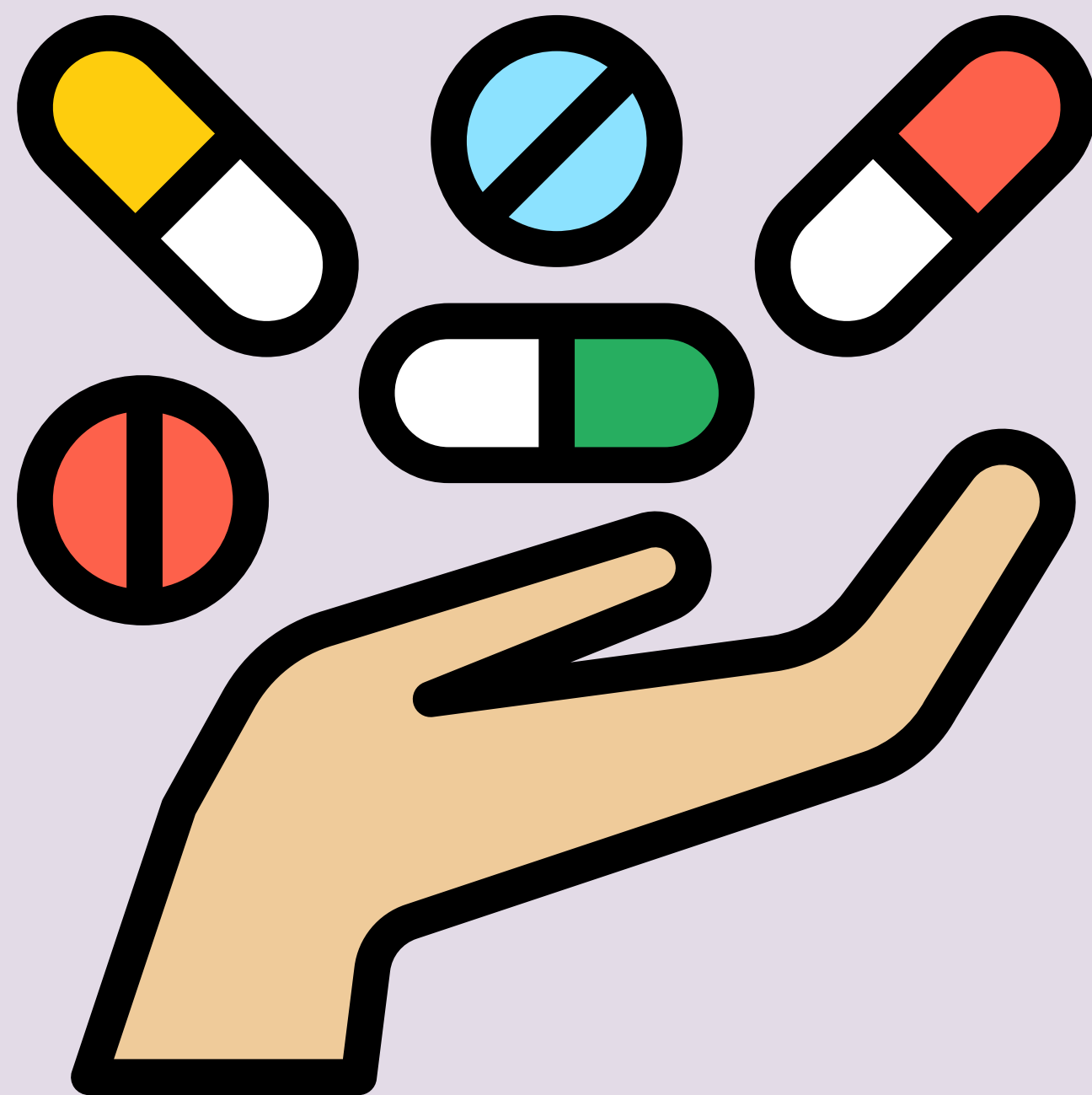


INDIVIDUALIZING PSYCHOLOGICAL TREATMENTS

Can fatigue predict treatment response?

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INTRODUCTION

Medication and talking therapy can be effective for treating disorders such as anxiety and depression. However, treatment outcomes are modest and highly variable (Iniesta et al., 2016). Preliminary findings suggest that some clinical factors - including psychomotor agitation and fatigue - can be associated with differentiating response to certain treatments (Checkrout et al., 2016). **This study aimed to test whether energy levels in relation to fatigue can predict treatment response and whether effect differentiated in a sample receiving iCBT or AD.**

HYPOTHESIS

- Fatigue would be associated with treatment response where high levels of fatigue would predict non-response.

AIMS AND OBJECTIVES

- To individualise psychiatric treatment in clinical practice.
- To explore and highlight crucial influences in treatment options for more targeted research in the future.

METHODOLOGY

Participants

- A total of 569 participants undertook antidepressant treatment (N= 97, mean age =31.44 (10.89),) or iCBT (N=472,).
- Participants were recruited through SilverCloud, pharmacies and GoogleAds, two days before or after commencing their new treatment.

Self report questionnaires

- Participants responded to the Quick Inventory of Depressive Symptomatology (QIDS-16-SR) once a week, for a period of four weeks.

Analysis

- Treatment response was considered a 30% change in total QIDS-16-SR score (Nierenberg, 2000) (early responders) where those below the threshold were considered non-responders.
- Item 14 in the QIDS score was used to assess fatigue (scale 0-3) where the higher score indicated higher levels of fatigue.
- The general linear model regression controlled for influences of sex, age and education.

RESULTS

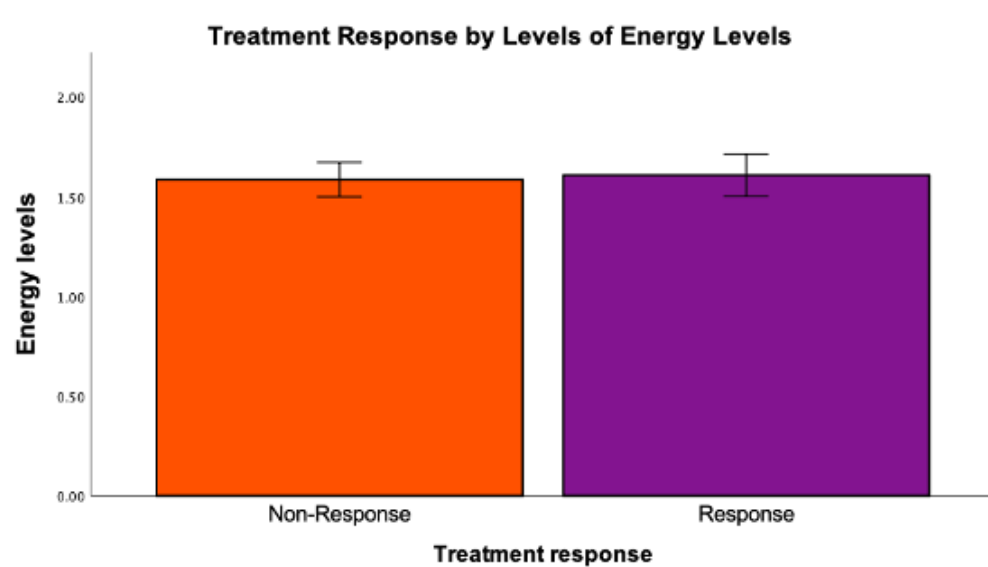


Fig. 1

- There was no difference in energy levels at baseline in those who went on to achieve response to treatment (M =1.61 , SD =.81) versus those who did not (M =1.59 , SD=.77).
- The association between response and energy levels (z= .29), 95% CI [.83, 1.28] was insignificant (p = .77) with prediction due to chance (OR= 1.03).

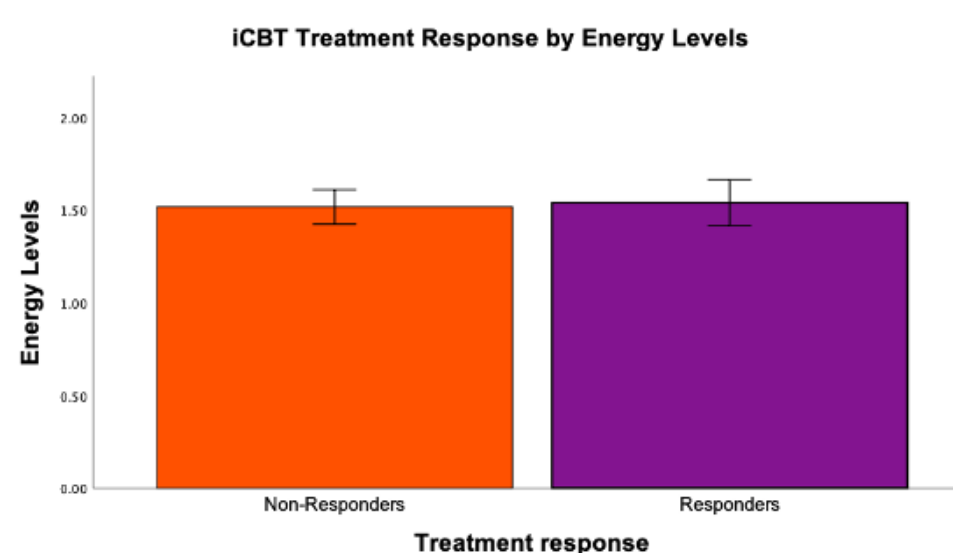


Fig. 2

- There was no difference in energy levels at baseline in those who went on to achieve response to iCBT treatment (M = 1.54 , SD =.84) versus those who did not (M = 1.52, SD =.78).
- The association between response and energy levels (z = -.30), 95% CI [.82, 1.31] was insignificant (p = .38) with prediction due to chance (OR= 1.03).

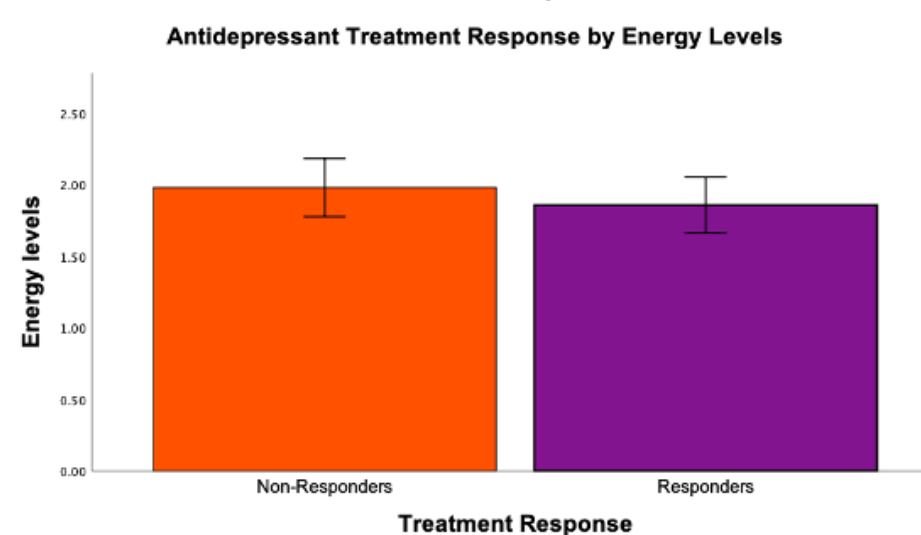


Fig. 3

- There was no difference in energy levels at baseline in those who went on to achieve response to antidepressant treatment (M =1.86 , SD = .70) versus those who did not (M = 1.98, SD = .68).The association between response and energy levels (z = -.89), 95% CI [.42, 1.37] was insignificant (p = .38) with prediction due to chance (OR= .77).

CONCLUSION

- No predictions of treatment response could be made based on levels of energy, regardless of treatment type.
- The results questions the use of treatment specifically targeting symptoms of fatigue. The effect of reducing such symptoms may alone be too small for individuals to respond to a given treatment.
- Future research can investigate these findings further by using questions addressing fatigue across different questionnaires, not only assessing depression but also other mental disorders such as general anxiety disorder.

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