Sample input data for PICOBert is

###28628768:

OBJECTIVE|A|To test the efficacy of a pregnancy adapted version of an existing @ ICBT-program for depression as well as assessing acceptability and adherence DESIGN : Randomised controlled trial .

SETTING|M|Online and telephone .

POPULATION OR SAMPLE|P|Self-referred pregnant women ( gestational week @ at intake ) currently suffering from major depressive disorder .

METHODS|M|@ pregnant women ( gestational week @ ) with major depression were randomised to either treatment as usual ( TAU ) provided at their antenatal clinic or to ICBT as an add-on to usual care .

MAIN OUTCOME MEASURES|O|The primary outcome was depressive symptoms measured with the Montgomery-sberg depression rating scale-self report ( MADRS-S ) .

MAIN OUTCOME MEASURES|O|The Edinburgh Postnatal Depression Scale and measures of anxiety and sleep were used .

MAIN OUTCOME MEASURES|O|Credibility , satisfaction , adherence and utilization were also assessed .

RESULTS|R|The ICBT group had significantly lower levels of depressive symptoms post treatment ( p < @ , Hedges g = @ ) and were more likely to be responders ( i.e. achieve a statistically reliable improvement ) ( RR = @ ; p = @ ) .

RESULTS|R|Measures of treatment credibility , satisfaction , utilization , and adherence were comparable to implemented ICBT for depression .

CONCLUSION|C|Pregnancy adapted ICBT for antenatal depression is feasible , acceptable and efficacious .

CONCLUSION|C|These results need to be replicated in larger trials to validate these promising findings .

We are processing this input and generating embeddings for Bert model to train on. The model is labeling which entity type the word belongs to.

Below is a sample provided for the model to predict

OBJECTIVE|A|To test the efficacy of a pregnancy adapted version of an existing 10-week ICBT-program for depression as well as assessing acceptability and adherence DESIGN: Randomised controlled trial.

SETTING|M|Online and telephone.

POPULATION OR SAMPLE|P|Self-referred pregnant women (gestational week 10-28 at intake) currently suffering from major depressive disorder.

METHODS|M|42 pregnant women (gestational week 12-28) with major depression were randomised to either treatment as usual (TAU) provided at their antenatal clinic or to ICBT as an add-on to usual care.

MAIN OUTCOME MEASURES|O|The primary outcome was depressive symptoms measured with the Montgomery-sberg depression rating scale-self report (MADRS-S). The Edinburgh Postnatal Depression Scale and measures of anxiety and sleep were used. Credibility, satisfaction, adherence and utilization were also assessed.

RESULTS|R|The ICBT group had significantly lower levels of depressive symptoms post treatment (p < 0.001, Hedges g =1.21) and were more likely to be responders (i.e. achieve a statistically reliable improvement) (RR = 0.36; p = 0.004). Measures of treatment credibility, satisfaction, utilization, and adherence were comparable to implemented ICBT for depression.

LIMITATIONS|Others|Small sample size and no long-term evaluation.

CONCLUSION|C|Pregnancy adapted ICBT for antenatal depression is feasible, acceptable and efficacious. These results need to be replicated in larger trials to validate these promising findings.

Predicted response:

Objective [CLS] objective | a | to test the efficacy of a pregnancy adapted version of an existing 10 - week ic ##bt - program for depression as well as assessing accept ##ability and adherence design : random ##ised controlled trial . setting | m | online and telephone . ##bt - main outcome measures | o | the primary outcome was de ##pressive symptoms measured with the montgomery - sb ##er ##g depression rating scale - self report ( mad ##rs - s ) . the edinburgh post ##nat ##al depression scale and measures of anxiety and sleep were used . credibility , satisfaction , adherence and were also assessed . results | r | the ic ##bt group had significantly lower levels of de ##pressive symptoms post treatment ( p < 0 . 001 , hedges g = 1 . 21 ) and were more likely to be respond ##ers ( i . e . achieve a statistical ##ly reliable improvement ) ( rr = 0 . 36 ; p = 0 . 00 ##4 ) . measures of treatment credibility , satisfaction , utilization , and adherence were comparable to implemented ic ##bt for depression . limitations | others | small sample size and no long - term evaluation . conclusion | c | pregnancy adapted ic ##bt for ant ##ena ##tal depression is feasible , acceptable and e ##ffi ##ca ##cious . these results need to be replicate ##d in larger trials to valid ##ate these promising findings . [SEP]

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I-POPULATION

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I-PARTICIPANT population or sample | p | self - referred pregnant women ( ge ##station ##al week 10 - 28 at intake ) currently suffering from major de ##pressive disorder . methods | m | 42 pregnant women ( ge ##station ##al week 12 - 28 ) with major depression were random ##ised to either treatment as usual ( tau ) provided at their ant ##ena ##tal clinic or to ic as an add on to usual care .

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I-INTERVENTION

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I-COMPARISON

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I-OUTCOME utilization

As we can see when we group the predicted labels the performance is bad.