Title	**Computerised Cognitive Behavioural Therapy (CCBT) for Adults with Depression**
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Aim

To evaluate the clinical effectiveness, cost effectiveness and other issues related to computerised cognitive behavioural therapy (CCBT) for the treatment of adults with depression.

Conclusions and results

Twelve studies were included in the clinical effectiveness review. The analysis of these results showed that there was significant reduction of psychological score in the CCBT group in all studies. When compared to controls, CCBT was as effective as CBT and superior to wait-list. It was as effective or slightly more effective when compared with Treatment As Usual (TAU) and as effective as Problem-solving Therapy (PST) and email therapy based on CBT. The pooled results of seven studies showed that CCBT was associated with significant improvement in Beck Depression Inventory (BDI) score at post-treatment. The mean difference was -7.16 (95% CI -8.61,-5.72). There was no evidence of heterogeneity (I^2=1%; Chi^2=6.04, df=6 (p=0.42)). CCBT was found to be acceptable to majority of patients and the study results showed that high percentages of patients were satisfied with the treatment.

There were four studies on economic evaluation identified. All these economic evaluation were carried out alongside RCTs. The studies showed that CCBT is likely to be cost effective if the society is willing to pay a modest value for a significant change in depressive symptoms.

Recommendations

Based on the review, there was evidence to suggest that CCBT is effective for the treatment of depression. The burden of depression in Malaysia is high where it is the leading cause for Years Live with Disability (YLD) in men and women. Many patients with depression have no access to treatment and considered as unmet need. CCBT may improve the accessibility of CBT to patients with depression. Using the current version of CCBT programmes in English, the cost per treatment is fairly reasonable since CCBT can be accessed either at the clinic, at home or at the office. CCBT may be recommended to selected group of patients with mild to moderate depression. It may also be used as an adjunct to antidepressants in patients with severe depression under the supervision of an experienced psychiatrist. The patients selected for this programme should be patients who have computers and internet access at home. These patients should also be proficient in computer and English. Criteria for selecting patients for this treatment should be developed before introducing CCBT program for adults with depression.

Methods

Electronic databases such as MEDLINE, PubMed, EBM Reviews-Cochrane Database of Systematic Reviews, EBM Reviews-Cochrane Central Register of Controlled Trials, EBM Reviews-Health Technology Assessment, EBM Reviews-Cochrane Methodology Register, EBM Reviews-NHS Economic Evaluation Database, Database of Abstracts of Reviews of Effects (DARE), Horizon Scanning database, INAHTA database, HTA database and FDA database were searched. No

limits were applied to the search. Additional articles were identified from bibliographies of retrieved articles and hand-searching of journals. All relevant literature was appraised using the Critical Appraisal Skills Programme (CASP) and evidence was graded based on guidelines from U.S./Canadian Preventive Services Task Force.

Further research/reviews required

Since there is no local data on CCBT, it is recommended that research be carried out in Malaysia to assess the effectiveness, acceptability and feasibility of CCBT in our population before a nationwide program can be introduced.

Written by

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