

Can online Cognitive Behavioural Therapy lead to sustained improvements in mood and other key outcomes in people caring for individuals with dementia? A randomised controlled trial

Caring for Me and You: A toolkit for carers of people with dementia

The purpose of this study was to find out whether a computerized cognitive behavioural therapy (cCBT) programme, with or without telephone support and an online education/information package, were helpful in reducing feelings of stress or low mood in carers of people with dementia, who experience mild-moderate levels of anxiety and/or depression.

We worked with carers of people with dementia, clinicians and academics to develop the cCBT package and the education package, which was based on Alzheimer's Society materials. The packages were responsive to carers' feedback, being shorter in session length than existing packages and more flexible in the way the content was delivered.

We recruited volunteers to the study using social media and written materials. They were randomly assigned to one of the three options – online CBT with telephone support, online CBT without telephone support or an online education package. We measured participants' mood at the start of the study (baseline), at 12 weeks and again after 26 weeks.

Summary of main findings

1122 people expressed an interest in taking part and 638 were eligible to join the study. Participants were aged between 18 and 101 years old and came from different regions of the UK.

All three interventions showed a significant improvement on the main outcome measure– the General Health Questionnaire (GHQ-12) at 26 weeks and there was no significant difference between the groups.

On other measures of depression, anxiety, sense of competence and coping, there were improvements on all measures between baseline and the end of the study (26 weeks) for those who received the telephone supported cCBT. For those receiving online education there were significant improvements on the measure of depression and sense of competence between baseline and the end of study. Those who received the unsupported cCBT showed no statistically significant difference in average scores between baseline and the end of the study.

There was a statistically significant difference at the end of the study when comparing the scores of the cCBT groups with the online education group. This difference was only in the group receiving unsupported cCBT, whose average scores were slightly higher on the measure of depression compared to those in the education group whose average scores had improved from baseline.

Almost twice as many people who received telephone support completed the study at 26 weeks compared to those who did not have telephone support and the level of engagement was in line with other online therapy studies.

Conclusions

Based on these results, online education/information is an effective approach for supporting carers experiencing mild-moderate levels of anxiety and/or depression. Making online education materials available more widely to carers of people with dementia can be of benefit. Telephone supported cCBT is also an effective alternative for people but has greater resource implications for its delivery. For this reason, it could be considered for those who do not benefit from or engage with educational interventions. The use of cCBT without telephone support, does not appear to confer wide benefit.

It is important for any online services that attention is paid to creating accessible materials for a range of devices and that this can be easily adapted to the rapid changes in the use of different types of technology.

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