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GAMIAN-Europe  
European Research project

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IN THIS ISSUE

Dear reader,

It is with great pleasure that we present this year's second newsletter on the E-COMPARED research project. The project's dissemination activities are behind schedule; however, in the meantime, effective communication channels between the project partners and GAMIAN-Europe have been established. The contents of these newsletters will be focusing on information that is relevant to our members, i.e. patient associations. We believe that these newsletters are an important tool for more effective communication and information sharing among GAMIAN-Europe members and other interested stakeholders related to research work on mental health care in Europe. Whilst in the previous editions the newsletters had a strong focus on the content and objectives of the project as well as on the introduction of all [partners](#); we are now happy to present some actual project results. Before doing so, a short summary of the E-COMPARED project will be provided. We hope that you will enjoy the newsletter; please let us have your comments if you have any.

*The Editorial Committee*



### New directions in Internet-based treatments: The role of "E-COMPARED"

Research on Internet-based treatments has grown rapidly over recent years. Evidence that some forms of internet interventions often result in similar outcomes as conventional face-to-face psychotherapy is increasing. A common distinction between these treatments relates to the intensity and amount of therapist contact and support provided during treatment. There are:

- Self-guided programmes* that only use the internet to provide information and that do not include any contact with a clinician during treatment;
- Guided self-help approaches*, in which the presentation of a self-help programme is combined with minimal but regular therapist contact (often via secured e-mail);
- Internet-based psychotherapies* such as e-mail, chat or video-conferencing therapies in which the internet is exclusively used as a communication medium between the therapist and patient.

Most of the research on internet-based interventions has focused on interventions that are delivered via internet only. Less is known about blended treatments in which internet interventions and regular face-to-face therapy sessions are being combined.

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The E-COMPARED project has just started to investigate the clinical and cost-effectiveness of blended treatments. This type of treatment involves a combination (blending) of face-to-face treatment with internet sessions into one integrated treatment in such a way that it can be delivered in routine care settings.

This is an important endeavour, since it may be possible that some of the shortcomings of both settings can be compensated by combining them. Some (small) studies show promising initial findings on blended treatment formats. However, it yet needs to be shown whether these findings from these studies can be confirmed by larger studies.

Since there is hardly any research on the positive and/or side effects of blended treatment, one goal of E-COMPARED is to fill this research gap by comparing blended treatment with routine primary and/or routine secondary care for depression with regard to clinical and cost effectiveness.

## The “E” in E-COMPARED



*“All systems implement the core therapeutic elements of the generic E-COMPARED treatment manual: psychoeducation, behavioral activation, problem solving, physical exercise, cognitive therapy, and relapse prevention.”*

In E-COMPARED, technology is key. Part of the therapeutic sessions of the blended treatment are delivered online. To test the clinical effects of this approach across the EU, a web-based treatment delivery system had to be put in place at each of the eight trial sites. This was critical.

No systems, no trial. The complex technical set-up of the E-COMPARED study was a challenge. Some trial sites already used systems, but these systems needed to be updated to match the requirements of E-COMPARED. At other sites, new systems had to be introduced.

In five countries, online sessions are delivered via the ICT4D/Moodbuster research platform, which was redesigned, refined and extended with a Content Management System (CMS) to better facilitate treatment localisation. Partners in Sweden, Spain, and Switzerland adapted their own existing treatment systems.

As scheduled in the E-COMPARED project plan, each treatment delivery system was systematically tested for its support of critical trial requirements by test teams throughout Europe, at local trial sites and in naturalistic settings. Scheduled systematic technical pilot tests led to focused development efforts that ensured technical treatment delivery platforms that posed no barriers for the E-COMPARED project to enter the

trial recruitment phase. All trial partners accepted their system as a result of the pilot test as a usable tool for trial and treatment purposes.

### Visual walkthrough available for download

For publications, presentations, workshops and other dissemination activities of project partners, a PowerPoint presentation of the ICT4D/Moodbuster system has been made available. This presentation provides an impression of the system in the form of a visual walkthrough, from the client’s as well as from the therapist’s perspective.

To experience the look and feel of Moodbuster via a demo client account, click [here](#)

### First impressions of the “E” from patients: Results from the UK

*“My overall opinion is that it is extremely useful. I changed my opinion, initially I was a little bit sceptical, but I thought it was very apt, and I did enjoy, and it was good for me. Not even as part of a [advisory group] project, but it was useful and interesting and I hadn't engaged in anything like this before.”*

*“[The Moodbuster platform is] bright, organised, it's attractive. That you have some idea of what's in it and, what you can gain from it [referring to the Moodbuster home page]”*

*“The calendar was very important to me....You can see it by the click of a 'forward and back'...That was my experience. And the most positive thing I can say is that, over years, this would actually be more useful, than just about all my personal therapy sessions”.*



## 3<sup>rd</sup> Consortium Meeting

12 & 13 October 2015

Porto,  
Portugal



**Everything is now up and running!**

The 3rd Consortium meeting took place on 12 and 13 October in Porto (Portugal), in order to work closely together towards the goals of the E-COMPARED project. Once again, this meeting showed the interdisciplinary character of this project, since 42 participants from different fields (psychology, health technology assessment, information and communications technology, health care) were present. The Consortium is highly professional as many ‘front runners’ in internet-based treatments for common mental health disorders are amongst its members.

Prof. Dr. Heleen Riper welcomed the attendees and thanked Dr. Artur Rocha (INESC-TEC) for hosting this second meeting. Similar to other European research projects, such as MasterMind and MoodFOOD, the status of all seven work packages ([more info](#)) was presented during a plenary session.

### Everything is now up and running !

In [work package 2](#) (comparison of clinical and cost-effectiveness blended depression treatment with treatment-as-usual (TAU), the trial preparation phase is now completed. New steps have to be taken in order to increase recruitment rates, to collect good quality data and to have an efficient data sharing system.

Hereafter, you can already find a brief summary of the trial results in Germany and Switzerland. The findings of the other Consortium partners will be published in future newsletter(s).

### The Swiss trial (Ub)



#### How to improve recruitment?

Results showed that a stronger focus on recruitment strategies is required as many of the contacted patients did not want to participate. Many of them wanted online treatment only or considered a 12-month trial too lengthy. Therapists may not be convincing enough to recruit patients and thus specific recruitment training may be needed.

Similar to the German practical experience, the qualitative interviews showed that patients were generally satisfied with the platform.

#### Recommend and inform...

#### Synthesis of results and EU recommendations

Given the amount and diversity of information that the E-COMPARED trials will generate and its importance for both synthesis (WP5) and dissemination (WP6), work in parallel with others WPs is needed. Only then managing the outcomes with the purpose of generating guidelines and recommendations can be successful.

The specific objectives of WP5 were (once again) put in the spotlight :

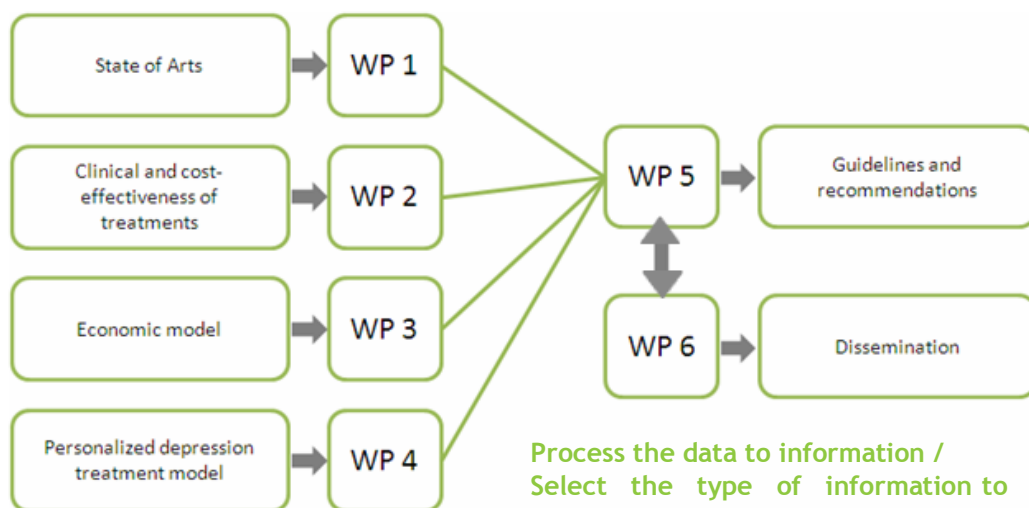
- To synthesise current evidence about depression and treatment impact (WP1), new evidence emerging from the pragmatic clinical trials (WP2), and results of the studies on cost effectiveness, individual patient modeling, and simulation (WP3 and WP4);
- To translate the results of E-COMPARED to the needs of the relevant stakeholders (WP1) and provide recommendations and policy guidelines on how Internet-based treatments for depression in routine clinical primary and specialized care can be implemented in a cost-effective way. These health policy and clinical recommendations will help to optimise the use of limited resources and to make sound clinical and policy decision-making concerning depression treatments.

**In Germany** (partner **FAU**), the trial takes place in primary routine care because primary mental health care for depression in

Germany is usually provided by the general practitioner (GP). That may include medication, supporting consultations or even short psychotherapeutic interventions. However, most GPs only diagnose and refer the patient to a specialist in secondary health care.

Until now, some 180 patients (= 21 p per month) have been recruited; of these, 52 are included in the trial. The recruitment was done via leaflets, posters in GPs' offices and direct approach by patients' GPs. A detailed overview, showing the screening process, consent to treatment, participants, drop-outs and those excluded, was presented. Finally, a number of persons were allocated to making use of Moodbuster combined with their usual treatment. Semi-structured qualitative interviews (the Moodbuster Evaluation Interview) of the patients in this blended care group showed various results such as

- Patients prefer blended depression treatment vs. traditional therapy
- Combination of Website & FtF (Face to Face) was particularly appreciated
- Those who reported disadvantages wished for more FtF sessions
- The Moodbuster app should have more functions and less technical problems



Process the data to information /  
Select the type of information to

