Q In community dwelling patients with depression, do websites offering information about depression or cognitive therapy reduce depressive symptoms?

**Main Results**
At 6 weeks, reduction in symptoms of depression was small but statistically significantly greater in both the BluePages and MoodGYM groups than in the control group (table).

**Conclusion**
In community dwelling patients with depression, websites offering information about depression or cognitive therapy reduced depressive symptoms.

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**Commentary**
Structured psychotherapies are clearly effective treatments for depression, but high cost and limited availability of trained clinicians are major barriers to dissemination. Psychotherapy for depression delivered by the internet is a promising strategy that may overcome these barriers. Christensen et al. provide convincing evidence for the effectiveness of a web-based psychoeducational programme. Participation rates were high, and benefits, although modest, were clinically important.

Three questions remain regarding the significance of these findings and the generalisability of the programme. Firstly, the sample was self-selected for motivation to participate. We can expect that uptake of the web-based programme would be considerably lower in a broader community or primary care sample. Secondly, the internet programmes were supported by weekly telephone contact with a trained lay person. Telephone outreach and support have important clinical effects but require a substantial amount of additional resources. A recent study by Clarke et al. suggests that uptake of web-based depression interventions alone is disappointing. A reasonable next step would be to compare this web-based intervention with and without telephone prompting. Finally, the finding that the web-based depression education programme and the more specific cognitive therapy programme had similar clinical effects raises questions about the specificity of the intervention. We cannot determine whether improvements in depression are specifically attributable to cognitive and behavioural content or more generally attributable to increased attention and support.

Despite any questions, these findings have important implications for the dissemination of effective behavioural treatments. Internet-based interventions offer the promise of a true public health approach toward psychotherapy.

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**A website offering information about depression (BluePages) or one offering cognitive therapy (MoodGYM) v. “attention placebo” (control) in depression at 6 weeks**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Comparison</th>
<th>Means</th>
<th>Difference (95% CI)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change from baseline in CES depression scale</td>
<td>BluePages v control</td>
<td>3.9 ± 1.0</td>
<td>2.9 (0.6 to 5.2)</td>
</tr>
<tr>
<td>(scores range 0–60)</td>
<td>MoodGYM v control</td>
<td>4.2 ± 1.0</td>
<td>3.2 (0.9 to 5.4)</td>
</tr>
</tbody>
</table>

*CES = Center for Epidemiologic Studies. CI defined in glossary.*
†All significant differences favour BluePages and MoodGYM.