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Patients' experiences of internet mediated cognitive behavioural therapy for depression in primary care – a qualitative study

Anna Holst(1), S Nejati(1), C Björkelund(1), MCM Eriksson(1), D Hange(1), M Kivi(2), C Wikberg(1), E-L Petersson(1)

(1) Department of Primary Health Care, University of Gothenburg, Sweden

(2) Department of Psychology, University of Gothenburg, Sweden

Corresponding author: PhD Fellow Anna Holst, Department of Primary Health Care, Institute of Medicine, Sahlgrenska Academy, University Of Gothenburg, Gothenburg, Gothenburg, Sweden. E-mail: doktor.holst@gmail.com

Background and Aim: Depression is a major source of human suffering and a great and growing challenge for societies worldwide. The treatment options for depression are many, and antidepressant medication is common. Only a third of patients with depression fully respond to antidepressants and patients tend to favour psychotherapy compared to antidepressants. Patients increasingly request for online solutions for communication and treatment. Internet mediated cognitive behavioural therapy (iCBT) is an online alternative to face-to-face CBT. iCBT has been used as treatment for depression for many years, but patients' experiences of iCBT are not fully understood. The objective of this study was to explore primary care patients' experiences of internet mediated behavioural therapy (iCBT) depression treatment.

Method: Qualitative study. Data was collected from focus group discussions and individual interviews with 13 patients having received iCBT for depression within the PRIM-NET study. Data was analysed by systematic text condensation by Malterud. Analysis presented different aspects of patients' experiences of iCBT.

Results: The patients described a need for face-to-face meetings with a therapist. A therapist who performed check-ups and supported the iCBT process seemed important. iCBT implies that a responsibility for the treatment is taken by the patient, and some patients felt left alone, while others felt well and secure. This was a way to work in privacy and freedom with a smoothly working technology although there was a lack of confidence and a feeling of risk regarding iCBT.

Conclusion: iCBT is an attractive alternative to some patients with depression in primary care, but not to all. An individual treatment design seems to be preferred, and elements of iCBT could be included as a complement when treating depression in primary care. Such a procedure could relieve the overall treatment burden of depression.