Online CBT-BN: Does it raise support costs?

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Background

- Long delays in access to treatment
- Chronicity & importance of early treatment
- Young adults hard to reach
- Online CBT is effective as first step
- Does it raise support costs?
Sample & intervention

- **Participants**
  - 101 recruited from ED clinics or beat beat – “community sample”?
  - Age 13-20, mean 18.8
  - Global EDE score mean 3.9

- **Overcoming Bulimia**
  - Online sessions
  - E-mail support
  - Message boards
  - Workbooks
Outcomes

- Significant improvements, maintained at follow-up (6m)
  - Objective binge episodes
  - Vomit episodes
  - Global EDE score
- No significant change in number of service contacts (by category)

Cost analysis

- CSRI – public sector perspective
  - Data for 56 participants
  - Baseline & follow-up (6 months)
  - 3 months retrospective
- T-tests
- Uni-variate GLM models
- Multi-variate GLM model
## Use of selected services – baseline

<table>
<thead>
<tr>
<th>Service</th>
<th>Clinic (n=23)</th>
<th>Beat (n=33)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>78%</td>
<td>66%</td>
</tr>
<tr>
<td>Nurse</td>
<td>4%</td>
<td>27%</td>
</tr>
<tr>
<td>A&amp;E</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>26%</td>
<td>21%</td>
</tr>
<tr>
<td>Individual therapy</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Psychologist / psychiatrist</td>
<td>52%</td>
<td>12%</td>
</tr>
<tr>
<td>Any service</td>
<td>100%</td>
<td>88%</td>
</tr>
</tbody>
</table>
### Use of selected services – follow-up

<table>
<thead>
<tr>
<th>Service</th>
<th>Clinic (n=23)</th>
<th>Beat (n=33)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>52%</td>
<td>64%</td>
</tr>
<tr>
<td>Nurse</td>
<td>17%</td>
<td>27%</td>
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<tr>
<td>A&amp;E</td>
<td>35%</td>
<td>15%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>Individual therapy</td>
<td>35%</td>
<td>21%</td>
</tr>
<tr>
<td>Psychologist / psychiatrist</td>
<td>22%</td>
<td>9%</td>
</tr>
<tr>
<td>Any service</td>
<td>87%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Costs – clinic group

Baseline vs. Follow-up Costs:
- Hospital: £200
- Primary care: £100
- Specialist MH: £300
- Social care: £0
- Total costs: £700

EDIC 2010
Costs – *beat* group

![Bar chart showing costs for different categories: Hospital, Primary care, Specialist MH, Social care, and Total costs. The chart distinguishes between Baseline (red) and Follow-up (pink) costs. The total costs exceed £300 in the Follow-up category.](image_url)
## Costs – comparisons

<table>
<thead>
<tr>
<th></th>
<th>Clinic</th>
<th>Beat</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist MH (baseline)</td>
<td>£325</td>
<td>£75</td>
<td>0.036</td>
</tr>
<tr>
<td>Total care package (baseline)</td>
<td>£703</td>
<td>£247</td>
<td>0.015</td>
</tr>
<tr>
<td>Hospital (follow-up)</td>
<td>£489</td>
<td>£94</td>
<td>0.021</td>
</tr>
<tr>
<td>Total care package (follow-up)</td>
<td>£751</td>
<td>£322</td>
<td>0.046</td>
</tr>
</tbody>
</table>
Predictors of costs (6 months)

- Significant predictors of follow-up costs
  - Baseline EDE scores (+)
  - FNE total score (+)
  - Group (clinic or beat)
- NOT significant
  - Socio-demographics
  - Baseline bulimic symptomatology
  - Changes in any EDE sub-score or total score
  - Baseline service costs
Predictors of costs, part 2

- Fitted model
  - FNE
  - Group
Conclusions

- Web-based intervention
  - Cheap, accessible
  - Improved outcomes
  - No increase in service use
  - No increase in costs

- Implications
  - First step in treatment
  - Access to specialist services?
Thank you!