The clinical effectiveness of CBT-based guided self-help interventions for anxiety and depressive disorders: a systematic review

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CRD summary
This review found inconclusive evidence to suggest that guided self-help based on cognitive-behavioural therapy for adults with anxiety or depression might be effective for media-recruited populations in the short term. The lack of detail in the reporting means that the reliability of the authors' conclusions is unclear.

Authors' objectives
To determine the effectiveness of guided self-help based on cognitive-behavioural therapy (CBT) for patients with anxiety or depression.

Searching
PsycINFO, CINAHL, EMBASE and MEDLINE were searched for items from 1990 to May 2010. The search was limited to articles in English and search terms were reported. The authors of primary articles and key review articles were contacted for information on unpublished studies. The contents of three relevant journals (from 2006 to 2009) and the bibliographies of included studies were searched manually.

Study selection
Randomised controlled trials (RCTs) of adults aged 17 to 64 years with anxiety, depression, or both, were eligible for inclusion if they compared guided self-help interventions against unguided self-help, usual psychological treatment or waiting list controls. The definition of anxiety or depression had to be based on a structured clinical interview or validated assessment scale. To be included, trials had to report clinical effectiveness as an outcome, measured by validated observer or self-report tools for anxiety or depression. Guided self-help was defined as an individual's access to CBT self-help materials, with active guidance from a professional or paraprofessional therapist for at least 30 minutes and no more than three hours. The therapist's involvement had to be more than reminders or assessment monitoring. Trials with less than one month of follow-up were not eligible.

In the included trials, recruitment was either through media advertisements or clinical referral. The mean age of participants ranged from 32.4 to 45 years, and the percentage of females ranged from 59 to 84. Participants had one or more diagnosis of: depression, panic disorder, social phobia, other phobias, and general anxiety. Four trials included patients with severe depression. Few details of the interventions were given, but they included internet or face-to-face guidance, from a general practitioner or nurse. The duration of guidance ranged from 60 to 180 minutes. The control patients were either on a waiting list or received discussion group support, usual care, relaxation, or internet-guided minimal CBT. Follow-up ranged from one month to one year.

The authors did not state how many reviewers selected trials for inclusion.

Assessment of study quality
Trial quality was assessed using a 10-point checklist on randomisation, allocation concealment, baseline characteristics, confounding, validity of outcome measures, attrition, intention-to-treat analysis, power calculation, whether the intervention was well defined and delivered, and generalisability. Each criterion was given one of the six ratings defined by the Scottish Intercollegiate Guidance Network as follows: well covered (two points); adequately addressed (one point); poorly addressed, not addressed, not reported, or not applicable (zero points).

The quality of each trial was assessed by one reviewer and a sample of trials was assessed independently by a second reviewer; disagreements were resolved by discussion.

Data extraction
Effect sizes were extracted from each trial. If not available, they were computed using Cohen's d. The authors did not state how many reviewers extracted the data.
Methods of synthesis
The authors stated that mean weighted effect sizes were estimated, but no further details of this analysis were reported. Effect sizes were reported after treatment and at follow-up. Statistical heterogeneity was calculated using the Cochran Q test. Pooled effect sizes were calculated separately for trials that recruited patients through the media and those that enrolled clinical referrals.

Results of the review
Thirteen trials were included in the review. A total of 454 patients were treated with guided self-help; the number of participants in the control arm was not available for some trials. Seven trials were of anxiety, four were of depression and two were of both. The quality score ranged from four to eight (out of 10). The poorest quality features were the validity of outcome measures, the reporting of a power calculation, and generalisability.

After treatment: Eleven RCTs found that guided self-help was produced better outcomes; the mean weighted effect size was 0.69. There was significant statistical heterogeneity (p<0.01). The trials that recruited by media had a greater effect size (1.02) than those that took clinical referrals (0.31).

Follow-up: Nine RCTs found that guided self-help had better outcomes; the mean weighted effect size was 0.32. A sensitivity analysis excluding one trial with low quality reduced the effect size to 0.19. There was no significant heterogeneity.

Authors’ conclusions
Guided self-help appeared to be effective for media recruited populations, but the effect was less convincing in routine clinical settings and in the long term. Due to these differences, the authors stated that the evidence was inconclusive.

CRD commentary
The review question and inclusion criteria were clear, and the search strategy covered a wide range of sources. Attempts were made to identify unpublished data. Limiting the search to articles in English could have introduced language bias. It was unclear whether study selection and data extraction were carried out with sufficient attempts to minimise error and bias. The quality assessment appears to have been thorough, but it was not clear whether the sensitivity analysis, which excluded one study on the basis of quality, was defined a priori or was a post hoc analysis.

The trial details were provided, except for the interventions, which were briefly described. Insufficient details of the meta-analysis were given to determine its appropriateness. The authors stated that there were too few trials to further investigate the demonstrated statistical heterogeneity. It was not clear what the reported effect size actually measured, nor was it clear how many trials needed Cohen's d to be calculated. No measure of statistical uncertainty, such as confidence intervals, was presented, so the role of chance in explaining the reported results cannot be assessed.

The lack of detail in the reporting of the analysis and the results of the review means that the reliability of the authors' conclusions cannot be determined.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that greater consensus was needed on the definition of guided self-help. More high-quality trials were needed, with longer follow-up, to evaluate the effectiveness of guided self-help in primary care.

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Bibliographic details

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.