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Effectiveness of Cognitive Behavioural Therapy for Anxiety and Depression in Primary Care: a Meta-analysis

C. Twomey¹, G. O'Reilly², M. Byrne³

¹Psychology, University of Southampton, Southampton, United Kingdom ; ²Psychology, University College Dublin, Dublin, Ireland ; ³Psychology, Health Service Executive, Offaly, Ireland

Abstract

Background. Cognitive behavioural therapy (CBT) is increasingly being delivered in primary care, in a variety of delivery formats such as guided self-help CBT, telephone-based CBT, computerized CBT and standard, one-to-one CBT. However, the vast majority of research has focused on CBT in specialized services, and no previous meta-analysis has examined CBT's effectiveness across delivery formats in primary care.

Objective. To determine the effectiveness of multi-modal CBT (i.e. CBT across delivery formats) for symptoms of anxiety and depression, in primary care.

Methods. A meta-analysis of CBT-focused RCTs, for symptoms of anxiety or depression, in primary care. The authors searched four databases. To be included, RCTs had to be set in primary care or have primary care participants. **Results.** Twenty-nine RCTs were included in three separate meta-analyses. Results showed multi-modal CBT was more effective than no primary care treatment ($d = 0.59$), and primary care treatment-as-usual (TAU) ($d = 0.48$) for anxiety and depression symptoms. Moreover, multimodal CBT in addition to primary care TAU was shown to be more effective than primary care TAU for depression symptoms (no comparisons of this kind were available for anxiety) ($d = 0.37$).

Conclusions. The results from conducted meta-analyses indicate that multi-modal CBT is effective for anxiety and depression symptoms in primary care. Furthermore, based on CBT's economic viability, increasing the provision of CBT in primary care seems justified. Future research should examine if varying levels of qualification among primary care CBT practitioners impacts on the effectiveness of CBT in this setting.