

#### 4C-2

##### **Does diagnostic complexity predict response to online interventions for youth anxiety?**

Sonja March<sup>1,3</sup>, Susan Spence<sup>2</sup>, Caroline Donovan<sup>2</sup>, Justin Kenardy<sup>3</sup>

<sup>1</sup>*University of Southern Queensland, Brisbane, QLD, Australia*, <sup>2</sup>*Griffith University, Brisbane, QLD, Australia*, <sup>3</sup>*University of Queensland, Brisbane, QLD, Australia*

**Purpose:** There is now substantial evidence to demonstrate the efficacy of online, cognitive-behavioural therapy (CBT) for the treatment of youth anxiety disorders. However, approximately 30% of youth will retain an anxiety diagnosis at 12-months following treatment. There has been some suggestion that internet-based interventions may not be suitable for more complex diagnostic presentations, however, there has been no empirical examination of predictors of outcome for youth receiving online CBT. The aim of this paper was to determine whether diagnostic profile predicted response to online CBT for youth anxiety.

**Methods:** Participants were 154 youth (aged 7 to 18 years) diagnosed with a principal anxiety disorder who participated in an online cognitive-behavior intervention (BRAVE-ONLINE) as part of two randomized controlled trials. Measures included diagnostic interviews as well as a number of self-report measures of anxiety. Youth receiving online CBT were assessed prior to treatment, at 12 weeks following baseline assessment, and at 12-month follow-up. Diagnostic profile at baseline is described by type of principal anxiety diagnosis, severity of anxiety and presence of comorbid anxiety and non-anxiety. Treatment outcome was conceptualized as treatment 'response' (loss of primary diagnosis) and as 'remission' (loss of all anxiety diagnoses/ symptoms).

**Results and Conclusions:** Results indicate that the majority of youth respond well to online CBT at 12-month follow-up. Comorbidity with other anxiety disorders was the most robust predictor of poorer response and remission, however only for those youth with 3 or more comorbid anxiety disorders. While youth with comorbid anxiety do respond to internet interventions, it seems that the presence of multiple anxiety disorders may limit its impact. The findings of this study have the potential to identify the types of patients for whom online CBT may be most appropriate and the circumstances under which it should not be offered as first line of treatment.

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