

Clinical trial finds significant improvements from new two-hour depression and anxiety treatment

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A single online lesson can be as beneficial in reducing the symptoms of anxiety and depression as a five-lesson treatment program, [a clinical trial](#)

[has found](#).

At a time when demand for mental health care has never been higher, a clinical trial of an 'ultra-brief' online [psychological treatment](#) has shown positive results.

The trial compared the standard eight-week online program for [anxiety](#) and depression delivered by Macquarie University's eCentreClinic with a shortened version. The study is published in the journal *Psychological Medicine*.

Both programs are based on [cognitive behavioral therapy](#) (CBT), which has been proven to effectively reduce the symptoms of anxiety and depression.

Developed by Macquarie University clinical psychologists Dr. Madelyne Bisby and Professor Blake Dear, the ultra-brief treatment can take less than two hours to complete—less than a quarter of the time of the standard program.

Both models provide information on how and why anxiety and depression develop, common symptoms, and how those symptoms may interact. They also teach skills designed to challenge unhelpful thinking, manage low mood, and graded exposure to situations that the person would normally avoid.

The ultra-brief treatment includes a single online lesson, with resources including a practice guide, information on managing worry, and case studies, and the option of one call or text message exchange with a psychologist.

The standard program involves five online lessons, plus seven additional resources, practice guides, and [case studies](#), with optional access to a

psychologist over the eight-week treatment period.

The study

The clinical trial to compare the two versions involved 242 adults aged 18 and older, all of whom had self-reported difficulties with depression or anxiety.

Participants were predominantly female, with an average age of 48. Nearly half reported symptoms consistent with clinical depression or anxiety, and about 80 percent had received some form of mental health treatment in the past.

They were randomly assigned to the ultra-brief program, the standard program, or a control group that began the standard treatment after the trial was finished.

All three groups completed standardized symptom assessments at the nine-week mark. Both treatment groups showed significant improvements in symptoms of anxiety and depression compared to the [control group](#), and there was no difference between the ultra-brief and standard groups.

The benefits were also lasting in the short term, with both treatment groups continuing to report improvements in their symptoms when they were re-contacted at the three-month mark.

Why brief treatment works

Dr. Bisby says much of the information delivered in the ultra-brief treatment came from the first module of the [standard treatment](#).

"When we were developing the shortened version, we looked at when people undertaking the standard program noticed the most improvement," she says.

"It was after the very first lesson, so we adapted it to test whether it could be enough to bring about meaningful change, and the trial has shown that it can.

"Our main learning from this study is that treatment doesn't need to take a long time to deliver real benefits for some people."

She says the reasons that brief treatment might work will vary from person to person, but one of the key possibilities is that for many, it will be the first time they have learned to look at the connections between how they are thinking, how they are feeling, and their day-to-day lives.

Demand for mental health care has never been higher, but some people are still either not accessing treatment for their anxiety or depression or not completing it. Reasons include cost, the waiting time to see a psychologist, and their ability to access [mental health care](#).

While internet-delivered therapies like those delivered at eCentreClinic have improved overall access to care, there are still barriers that brief treatment can help to break down.

Dr. Bisby says for some people, brief care may be a better option either because they might not want a longer treatment program or might not be able to commit to one.

"Other people might want longer-term care with more guidance from a therapist, but they could still sign up for a brief program to begin to manage their condition while they wait to begin therapy," she says.

"Ultimately, brief treatment represents another tool to help people manage their mental health, and it could be implemented on a large scale very cost effectively."

Further assessments of the ultra-brief program are now planned, including a clinical trial set to take place in early 2024 of people who have been diagnosed with [depression](#) or anxiety. Anyone interested in taking part in the trial can register their interest [here](#).

More information: Madelyne A. Bisby et al, An online therapist-guided ultra-brief treatment for depression and anxiety: a randomized controlled trial, *Psychological Medicine* (2023). [DOI: 10.1017/S003329172300260X](#)

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