

# Best Evidence Summaries of Topics in Mental Healthcare

**BEST** *in* **MH** *clinical question-answering service*

## Question

“In adults with mild to moderate depression, how effective is computerised cognitive behavioural therapy (CCBT) compared with traditional cognitive behavioural therapy (CBT) (face to face, group or individual), in improving patient outcomes?”

## Clarification of question using PICO structure

*Patients:* Adults with mild to moderate depression  
*Intervention:* Computerised CBT (CCBT)  
*Comparator:* Traditional CBT (face to face, group or individual)  
*Outcome:* Improving patient outcomes

## **Clinical and research implications**

Moderate quality evidence from five RCTs found that there was no difference between CCBT and traditional CBT. However, most of these trials were small (36 to 69 participants) which may explain why no statistically significant differences were seen between the groups. The only larger trial (201 participants) aimed to explore which participant factors were predictive of treatment outcomes, and was not a report of the main trial results. Following on from the NICE recommendations, this indicates that CCBT is an alternative treatment option, but factors such as the cost, participant's access to a computer and their preferences for treatment (some may prefer to use the computer, others may prefer to speak to a professional) should be considered.

Given the small sample sizes and lack of blinding in most of the existing trials, a larger-scale RCT is needed. This should be adequately powered to measure depression outcomes, with a suitable period of follow-up (at least one year) and blinding of the outcome assessors.

There was a moderate amount of evidence for answering this question. The evidence from five trials indicates that there is no difference between CCBT and traditional CBT. However it should be noted that most of these trials were small in size ranging from 36 to 69 participants, and the lack of statistically significant difference may be due to the size of the trial. The only large trial of 201 participants was an evaluation of prognostic factors, rather than a full report of the outcomes for each treatment group.

### **What does the evidence say?**

#### ***Number of included studies/reviews (number of participants)***

Five RCTs were included<sup>1, 2, 3, 4, 5</sup>, two of which were non-inferiority trials which were designed to show that CCBT was no worse than traditional CBT. The total number of participants was 413 (range 36 to 201). Mean participant ages ranged from 24.7 to 55 years, more participants were female (around 60 to 70%) and all had symptoms of depression ranging from mild to major.

#### ***Main Findings***

The two non-inferiority trials both found that CCBT was non-inferior to or provided similar results to traditional CBT in terms of depression outcomes, including the BDI.<sup>1, 4.</sup>

The other three trials did not find any statistically significant differences between CCBT and traditional CBT during up to six months of follow-up for a range of depression and anxiety outcome measures.<sup>2, 3, 5.</sup>

#### ***Authors Conclusions***

For the two non-inferiority trials, the authors' conclusions were similar. One concluded that guided CCBT was as least as effective as group CBT with long-term effects being sustained for up to three years after treatment.<sup>1</sup> The other concluded that CCBT for depression was equally as effective as regular face-to-face CBT, but continued symptom reduction up to three months after treatment was only seen for the CCBT participants.<sup>4</sup>

Two other trials also concluded that CCBT was as effective as traditional CBT. One that computer-assisted cognitive therapy with reduced therapist contact was as efficacious as standard cognitive therapy, and it could decrease costs and improve access to cognitive therapy.<sup>5</sup> The other trial concluded that CCBT was as effective as traditional CBT in the treatment of mild to moderately depressed outpatients.<sup>2</sup> However it is important to note that these trials were not designed as non-inferiority trials so they cannot claim that one treatment was as efficacious as the other, especially as they were so small (12 or 15 participants in each group). Failing to detect a statistically significant difference does not indicate the treatments are equally effective.

The aim of the final trial was to identify which factors could predict treatment outcomes. The main focus was not a comparison of internet and group CBT. No differences were found between CCBT and traditional CBT. The authors concluded that outcomes of CBT for sub-threshold depression are partly predicted by different participant characteristics. Neuroticism was associated with worse outcomes, and altruism was associated with better outcomes but only for traditional CBT.

### ***Reliability of conclusions/Strength of evidence***

The overall quality of the evidence was moderate, three trials were considered to be at a moderate risk of bias, one was high and one was low. The main problem was the lack of blinding of the participants and therapists, but due to the nature of the CBT being evaluated this would not have been possible. All trials were at a high risk of bias for blinding, although one did use blinded outcome assessment (Wright<sup>3</sup>, which was the best quality trial). The loss to follow-up was generally low and intention to treat analyses were performed in three trials, which include all participants in the analysis and minimise the risk of bias which may occur if the more depressed patients drop-out. In one trial, 35% of the participants were excluded from the analysis putting it at high risk of bias. However, the aim of this analysis was to look at prognostic factors, not compare the treatments, but this exclusion could have affected the treatment comparison.

There was a moderate amount of evidence for answering this question. The evidence from five trials indicates that there was no difference between CCBT and traditional CBT. However it should be noted that most of these trials were small in size ranging from 36 to 69 participants, and the lack of statistically significant difference may be due to the size of the trial. The only large trial of 201 participants was an evaluation of prognostic factors, rather than a full report of the outcomes for each treatment group.

There was a previous BEST summary on this topic (number 77) which was based on a review of CCBT packages for use in primary care which supported the use of 'Beating the Blues' and 'FearFighter'. That concluded that when deciding on the use of CCBT, it is important to review the evidence for each available CCBT package.

### **What do guidelines say?**

A NICE technology appraisal for computerised cognitive behaviour therapy for depression and anxiety (2013, TA51), makes the following recommendations for CCBT in adults with depressive disorders;

“If a patient has depression and anxiety and the doctor responsible for their care thinks that computerised cognitive behaviour therapy is the right treatment, it should be available for use, in line with NICE's recommendations.” (pp.27).

“Computerised cognitive behaviour therapy is recommended as an option for treating depression and anxiety.” (pp. 39).

**Date question received:** 05/06/2006  
**Date searches conducted:** 15/08/2014, updated from 19/06/2006  
**Date answer completed:** 23/09/2014

## References

1. Andersson, G., Hesser, H., Veilord, A., Svedling, L., Andersson, F., Sleman, O., Carlbring, P. (2013). Randomised controlled non-inferiority trial with 3-year follow-up of internet-delivered versus face-to-face group cognitive behavioural therapy for depression. *Journal of Affective Disorders*, 151(3), 986-994.
2. Selmi, P. M., Klein, M. H., Greist, J. H., Sorrell, S. P., Erdman, H. P. (1990). Computer-administered cognitive-behavioral therapy for depression. *The American Journal of Psychiatry*, 147(1) pp. 51-56.
3. Spek, V., Nyklíček, I., Cuijpers, P., Pop, V. (2008). Predictors of outcome of group and internet-based cognitive behavior therapy. *Journal of Affective Disorders*, 105(1), 137-145. doi:10.1016/j.jad.2007.05.001
4. Wagner, B., Horn, A. B., & Maercker, A. (2014). Internet-based versus face-to-face cognitive-behavioral intervention for depression: A randomized controlled non-inferiority trial. *Journal of Affective Disorders*, 152, 113-121.
5. Wright, J. H., Wright, A. S., Albano, A. M., Basco, M. R., Goldsmith, L. J., Raffield, T., & Otto, M. W. (2005). Computer-assisted cognitive therapy for depression: maintaining efficacy while reducing therapist time. *American Journal of Psychiatry*, 162(6), 1158-1164.

## Guidelines

National Institute for Health and Clinical Excellence (2013) Computerised cognitive behaviour therapy for depression and anxiety. TA51. National Institute for Health and Clinical Excellence. <http://www.nice.org.uk/guidance/ta97/resources/guidance-computerised-cognitive-behaviour-therapy-for-depression-and-anxiety-pdf>

## Results

### *Randomised controlled trials*

| Author (year)                 | Inclusion criteria  | Number of participants                                   | Summary of results   | Risk of bias  |
|-------------------------------|---|--|--|---|
| 1.<br>Andersson et al. (2013) | <p><i>P</i>: Participants with mild to moderate depression (MADRS-S score between 15 and 35, with a score &lt;4 on the suicidal thoughts question) were recruited from the general population, aged at least 18 years old.</p> <p><i>I</i>: Guided internet-delivered cognitive behaviour therapy (ICBT) self-help treatment consisting of seven text modules.</p> <p><i>C</i>: Group treatment face-to-face CBT comprised of eight group sessions, each lasting two hours including a 15 minutes break.</p> <p><i>O</i>: Depression (MADRS-S, BDI), anxiety (BAI), and quality of life (QOLI).</p> | n = 69,<br>ICBT arm (n = 33),<br>Group treatment (n =36) | <p>The mean participant age was 42.3 years, 78.3% were female and 60% were employed. At baseline 72.5% were diagnosed with major depression, 21.7% with major depression and dysthymia, 52.2% had never had previous psychological treatment and 26.1% were on current medication.</p> <p>The ICBT group was based on a programme used in previous research and consisted of seven chapters with guidance by an identified internet-therapist. Participants submitted weekly homework and received personalised feedback. The group CBT followed a manual comprising of the same components as the ICBT. There were eight two-hour sessions which included homework. Outcomes were measured before, immediately following, and at one and three years after therapy.</p> <p>ICBT was non-inferior to group CBT, with a greater improvement in MADRS-S score at post-treatment (Cohen's d 0.58, 95% CI: 0.09 to 1.05) and after 3 years (Cohen's d 0.55, 95% CI: 0.06 to 1.02). For the</p> | <p>Moderate</p> <p>Randomisation and allocation concealment used appropriate methods as it was performed by an independent person using an online randomisation service. It would not have been possible to blind the participants or personnel or the outcome assessment as outcomes were self-reported. Loss to follow-up was low (1 in ICBT and 6 in CBT groups at 3</p> |

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|                        |  |   | secondary outcomes of BDI, BAI, and QOLI both treatment groups experienced significant improvements over time but there were no statistically significant differences between ICBT and group CBT.  | years) and ITT analysis was used.  |
| 2. Selmi et al. (1990) | <p><i>P</i>: Volunteer patients who met Research Diagnostic Criteria (RDC) for major and minor depressive disorder with a depression score <math>\geq</math> the 65<sup>th</sup> percentile on the SCL-90-R.</p> <p><i>I</i>: Computer-administered or therapist-administered cognitive-behavioural treatment, six sessions.</p> <p><i>C</i>: Wait-list control condition received treatment after 14 weeks and could call for an appointment in the interval if needed.</p> | <p>n = 36,<br/>Computer-administered (n = 12)<br/>Therapist-administered (12),<br/>Control group (n = 12)</p> | <p>Mean participant ages were 28.9 years for computer CBT, 24.7 years for therapist CBT and 30.9 years for the waiting list control. 64% were female. Half of the participants had a current episode of up to six months and a quarter had been depressed for more than three years. 78% were classified as chronically depressed and the mean baseline BDI score was 22.5 (SD 5.32).</p> <p>The computer CBT package was designed by one of the researchers. Participants had to keep a weekly record of their thoughts and feelings and also complete homework. One therapist, who was an advanced</p> | <p>Moderate</p> <p>No details were given about the method of randomisation.</p> <p>Due to the nature of the interventions it was not possible to blind the participants,</p> |

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|                       | <p><i>O</i>: Depression (BDI, Hamilton depression scale, SCL-90-R and an Automatic Thoughts Questionnaire) at the beginning of each session.</p>   |  | <p>graduate student in clinical psychology, provided all the therapist-led CBT. This followed a treatment manual which was identical to the computer package, Both types of CBT intervention consisted of six sessions over six weeks. Outcomes were measured weekly for six weeks and two months after the end of treatment.</p> <p>Both computer and therapist CBT had significantly greater improvements in BDI scores, SCL-90-R depression and global scales, and the Hamilton scale compared to the control group. No significant differences were seen between the two types of CBT at any follow-up assessment.</p>   | <p>physicians or outcome assessors.</p> <p>Loss to follow-up was low as there were no drop-outs during treatment and one lost from the therapist group at follow-up.</p>  |
| 3. Spek et al. (2008) | <p><i>P</i>: Participants born between 1930 and 1955, who had both depressive symptoms and internet access. Recruited via newspaper adverts and letters.</p> <p><i>I</i>: Internet-based CBT with covering: psycho-education, cognitive restructuring, behaviour change, and relapse prevention provided over eight weekly modules.</p> <p><i>C</i>: Group CBT group based on the same topics, over ten weekly meetings.</p> <p><i>O</i>: Edinburgh depression score (EDS) and BDI scores.</p> | <p>n = 201,<br/>Internet CBT (n = 102),<br/>Group CBT (n = 99)</p> | <p>The aim of this paper was to identify factors which could predict treatment outcomes, rather than compare internet and group CBT.</p> <p>The mean participant age was 55 years and 66% were women. The mean BDI score at baseline was 11.5 and 78% had experienced previous depressive episodes.</p> <p>The group CBT used the 'Coping with Depression' course protocol. Group sessions were led by psychologists and trained social workers, and contained no more than ten participants. The internet CBT was also based on the same course and it was a self-help intervention without professional support. No information was given about the length of follow-up.</p> | <p>High</p> <p>A random allocation sequence kept in a separate office and accessed by telephone was used, ensuring allocation concealment.</p> <p>Due to the nature of the interventions it was not possible to blind the participants,</p> |

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|                         |   |   | Two statistical models were used which adjusted for different combinations of baseline variables, treatment and their interactions. No significant differences were seen between internet and group CBT in the change from baseline in BDI score in either model. Higher BDI scores at baseline, female gender and lower neuroticism were all significant predictors of a better outcome after treatment.   | physicians or outcome assessors.<br><br>Loss to follow-up was high (35%) and these participants were excluded from the analysis. One outcome (EDS) was not reported, putting both these items at high risk of bias.                                  |
| 4. Wagner et al. (2013) | <p><i>P</i>: Participants suffering from depression based on a score of at least 12 on the Beck Depression Inventory (BDI-II) and age 18 years or older.</p> <p><i>I</i>: Supported internet-based cognitive behaviour (CBT) for 8 weeks.</p> <p><i>C</i>: Face-to-face CBT intervention.</p> <p>Participants in both groups were given the same psycho-education and received the treatment modules in the same chronological order.</p> <p><i>O</i>: BDI, suicidal ideation, SCL anxiety, hopelessness, ATQ (Automatic Thoughts Questionnaire) self-confidence, negative thoughts and well-being.</p> | n = 62,<br>Internet CBT group (n = 32), Face-to-face CBT (n=30) | <p>The mean participant age was 38 years (range 19 to 67 years), 64% were female, 80% were currently taking anti-depressants and the mean baseline BDI score was 23 with most participants scoring between 18 and 29.</p> <p>Both groups received the same basic eight week CBT programme which covered seven modules, in the same order. The internet CBT was given as a guided intervention with intensive therapist contact. Participants were given two writing assignments each week. Face-to-face CBT involved weekly one-hour sessions with an allocated psychologist, and participants were given homework. Outcomes were measured post-treatment and after three months.</p> <p>No significant differences were found between internet</p> | <p>Moderate</p> <p>Randomisation was performed via an internet random number service, but it was unclear if allocation was concealed.</p> <p>Due to the nature of the interventions it was not possible to blind the participants, physicians or</p> |

































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|                                |  |   | <p>CBT and face-to-face CBT on any of the outcome measures post-treatment or after three months. The authors concluded that the two types of CBT were equally beneficial but that continued symptom reduction three months after treatment was only seen for internet CBT.</p>  | <p>outcome assessors.</p> <p>22% of the internet group and 7% of the face-to-face group did not complete treatment but the analysis was ITT (all participants were included) so this is a low risk of bias.</p>  |
| <p>5. Wright et al. (2005)</p> | <p><i>P</i>: Medication-free outpatients aged 18–65 with non-psychotic major depressive disorder. Screened for inclusion using the Structured Clinical Interview for DSM-IV Axis I (SCID)</p> <p><i>I</i>: Computer assisted cognitive therapy for eight weeks.</p> <p><i>C</i>: Standard cognitive therapy and a waiting list control group both lasting eight weeks. Therapists performed both types of treatment (computer assisted cognitive therapy and standard cognitive therapy) in equal or close-to-equal proportions.</p> <p><i>O</i>: Improvement in depressive symptoms assessed by the Hamilton depression scale, the Beck Depression Inventory, the Automatic Thoughts Questionnaire, and the Dysfunctional Attitude Scale.</p> | <p>n = 45,<br/>Cognitive therapy (n = 15),<br/>Computer-assisted cognitive therapy (15),<br/>Wait list (n = 15)</p> | <p>The mean participant age ranged from 38.2 to 41.9 years, the percentage of women ranged from 73.3% to 80%. There was an imbalance at baseline in the BDI with mean scores ranging from 24.4 to 33.2.</p> <p>Treatment manuals for computer and standard cognitive therapy were based on 'Cognitive Therapy: Basics and Beyond'. Therapist contact was minimised for the computer group. Compliance with both types of cognitive therapy was measured with Adherence Rating Scales. Outcomes were assessed by independent raters who were blind to the study design, after four and eight weeks of treatment and at three and six months post-treatment.</p> <p>Participants treated with both computer and standard cognitive therapy achieved significantly greater improvements in the BDI and Hamilton depression scale</p> | <p>Low</p> <p>The method of randomisation was reported but it was unclear if allocation concealment was used.</p> <p>It would not have been possible to blind participants and physicians but this was the only trial to use blinded outcome assessors.</p> <p>All outcomes appear</p> |


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|  |  |  | by four weeks, compared to control. Average effect sizes were 1.14 for computer therapy and 1.04 for standard therapy but there was no significant difference between the two types of cognitive therapy any of the follow-up assessments. | to have been reported and loss to follow-up was fairly low (11%) but ITT analyses were performed. |
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
## Risk of Bias

### *Randomised controlled trials*

| Study                   | RISK OF BIAS  |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|
|                         | Random allocation   | Allocation concealment  | Blinding of participants and personnel  | Blinding of outcome assessment  | Incomplete outcome data   | Selective Reporting   |
| Andersson et al. (2013) |  |  |  |  |  |  |
| Selmi et al. (1990)     |  |  |  |  |  |  |
| Spek et al. (2008)      |  |  |  |  |  |  |
| Wagner et al. (2013)    |  |  |  |  |  |  |
| Wright et al. (2005)    |  |  |  |  |  |  |

 Low Risk

 High Risk

 Unclear Risk

## Search Details

| Source                           | Search Strategy   | Number of hits | Relevant evidence identified |
|----------------------------------|---|----------------|------------------------------|
| <b><i>SRs and Guidelines</i></b> |   |                |                              |
| NICE                             | Computerised Cognitive behaviour therapy depression   | 34             | 1                            |
| DARE                             | (web-based OR (web adj2 based)) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014<br>80 Delete<br>2 (computer* or CCBT or software* or bibliotherap* or online* or electronic* or virtual* or ICT or internet) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 13222 Delete<br>3 (self-help or (self adj2 help)) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 174 Delete<br>4 ((beating adj3 blues)) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 1 Delete<br>5 MeSH DESCRIPTOR Therapy, Computer-Assisted EXPLODE ALL TREES 360 Delete<br>6 MeSH DESCRIPTOR Computers EXPLODE ALL TREES 56 Delete<br>7 MeSH DESCRIPTOR Software EXPLODE ALL TREES 131 Delete<br>8 MeSH DESCRIPTOR Internet EXPLODE ALL TREES 211 Delete<br>9 MeSH DESCRIPTOR Bibliotherapy EXPLODE ALL TREES 13 Delete<br>10 MeSH DESCRIPTOR Self-Help Devices EXPLODE ALL TREES 65 Delete<br>11 (depress*) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 1588 Delete<br>12 (anxiet* OR anxious*) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 892 Delete<br>13 MeSH DESCRIPTOR Anxiety EXPLODE ALL TREES 240 Delete<br>14 MeSH DESCRIPTOR Anxiety Disorders EXPLODE ALL TREES 425 Delete<br>15 MeSH DESCRIPTOR Depression EXPLODE ALL TREES 517 Delete<br>16 MeSH DESCRIPTOR Depressive Disorder EXPLODE ALL TREES 932 Delete<br>17 MeSH DESCRIPTOR Depressive Disorder, Major EXPLODE ALL TREES 295 Delete<br>18 (CBT) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 228 Delete<br>19 (cognitive* adj3 therap*) IN DARE WHERE LPD FROM 19/06/2006 TO 14/08/2014 692 | 236            | 1                            |

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|                        | Delete<br>20 MeSH DESCRIPTOR Cognitive Therapy EXPLODE ALL TREES 695 Delete<br>21 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 13752 Delete<br>22 #18 OR #19 OR #20 998 Delete<br>23 #21 AND #22 376 Delete<br>24 #11 OR #12 OR #13 OR #14 OR #15 OR #16 OR #17 2766 Delete<br>25 #23 AND #24   |     |   |
| <b>Primary studies</b> |  |     |   |
| CENTRAL                | #1 "mild depression" or "moderate depression":ti,ab,kw (Word variations have been searched) 336<br>#2 "mild anxiety" or "moderate anxiety" 61<br>#3 MeSH descriptor: [Depression] explode all trees 5420<br>#4 MeSH descriptor: [Anxiety] explode all trees 5155<br>#5 #1 or #2 or #3 or #4 9443<br>#6 MeSH descriptor: [Cognitive Therapy] explode all trees 4999<br>#7 "computerized cognitive behav*" 35<br>#8 "computerized CBT" 8<br>#9 CBT 2575<br>#10 "cognitive behav* therapy" 4333<br>#11 #6 or #7 or #8 or #9 or #10 7462<br>#12 #5 and #11 866<br>#13 2006 or 2007 or 2008 or 2009 or 2010 or 2011 or 2012 or 2013 or 2014 371475<br>#14 #12 and #13 677<br>Central only 492 | 492 | 4 |
| PsycINFO               | Search History:<br>1. PsycINFO; exp COGNITIVE BEHAVIOR THERAPY/; 12129 results.<br>2. PsycINFO; COMPUTER ASSISTED INSTRUCTION/; 13288 results.<br>3. PsycINFO; 1 AND 2; 9 results.<br>4. PsycINFO; CBT.ti,ab; 7833 results.<br>5. PsycINFO; (computer adj3 CBT).ti,ab; 139 results.  | 290 | 0 |

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| <p>6. PsycINFO; (computer adj3 "cognitive behav*").ti,ab; 56 results.</p> <p>7. PsycINFO; (computer* adj3 "cognitive behav*").ti,ab; 156 results.</p> <p>8. PsycINFO; "cognitive behav*".ti,ab; 28162 results.</p> <p>9. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8; 43540 results.</p> <p>10. PsycINFO; (depression adj2 mild).ti,ab; 751 results.</p> <p>11. PsycINFO; (depression adj2 moderate).ti,ab; 740 results.</p> <p>12. PsycINFO; (anxiety adj2 mild).ti,ab; 173 results.</p> <p>13. PsycINFO; (anxiety adj2 moderate).ti,ab; 224 results.</p> <p>14. PsycINFO; "DEPRESSION (EMOTION)"/; 21682 results.</p> <p>15. PsycINFO; ANXIETY/; 44541 results.</p> <p>16. PsycINFO; 10 OR 11 OR 12 OR 13 OR 14 OR 15; 63919 results.</p> <p>17. PsycINFO; 9 AND 16; 1736 results.</p> <p>31. PsycINFO; child*.ti,ab; 529736 results.</p> <p>32. PsycINFO; adolescen*.ti,ab; 167600 results.</p> <p>33. PsycINFO; 31 OR 32; 628834 results.</p> <p>34. PsycINFO; 17 not 33; 1348 results.</p> <p>35. PsycINFO; CLINICAL TRIALS/; 7801 results.</p> <p>36. PsycINFO; random*.ti,ab; 132312 results.</p> <p>37. PsycINFO; groups.ti,ab; 371648 results.</p> <p>38. PsycINFO; (double adj3 blind).ti,ab; 18005 results.</p> <p>39. PsycINFO; (single adj3 blind).ti,ab; 1431 results.</p> <p>40. PsycINFO; EXPERIMENTAL DESIGN/; 9233 results.</p> <p>41. PsycINFO; controlled.ti,ab; 82103 results.</p> <p>42. PsycINFO; (clinical adj3 study).ti,ab; 8049 results.</p> <p>43. PsycINFO; trial.ti,ab; 69577 results.</p> <p>44. PsycINFO; "treatment outcome clinical trial".md; 27525 results.</p> <p>45. PsycINFO; 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44; 575845 results.</p> <p>46. PsycINFO; 34 AND 45; 481 results.</p> <p>47. PsycINFO; 46 [Limit to: Publication Year 2006-2014]; 290 results.</p> |  |  |
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| Embase | <p>34. EMBASE; exp COGNITIVE BEHAVIOR THERAPY/; 34124 results.</p> <p>35. EMBASE; COMPUTER ASSISTED INSTRUCTION/; 65587 results.</p> <p>36. EMBASE; 34 AND 35; 153 results.</p> <p>37. EMBASE; CBT.ti,ab; 7696 results.</p> <p>38. EMBASE; (computer adj3 CBT).ti,ab; 86 results.</p> <p>39. EMBASE; (computer adj3 "cognitive behav*").ti,ab; 46 results.</p> <p>40. EMBASE; (computer* adj3 "cognitive behav*").ti,ab; 153 results.</p> <p>41. EMBASE; "cognitive behav*".ti,ab; 21851 results.</p> <p>42. EMBASE; 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41; 108687 results.</p> <p>43. EMBASE; (depression adj2 mild).ti,ab; 1598 results.</p> <p>44. EMBASE; (depression adj2 moderate).ti,ab; 1708 results.</p> <p>45. EMBASE; (anxiety adj2 mild).ti,ab; 330 results.</p> <p>46. EMBASE; (anxiety adj2 moderate).ti,ab; 396 results.</p> <p>47. EMBASE; "DEPRESSION (EMOTION)"/; 0 results.</p> <p>48. EMBASE; ANXIETY/; 117802 results.</p> <p>49. EMBASE; 43 OR 44 OR 45 OR 46 OR 47 OR 48; 120599 results.</p> <p>50. EMBASE; 42 AND 49; 4578 results.</p> <p>51. EMBASE; child*.ti,ab; 1165885 results.</p> <p>52. EMBASE; adolescen*.ti,ab; 215137 results.</p> <p>53. EMBASE; 51 OR 52; 1280009 results.</p> <p>54. EMBASE; 50 not 53; 3880 results.</p> <p>55. EMBASE; random*.ti,ab; 890028 results.</p> <p>56. EMBASE; factorial*.ti,ab; 23115 results.</p> <p>57. EMBASE; (crossover* OR cross-over*).ti,ab; 69264 results.</p> <p>58. EMBASE; placebo*.ti,ab; 200148 results.</p> <p>59. EMBASE; (doubl* ADJ blind*).ti,ab; 142310 results.</p> <p>60. EMBASE; (singl* ADJ blind*).ti,ab; 14472 results.</p> <p>61. EMBASE; assign*.ti,ab; 239701 results.</p> <p>62. EMBASE; allocat*.ti,ab; 84228 results.</p> | 817 | 0 |
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|         | <p>63. EMBASE; volunteer*.ti,ab; 176506 results.</p> <p>64. EMBASE; CROSSOVER PROCEDURE/; 39769 results.</p> <p>65. EMBASE; DOUBLE BLIND PROCEDURE/; 114758 results.</p> <p>66. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 347300 results.</p> <p>67. EMBASE; SINGLE BLIND PROCEDURE/; 18650 results.</p> <p>68. EMBASE; 55 OR 56 OR 57 OR 58 OR 59 OR 60 OR 61 OR 62 OR 63 OR 64 OR 65 OR 66 OR 67; 1418211 results.</p> <p>69. EMBASE; 54 AND 68; 1059 results.</p> <p>70. EMBASE; 69 [Limit to: Publication Year 2006-2014]; 817 results.</p>   |     |   |
| Medline | <p>34. MEDLINE; exp COGNITIVE BEHAVIOR THERAPY/; 16421 results.</p> <p>35. MEDLINE; COMPUTER ASSISTED INSTRUCTION/; 9463 results.</p> <p>36. MEDLINE; 34 AND 35; 51 results.</p> <p>37. MEDLINE; CBT.ti,ab; 5297 results.</p> <p>38. MEDLINE; (computer adj3 CBT).ti,ab; 73 results.</p> <p>39. MEDLINE; (computer adj3 "cognitive behav*").ti,ab; 38 results.</p> <p>40. MEDLINE; (computer* adj3 "cognitive behav*").ti,ab; 127 results.</p> <p>41. MEDLINE; "cognitive behav*".ti,ab; 15848 results.</p> <p>42. MEDLINE; 34 OR 35 OR 36 OR 37 OR 38 OR 39 OR 40 OR 41; 34634 results.</p> <p>43. MEDLINE; (depression adj2 mild).ti,ab; 1030 results.</p> <p>44. MEDLINE; (depression adj2 moderate).ti,ab; 1146 results.</p> <p>45. MEDLINE; (anxiety adj2 mild).ti,ab; 194 results.</p> <p>46. MEDLINE; (anxiety adj2 moderate).ti,ab; 258 results.</p> <p>47. MEDLINE; "DEPRESSION (EMOTION)"/; 77908 results.</p> <p>48. MEDLINE; ANXIETY/; 53999 results.</p> <p>49. MEDLINE; 43 OR 44 OR 45 OR 46 OR 47 OR 48; 117776 results.</p> <p>50. MEDLINE; 42 AND 49; 2595 results.</p> <p>51. MEDLINE; child*.ti,ab; 1014151 results.</p> <p>52. MEDLINE; adolescen*.ti,ab; 179613 results.</p> <p>53. MEDLINE; 51 OR 52; 1113417 results.</p> <p>54. MEDLINE; 50 not 53; 2177 results.</p> <p>55. MEDLINE; "randomized controlled trial".pt; 385569 results.</p> | 842 | 0 |



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|----------------|--|-----------|--|
|                | <p>56. MEDLINE; "controlled clinical trial".pt; 89643 results.</p> <p>57. MEDLINE; randomized.ab; 305634 results.</p> <p>58. MEDLINE; placebo.ab; 158539 results.</p> <p>59. MEDLINE; "drug therapy".fs; 1732360 results.</p> <p>60. MEDLINE; randomly.ab; 220019 results.</p> <p>61. MEDLINE; trial.ab; 317496 results.</p> <p>62. MEDLINE; groups.ab; 1392776 results.</p> <p>63. MEDLINE; 55 OR 56 OR 57 OR 58 OR 59 OR 60 OR 61 OR 62; 3418945 results.</p> <p>64. MEDLINE; 54 AND 63; 1151 results.</p> <p>65. MEDLINE; 64 [Limit to: Publication Year 2006-2014]; 842 results.</p> |           |  |
| <b>Summary</b> | <b>NA</b>  | <b>NA</b> |  |

## **Disclaimer**

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