder is effective when delivered within the context of a unit specialized in Internet-based psychiatric care and may be considered as a treatment alternative for implementation within the mental health care system.

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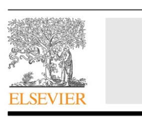

ELSEVIER

Effectiveness and c
Internet-delivered
in a primary care p

Lise Bergman Nordgren
Åsa Kadowaki [d], Stina E
Per Carlbring [f]

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Comorbidity
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Cognitive behavior therapy
Cost-effectiveness

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Internet-
Depression
Results from

Marie Kivi[1], Maria
Kristofer V

[1]Department of Psycho
Primary Health Care/
Sahlgrenska Academy

Abstract. Depression pre
care and society. Internet
several trials, but there i
settings. We examined wh
symptoms after 3 mont
antidepressant drugs, wa
Patients, aged ≥18 years
care centers in the south-
interview. A total of 90
included interactive elem
and minimal therapist co
assessed. The main out
measures were Montgom
Beck Anxiety Inventory
groups at post treatment
ICBT treatment complet
delivered in primary care
depression; Internet-base

Received 30 September 2

Routledge

BJPsych The British Journal of Psychiatry (2015)
207, 227–234. doi: 10.1192/bjp.bp.114.160101

Physical exercise and internet-based cognitive–behavioural therapy in the treatment of depression: randomised controlled trial

Mats Hallgren, Martin Kraepelien, Agneta Öjehagen, Nils Lindefors, Zangin Zeebari, Viktor Kaldo and Yvonne Forsell

Background
Depression is common and tends to be recurrent. Alternative treatments are needed that are non-stigmatising, accessible and can be prescribed by general medical practitioners.

Aims
To compare the effectiveness of three interventions for depression: physical exercise, internet-based cognitive–behavioural therapy (ICBT) and treatment as usual (TAU). A secondary aim was to assess changes in self-rated work capacity.

Method
A total of 946 patients diagnosed with mild to moderate depression were recruited through primary healthcare centres across Sweden and randomly assigned to one of three 12-week interventions (trail registry: KCTR study ID: KT20110063). Patients were reassessed at 3 months (response rate 78%).

Results
Patients in the exercise and ICBT groups reported larger improvements in depressive symptoms compared with TAU. Work capacity improved over time in all three groups (no significant differences).

Conclusions
Exercise and ICBT were more effective than TAU by a general medical practitioner, and both represent promising non-stigmatising treatment alternatives for patients with mild to moderate depression.

Declaration of interest
None.

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2016

Dessa riktlinjer tar inte upp olika förmedlingssätt av psykologisk behandling. Psykologisk behandling kan till exempel erbjudas och förmedlas individuellt, i grupp, i par, i familj eller via internet. Eftersom utvecklingen inom framför allt e-hälsa är snabb och det är sannolikt att de digitala förmedlingssätten snabbt kan förändras, har Socialstyrelsen valt att ge rekommendationer som inte är begränsade till förmedlingssätt.

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Stöd och behandling (SOB)

2015 (2016)

John Doe (19850901-5650)

Ångesthjälpen

Hej och varmt välkommen.

Sveriges Kommuner och Regioner

inera

1177

28

2023

- **518** unika stöd- eller behandlingsprogram
- **Sju av tio** program riktar sig mot psykiatrisk problematik, psykisk hälsa och välbefinnande
- **67%** av programmen är framtagna för eller anpassat till målgruppen vuxna (18-65 år)

29

590	Region Örebro län	Psykiatrisk fysioterapi – fysisk aktivitet	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, fysisk aktivitet	Vuxna	Region Örebro län	Nej
591	Region Örebro län	Regionhälsan - Arbetsåtergång/stöd i friskt arbetsliv	Under unveckling (ej i drift)	Ja	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, stress	Vuxna	Region Örebro län	Nej
592	Region Örebro län	Regionhälsan - Stöd vid psykisk ohälsa	Under unveckling (ej i drift)	Ja	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, stress	Vuxna	Region Örebro län	Nej
593	Region Örebro län	Sjukskrivningskollen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, fysisk aktivitet	Vuxna	Region Kalmar län	Vet ej
594	Region Örebro län	START - träningsperioden	Under unveckling (ej i drift)	Ja	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, fysisk aktivitet	Alla	Region Örebro län	Nej
595	Region Örebro län	START- Stöd i Aktivitet, Rörelse och Träning - information och a	Under unveckling (ej i drift)	Ja	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, fysisk aktivitet	Alla	Region Örebro län	Nej
596	Region Örebro län	Steg för steg	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Fetma	Vuxna	Region Örebro län	Vet ej
597	Region Örebro län	Stöd efter din hjärtinfarkt	I drift	Ja	Psykiatri, psykisk hälsa och välbefinnande	Hjärta och kärl	Alla	Region Stockholm	Nej
598	Region Örebro län	Stöd och utvärdering av psykologisk behandling	Under unveckling (ej i drift)	Ja	Psykiatri, psykisk hälsa och välbefinnande	Övrigt	Alla	Region Örebro län	Nej
599	Region Örebro län	Stöd vid kranskärlssjukdom	I drift	Ja	Psykiatri, psykisk hälsa och välbefinnande	Hjärta och kärl	Alla	Region Stockholm	Nej
600	Region Örebro län	Tobakshjälpen (utvecklad av annan region	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Skadligt bruk, tobak	Alla	Region Jönköpings	Vet ej
601	Region Örebro län	Träning vid nackbesvär	I drift	Ja	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, fysisk aktivitet	Alla	Region Sörmland	Nej
602	Region Örebro län	Träning vid whiplashrelaterade besvär	I drift	Ja	Psykiatri, psykisk hälsa och välbefinnande	Levnadsvanor, fysisk aktivitet	Alla	Region Sörmland	Nej
603	Region Östergötland	ADHD-hjälpen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	ADHD	Vuxna	Psykologpartners W	Ja
604	Region Östergötland	Anhörigstöd hjärtsvikt	I drift	Nej	Somatik	Övrigt	Vuxna	Region Östergötlan	Ja
605	Region Östergötland	Artrosskola	I drift	Nej	Somatik	Smärta	Vuxna	Landstinget i Kalma	Ja
606	Region Östergötland	Axelhjälpen – mindre smärta med rätt träning	Under unveckling (ej i drift)	Ja	Somatik	Smärta	Vuxna	Region Östergötlan	Ja
607	Region Östergötland	Barn med språkstörning - stöd från logopeden (kommande/di	Kommande/diskuteras	Ja		Språk och kommunikation	Barn (0-18 år)	Västra Götalandsre	Ja
608	Region Östergötland	Bra liv med Diabetes	I drift	Ja	Somatik	Diabetes	Vuxna	Region Jönköpings	Vet ej
609	Region Östergötland	Depressionshjälpen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Depression	Vuxna	Psykologpartners W	Ja
610	Region Östergötland	Goda vanor för ditt barns mående	Kommande/diskuteras	Ja		Levnadsvanor, kost	Barn (0-18 år)	Region Jönköpings	Vet ej
611	Region Östergötland	Hjärtskolan för dig med kranskärlssjukdom	I drift	Ja	Somatik	Cancer	Vuxna	Västra Götalandsre	Ja
612	Region Östergötland	KBT vid Tinnitus	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Övrigt	Vuxna	Region Östergötlan	Ja
613	Region Östergötland	Livsbalansen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande		Vuxna	Region Östergötlan	Ja
614	Region Östergötland	Lär dig om hörsel och hörapparater (under utveckling)	Under unveckling (ej i drift)	Ja		Språk och kommunikation	Vuxna	Region Skåne	Vet ej
615	Region Östergötland	Lär dig om hörsel och kommunikation (under utveckling)	Under unveckling (ej i drift)	Ja		Språk och kommunikation	Vuxna	Region Östergötlan	Vet ej
616	Region Östergötland	Måendekollen Ung	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande		Barn (0-18 år)	Västra Götalandsre	Ja
617	Region Östergötland	Oroshjälpen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Ångest och oro	Vuxna	Psykologpartners W	Ja
618	Region Östergötland	Osteoporosskola	Under unveckling (ej i drift)	Ja	Somatik	Smärta	Vuxna	Region Östergötlan	Ja
619	Region Östergötland	Patientutbildning svårläkta sår	Under unveckling (ej i drift)	Ja	Somatik	Övrigt	Vuxna	Region Kalmar	Ja
620	Region Östergötland	Skatta ditt mående	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Övrigt	Vuxna	Region Östergötlan	Ja
621	Region Östergötland	Sovhjälpen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande		Vuxna	Psykologpartners W	Ja
622	Region Östergötland	Stresshjälpen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande		Vuxna	Psykologpartners W	Ja
623	Region Östergötland	Tobakshjälpen	I drift	Nej	Somatik	Skadligt bruk, tobak	Vuxna	Region Jönköpings	Ja
624	Region Östergötland	Ångesthjälpen	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Ångest och oro	Vuxna	Psykologpartners W	Ja
625	Region Östergötland	Ångesthjälpen Ung	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Ångest och oro	Barn (0-18 år)	Psykologpartners W	Ja
626	Region Östergötland	Ångesthjälpen Ung föräldrastöd	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande		Vuxna	Psykologpartners W	Ja
627	Västra Götalandsregionen	ADAPT - Behandling vid ont i magen och oro	I drift	Nej	Psykiatri, psykisk hälsa och välbefinnande	Ångest och oro	Barn (0-18 år)	Västra Götalandsre	Ja
628	Västra Götalandsregionen	AFFEKT	Under unveckling (ej i drift)	Ja	Psykiatri, psykisk hälsa och välbefinnande	Övrigt	Vuxna	Västra Götalandsre	Vet ej
629	Västra Götalandsregionen	AntiStressProgrammet	I drift	Ja	Psykiatri, psykisk hälsa och välbefinnande	Övrigt	Vuxna	Västra Götalandsre	Vet ej
630	Västra Götalandsregionen	Avdelning 369 Behandlingsuppföljning	I drift	Nej	Somatik	Ångest och oro	Vuxna	Västra Götalandsre	Nej
631	Västra Götalandsregionen	Bariatrisk kirurgi	I drift	Nej	Somatik	Fetma	Vuxna	Västra Götalandsre	Vet ej
632	Västra Götalandsregionen	Barn med läpp- käk- och gomspalt (under utveckling)	Under unveckling (ej i drift)	Ja	Somatik	Språk och kommunikation	Vuxna	Västra Götalandsre	Vet ej
633	Västra Götalandsregionen	Barn med språkstörning - stöd från logopeden	I drift	Nej	Somatik	Språk och kommunikation	Barn (0-18 år)	Västra Götalandsre	Vet ej
634	Västra Götalandsregionen	Behandlingsstöd vid ångest och depression - Läkarhusen	I drift	Ja	Psykiatri, psykisk hälsa och välbefinnande	Övrigt	Vuxna	Västra Götalandsre	Vet ej

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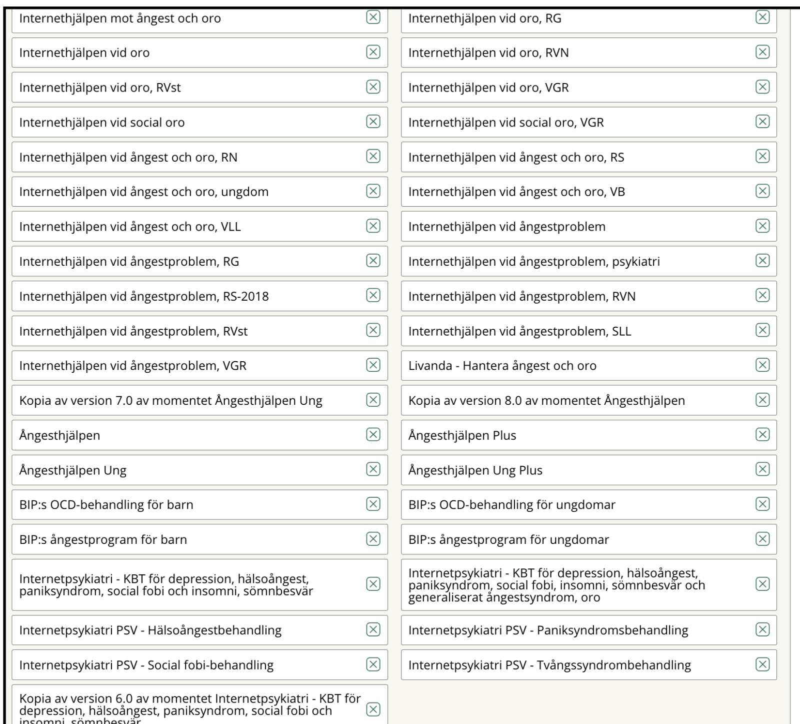

ICBT-treatments
Anxiety and worry
Adults, Adolescents and Children
- April 2023

https://www.inera.se/tjanster/statistik-for-ineras-tjanster/statistik-for-1177-stod-och-behandlingsplattform/oversikt/

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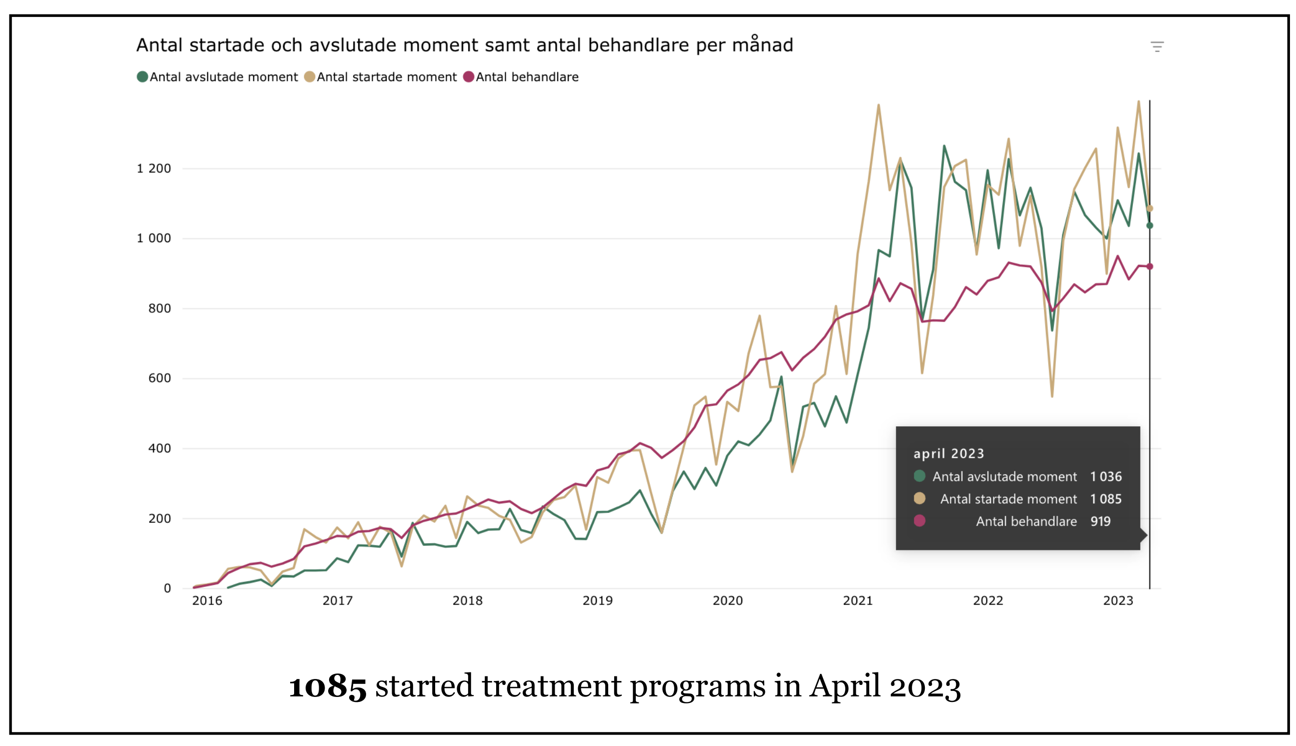

1085 started treatment programs in April 2023

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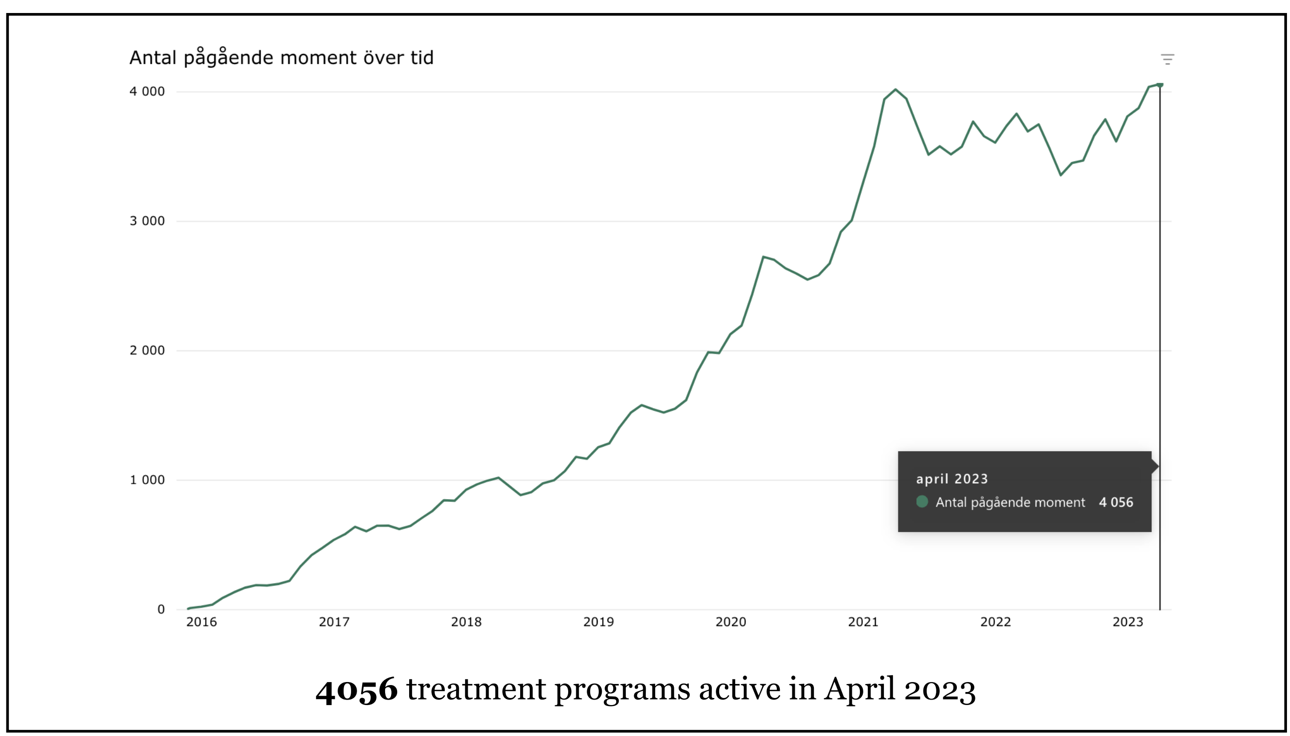

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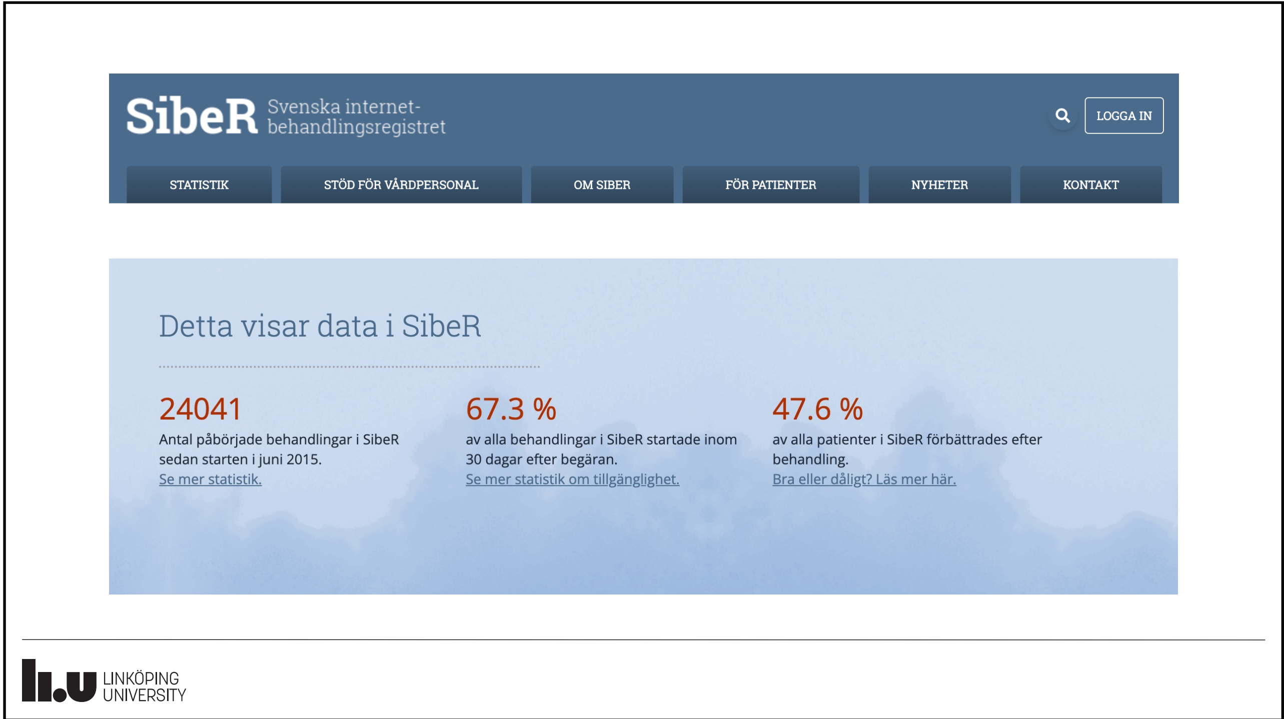

35

Nuläge och framtid

36

iKBT i verkligheten

Höga förhoppningar och stora satsningar. För snart tio år sedan tog ikbt steget över från forskning till klinisk verklighet. Psykologtidningen undersöker hur ikbt fungerar i vården och möts av affärsintressen, tveksam effektivitet och en förändrad psykologroll.

Texter: Maria Jernberg Illustration: Jenny Sjödin

12 _ psykologtidningen _ #2 _ 2024

Enligt dem har 240 program påbörjats och 146 fullföljts. På de fem-sex heltidstjänster, som mottagningen har, blir det 40–48 påbörjade behandlingar per psykolog och år. Då patienterna i snitt gör fem moduler av behandlingarna har psykologerna 5,2 patienter i veckan.

– Ikbt är i ropet, alla politiker pratar om e-hälsa och digitalisering, ändå är spridningen så liten. Handlar det om att mottagningarna arbetar ineffektivt, att verksamheterna är för små för att komma i gång eller handlar det om att det faktiskt inte passar? Här finns något vi behöver ta reda på, säger hon.

Även Region Uppsala har valt att samla internetbehandlingarna på en enhet. Nära vård digitalt tar emot primärvårdspatienter från hela länet. De anmäler sig på 1177. Tio heltidsarbetande psykologer finns i dag på mottagningen. Lina Ciardella är psykologiskt ledningsansvarig och uppger att 850 behandlingar startades under 2023, vilket innebär 85 behandlingsstarter per psykolog och år. Räknat på att behandlingarna pågår i tio veckor snittar psykologerna 18,5 behandlingar i veckan.

– Om vi utgår från vårt produktionsriktmärke med 30 behandlingar i veckan så borde vi kunna komma upp i 112 behandlingar per psykolog och år, säger Lina Ciardella.

För att kunna utvärdera hur det går för ikbt i vården finns det svenska internetbehandlingsregistret Siber. Det skapades 2015, samma år som plattformen *Stöd och behandling* lanserades, med avsikt att följa hur programmen används, i vilken utsträckning de hjälper patienterna och vilka de passar för. Tolv av Sveriges 21 regioner är i dag anslutna till Siber. Sammantaget visar datan att 62 procent fullföljer sitt behandlingsprogram och att 45 procent av dem förbättras. Någon långtidsuppföljning finns inte. Cecilia Svanborg, psykiater och registerhållare, är nöjd med siffrorna.

– Det är positivt att vi har de här effekterna, det fungerar som förväntat i klinisk vård, säger hon.

På Bup internetbehandling förbättrades 34 procent av patienterna under 2023. Sarah Vigerland häller upp kaffe. Ett nästan färdiglagt pussel breder ut sig över bordet i personalrummet.

– Jag är inte så nöjd med 34 procent. Samtidigt, vad som inte

»Jag är inte så nöjd med 34 procent. Vad som inte syns i registerstaplarna är hur hög komorbiditeten är och på vilken vårdnivå verksamheten befinner sig.«

20 av 21 av Sveriges regioner har utfört ikbt under 2023. Flest görs i Stockholm, Västra Götaland och Uppsala.
Källa: Stöd och behandling och Siber

#2 _ 2024 _ psykologtidningen _ 15

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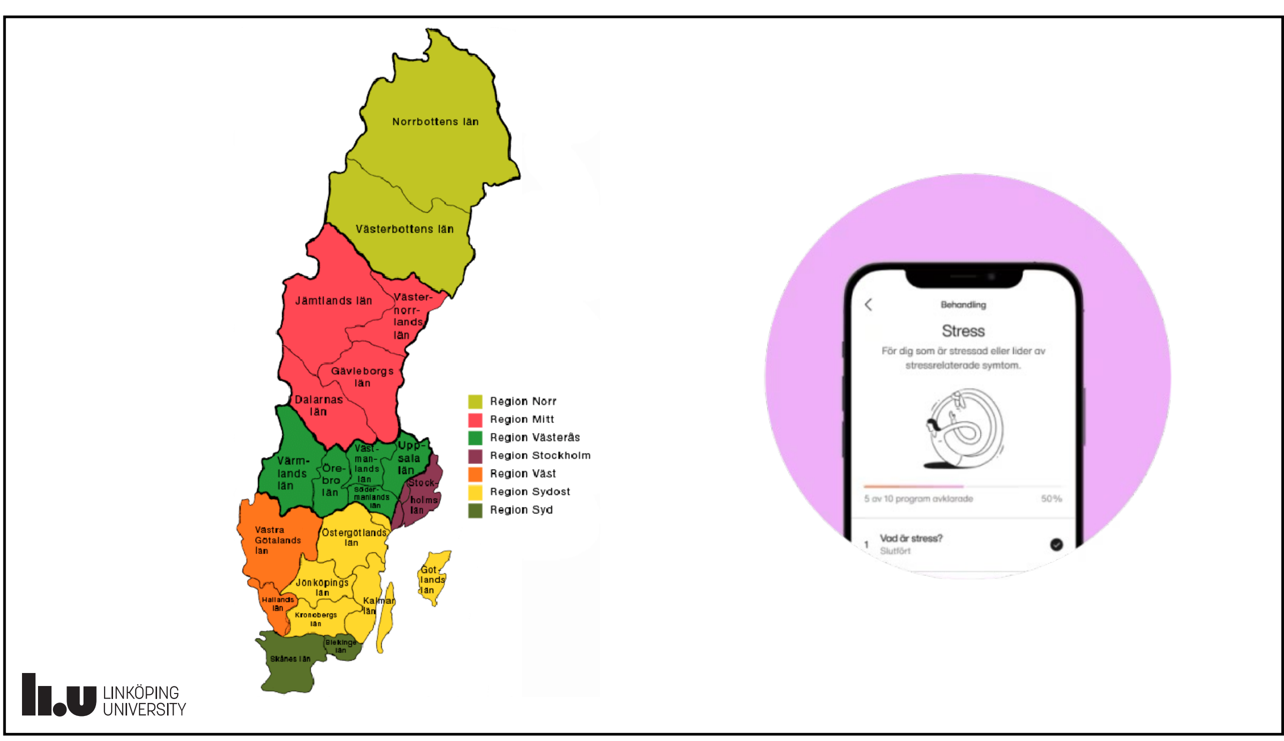

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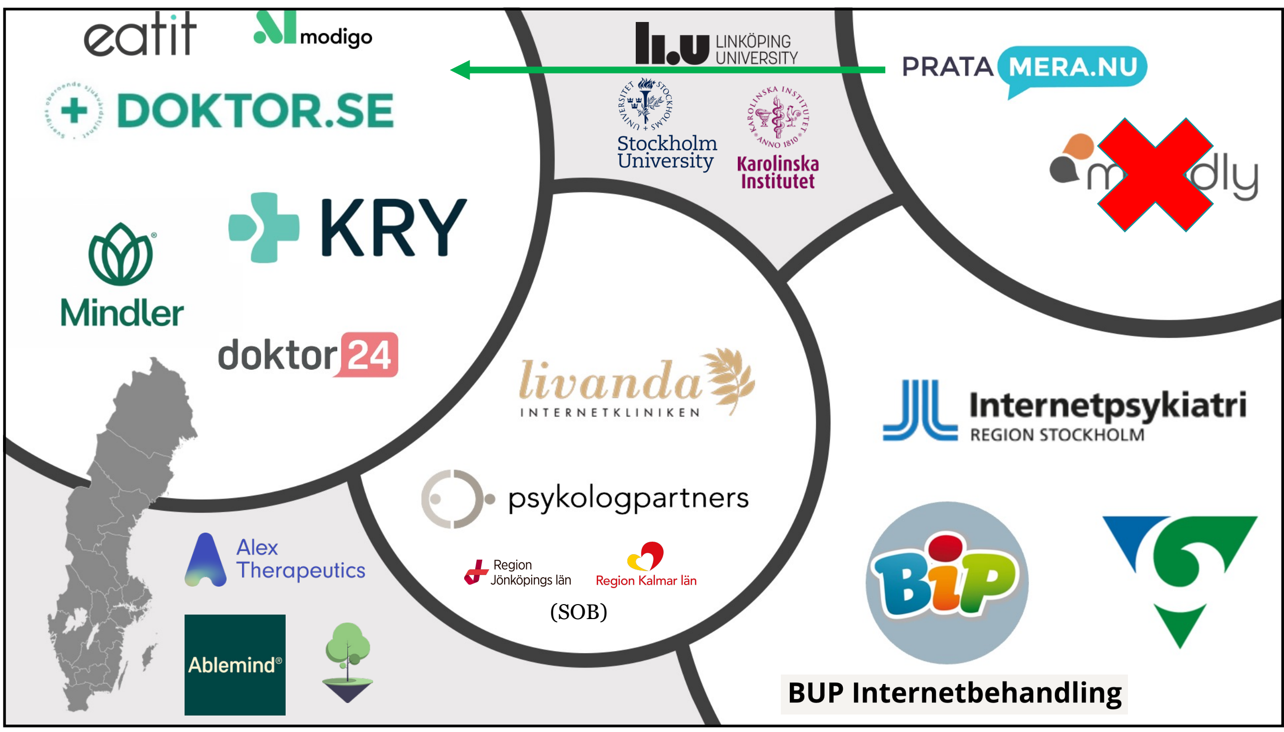

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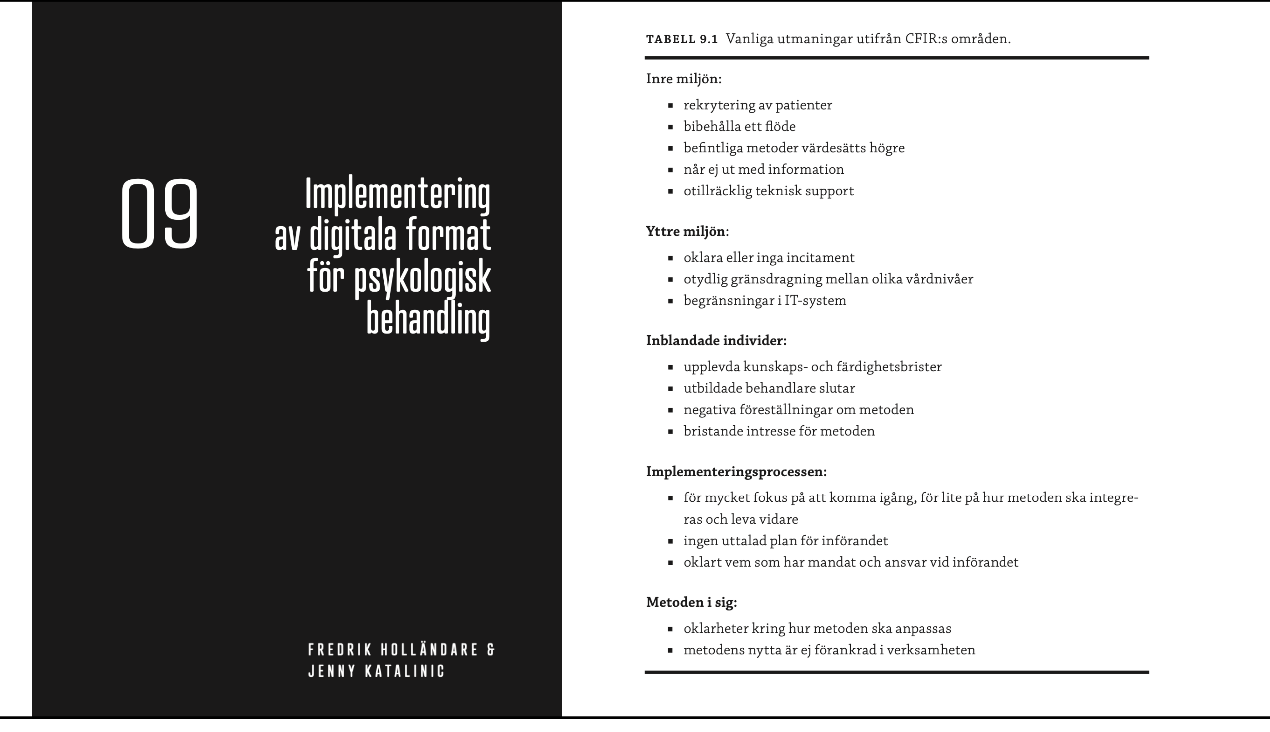

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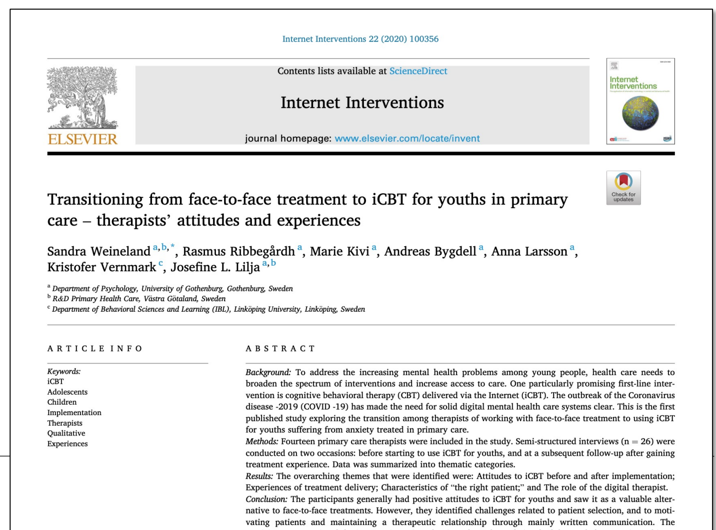
Övergången till digitala format

Utmaningar

Lämplighetsbedömning/urval, motivera patienter och skapa en relation via text

Fördelar

Överlag positiva attityder till IKBT, ökad variation i arbetet, samt upplevd minskad emotionell stress och kognitiv belastning


Internet Interventions 22 (2020) 100356

Contents lists available at ScienceDirect

Internet Interventions

journal homepage: www.elsevier.com/locate/invent

Transitioning from face-to-face treatment to iCBT for youths in primary care – therapists' attitudes and experiences

Sandra Weineland[a,b,*], Rasmus Ribbegårdh[a], Marie Kivi[a], Andreas Bygdell[a], Anna Larsson[a], Kristofer Vernmark[c], Josefine L. Lilja[a,b]

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ARTICLE INFO

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Adolescents
Children
Implementation
Therapists
Qualitative
Experiences

ABSTRACT

Background: To address the increasing mental health problems among young people, health care needs to broaden the spectrum of interventions and increase access to care. One particularly promising first-line intervention is cognitive behavioral therapy (CBT) delivered via the Internet (iCBT). The outbreak of the Coronavirus disease -2019 (COVID -19) has made the need for solid digital mental health care systems clear. This is the first published study exploring the transition among therapists of working with face-to-face treatment to using iCBT for youths suffering from anxiety treated in primary care.
Methods: Fourteen primary care therapists were included in the study. Semi-structured interviews (n = 26) were conducted on two occasions: before starting to use iCBT for youths, and at a subsequent follow-up after gaining treatment experience. Data was summarized into thematic categories.
Results: The overarching themes that were identified were: Attitudes to iCBT before and after implementation; Experiences of treatment delivery; Characteristics of "the right patient;" and The role of the digital therapist.
Conclusion: The participants generally had positive attitudes to iCBT for youths and saw it as a valuable alternative to face-to-face treatments. However, they identified challenges related to patient selection, and to motivating patients and maintaining a therapeutic relationship through mainly written communication. The

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Based on the present study's results the implementing organization needs a clear understanding of why and how iCBT is going to be implemented in their clinical setting. Furthermore, adequate training in iCBT is paramount and patient assessment and motivation are essential for therapists' experiences confidence when treating adolescents with iCBT.

All participants said that a prerequisite for successful implementation of iCBT is that the health care organization and management should prioritize iCBT on the same level as conventional treatment. Some participants expressed concern that iCBT work may otherwise be neglected, postponed, or expected to be carried out in gaps between other tasks

Weineland, S., Ribbegårdh, R., Kivi, M., Bygdell, A., Larsson, A., Vernmark, K., & Lilja, J. L. (2020). Transitioning from face-to-face treatment to iCBT for youths in primary care – therapists' attitudes and experiences. *Internet Interventions*, *22*, 100356. https://doi.org/10.1016/j.invent.2020.100356

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Implementering av digitala format

Hinder
Begränsade incitament och resurser i verksamheten, samt ledarskapet

Möjligheter
Organisationens möjlighet/beredskap för förändring

JMIR HUMAN FACTORS Brantnell et al

Original Paper

Barriers to and Facilitators of the Implementation of Digital Mental Health Interventions as Perceived by Primary Care Decision Makers: Content Analysis of Structured Open-Ended Survey Data

Anders Brantnell[1,2], PhD; Serdar Temiz[3], PhD; Enrico Baraldi[3], PhD; Joanne Woodford[2], PhD; Louise von Essen[2], PhD

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Abstract

Background: Digital mental health represents a way to increase access to evidence-based psychological support. However, the implementation of digital mental health in routine health care practice is limited, with few studies focusing on implementation. Accordingly, there is a need to better understand the barriers to and facilitators of implementing digital mental health. Existing studies have mainly focused on the viewpoints of patients and health professionals. Currently, there are few studies about barriers and facilitators from the perspective of primary care decision makers, that is, the persons responsible for deciding whether a given digital mental health intervention should be implemented in a primary care organization.

Objective: The objectives were to identify and describe barriers to and facilitators of the implementation of digital mental health as perceived by primary care decision makers, evaluate the relative importance of different barriers and facilitators, and compare

LINKÖPING UNIVERSITY

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- Ersättningsmodeller och finansiering
- Tekniska förutsättningar
- Organisering (centraliserat vs decentraliserat)
- Lagar och riktlinjer
- Upphandlingsförfarande och immaterialrätt

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SAHA - digital interventions for refugee mental health problems

Publications | Contact

stevanovicigor

Detecting and treating mental health problems for refugees - development of and research on digital tools for the assessment and treatment of anxiety, depression, post-traumatic stress, sleep problems and migration-related mental health problems.

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Inkluderande digitalisering

- Hur tillgängliggörs kulturanpassade digitala interventioner för flyktingar och migranter i hälso- och sjukvården?
- Vilka hinder och möjliggörande omständigheter finns det kopplat till införande?
- Intressentanalys riktad mot psykologer, data analyseras under våren 2024

- Rekrytering till pågående studie för arabisk- eller farsi/daritalande, se: https://www.iterapi.se/sites/raha/

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Tack!

kristofer.vernmark@liu.se

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