

Patient

Vorname

Nachname

Polizzennummer

Versicherung / Krankenkasse

Datum Einreichung

Datum

Arzt

Vorname

Nachname

Arzt ID / Nummer

Antrag auf Kostenerstattung für Medizinprodukte von edupression.com@

Vom Arzt auszufüllen

Sehr geehrte Damen und Herren,

oben genannte/r Patient/in befindet sich seit dem

Datum

im Rahmen einer depressiven Störung (ICD 10) in meiner

- | | |
|---|---|
| <input type="radio"/> Ambulanten Behandlung | <input type="radio"/> Stationären psychiatrischen Behandlung |
| <input type="radio"/> Psychosomatischen Behandlung | <input type="radio"/> Psychotherapeutischen Behandlung |

Es wurde folgende Diagnose nach ICD-10 gestellt:

Diagnose

Anamnese und Begründung

Anamnese und Begründung

Die nationalen und internationalen Leitlinien, der Umfang und Schwergrad der Symptomatik sowie der besondere Leidensdruck des Patienten erfordern weitere, unterstützende Maßnahmen

- ☐ zur Überbrückung von Wartezeiten ☐ begleitend zu meiner Therapie
- ☐ im Anschluss an die Entlassung

Edupression.com® ist eine online Plattform für unipolar depressive Patienten und deren Depressionsspezialisten (Ärzte, Psychologen, Therapeuten) mit zwei CE gekennzeichneten Medizinprodukten: Die edupression.com® Psychoedukation und das edupression.com® Stimmungsdiagramm.

Die edupression.com® Psychoedukation ist ein wirksames, evidenzbasiertes, online Therapieprogramm und Therapieunterstützung. Sie enthält viele Elemente der kognitiven Verhaltenstherapie und bietet umfassende Aufklärung zur Krankheit Depression (Psychoedukation) wie in nationalen und internationalen Leitlinien gefordert.

Die von Edupression.com entwickelten Module zur Psychoedukation / CCBT richten sich an Patienten, die an einer unipolaren Depression leiden und basiert auf Elementen der kognitiven Verhaltenstherapie mit dem Ziel

1. der Reduktion depressiver Symptome,
2. der Verbesserung des Krankheitsverlaufs depressiver Patienten,
3. der Verbesserung des Funktionsniveaus depressiver Patienten,
4. der Verbesserung der Behandlungsadhärenz,
5. der Verbesserung der Remissionsraten depressiver Patienten und
6. der Verminderung des Rezidivrisikos bei leicht- bis mittelgradig kranken, depressiven Patienten.

Das edupression.com® Stimmungsdiagramm wurde auf wissenschaftlicher Basis entwickelt und hilft beim Erkennen von Krankheitszusammenhängen, der Dokumentation und dem Erkennen von Frühsymptomen, sowie dem Erzielen eines optimalen Behandlungsergebnisses.

Unterschrift Arzt

Unterschrift

Vom Patienten auszufüllen

Die Kosten für die Nutzung von edupression.com® entnehmen Sie bitte der beigefügten Rechnung. Diese deckt den Internetzugang zur edupression.com® Plattform mit beiden zertifizierten edupression.com® Medizinprodukten ab.

Mit diesem Schreiben beantrage ich die Kostenübernahme für den Zugang zur online Plattform edupression.com® mit zwei zertifizierten Medizinprodukten zur Therapie unipolarer Depression und die Überweisung auf folgendes Konto:

Name Kontoinhaber

IBAN

Bankinstitut Name

BIC

Bei einer allfälligen Ablehnung bitte ich um fristgerechte Zusendung der Entscheidung gemäß den einschlägigen Gesetzen und Verordnungen an meine oben angeführte Adresse

Unterschrift Patient

Name Patient

Datum

Von der Versicherung auszufüllen

Entscheidung Versicherung / Krankenkasse

☐ **Die Kostenübernahme wird nicht genehmigt** ☐ **Die Kostenübernahme wird genehmigt**

Wenn nicht genehmigt – Grund

Aktnummer/Leistungsnummer der Versicherung/Krankenkasse

Unterschrift Sachbearbeiter

Sachbearbeiter - NAME IN BLOCKBUCHSTABEN

Datum

Liste Wirksamkeit Psychoedukation Depression

1. Meta-Analysen

1.1. Psychoedukation - Depression

Donker T, Griffiths KM, Cuijpers P, Christensen H. (2009) Psychoeducation for depression, anxiety and psychological distress: a meta-analysis. BMC Med 7: 79
„Meta-analysis revealed that brief passive psychoeducational interventions for depression and psychological distress can reduce symptoms.“

Moreno-Lacalle RC. THE EFFECT OF PSYCHOEDUCATION FOR DEPRESSION: A META-ANALYSIS 2010-2016. PJN.86(2).
„This meta-analysis may suggest that psychoeducation has low effect on depression. Longer and more interactive approach can be done to ensure its long-term and maximal effectiveness. Publication bias is unlikely in this meta-analysis. The findings provide valuable information for future psychoeducation to improve content, design, quality, and process that will benefit patients with depression.“

1.2. Psychoedukation - Bipolar

Colom F, Lam D. (2005) Psychoeducation: improving outcomes in bipolar disorder. Eur Psychiatry 20: 359-364.
„The usefulness of psychotherapy for improving treatment adherence and clinical outcome of bipolar patients is nowadays unquestionable, and future treatment guidelines should promote its regular use amongst clinicians.“

1.3. Psychologische Behandlungen & Depression

Cuijpers P, van Straten A, van Schaik A, Andersson G. (2009) Psychological treatment of depression in primary care: a meta-analysis. Br J Gen Pract 59: e51-60.
„Psychological treatment of depression was found to be effective in primary care, especially when GPs refer patients with depression for treatment“

1.4. E-Health & Arbeitswelt

Stratton E, Lampit A, Choi I, Calvo RA, Harvey SB, Glozier N. (2017) Effectiveness of eHealth interventions for reducing mental health conditions in employees: A systematic review and meta-analysis. PLoS one 12: e0189904.
„There is reasonable evidence that eHealth interventions delivered to employees may reduce mental health and stress symptoms post intervention and still have a benefit, although reduced at follow-up.“

Tan L, Wang MJ, Modini M, Joyce S, Mykletun A, Christensen H, Harvey SB. (2014) Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace. BMC Med 12: 74.
„There is good quality evidence that universally delivered workplace mental health interventions can reduce the level of depression symptoms among workers. There is more evidence for the effectiveness of CBT-based programs than other interventions. Evidence-based workplace interventions should be a key component of efforts to prevent the development of depression among adults.“

1.5. Online & Mobile Mental Services

Karyotaki E, Ebert DD, Donkin L, Riper H, Twisk J, Burger S, Rozental A, Lange A, Williams AD, Zarski AC, Geraedts A, van Straten A, Kleiboer A, Meyer B, Unlu Ince BB, Buntrock C, Lehr D, Snoek FJ, Andrews G, Andersson G, Choi I, Ruwaard J, Klein JP, Newby JM, Schröder J, Laferton JAC, Van Bastelaar K, Imamura K, Vernmark K, Boss L, Sheeber LB, Kivi M, Berking M, Titov N, Carlbring P, Johansson R, Kenter R, Perini S, Moritz S, Nobis S, Berger T, Kaldø V, Forsell Y, Lindefors N, Kraepelien M, Bjorklund C, Kawakami N, Cuijpers P. (2018) Do guided internet-based interventions result in clinically relevant changes for patients with depression? An individual participant data meta-analysis. Clinical psychology review 63: 80-92.
„Guided Internet-based interventions lead to substantial positive treatment effects on treatment response and remission at post-treatment.“

Königbauer J, Letsch J, Doeblner P, Ebert D, Baumeister H. Internet- and mobile-based depression interventions for people with diagnosed depression: A systematic review and meta-analysis. J Affect Disord. 2017;223:28-40.
„IMIs significantly reduce depression symptoms in adults with diagnosed depression at the end of treatment and at follow-up assessments when compared to waitlist conditions. These findings argue for IMIs to be recommended in depression treatment guidelines.“

Wahle F, Bollhalder L, Kowatsch T, Fleisch E. (2017) Toward the Design of Evidence-Based Mental Health Information Systems for People With Depression: A Systematic Literature Review and Meta-Analysis. J Med Internet Res 19: e191.
„Technology-mediated MHIS for the treatment of depression has a consistent positive overall effect compared to controls. A total of 15 components have been identified.“

Rogers MA, Lemmen K, Kramer R, Mann J, Chopra V. (2017) Internet-Delivered Health Interventions That Work: Systematic Review of Meta-Analyses and Evaluation of Website Availability. J Med Internet Res 19: e90.
„The majority of Internet-delivered health interventions found to be efficacious in RCTs do not have websites for general use.“

Richards D, Richardson T. (2012) Computer-based psychological treatments for depression: a systematic review and meta-analysis. Clinical psychology review 32: 329-342.
„The review and meta-analysis support the efficacy and effectiveness of computer-based psychological treatments for depression, in diverse settings and with different populations.“

Cuijpers P, Donker T, Johansson R, Mohr DC, van Straten A, Andersson G. Self-guided psychological treatment for depressive symptoms: a meta-analysis. PLoS One. 2011;6(6):e21274.
„We found evidence that self-guided psychological treatment has a small but significant effect on participants with increased levels of depressive symptomatology.“

2. Systematische Übersichtsarbeiten

1.1. Psychoedukation - Depression

Tursi MF, Baes C, Camacho FR, Tofoli SM, Juruena MF. (2013) Effectiveness of psychoeducation for depression: a systematic review. Aust N Z J Psychiatry 47: 1019-1031.
„Psychoeducation is effective in improving the clinical course, treatment adherence, and psychosocial functioning of depressive patients“

Cuijpers P, Munoz RF, Clarke GN, Lewinsohn PM. (2009) Psychoeducational treatment and prevention of depression: the "Coping with Depression" course thirty years later. Clinical psychology review 29: 449-458.
„The "Coping with Depression" course (CWD) is by the far the best studied psychoeducational intervention for the treatment and prevention of depression, and is used in routine practice in several countries. ... Direct comparisons with other psychotherapies did not result in any indication that the CWD was less efficacious.“

1.2. E-Health & Arbeitswelt

Stratton E, Lampit A, Choi I, Calvo RA, Harvey SB, Glozier N. (2017) Effectiveness of eHealth interventions for reducing mental health conditions in employees: A systematic review and meta-analysis. PLoS one 12: e0189904.
„There is reasonable evidence that eHealth interventions delivered to employees may reduce mental health and stress symptoms post intervention and still have a benefit, although reduced at follow-up.“

Joyce S, Modini M, Christensen H, Mykletun A, Bryant R, Mitchell PB, Harvey SB. (2016) Workplace interventions for common mental disorders: a systematic meta-review. Psychol Med 46: 683-697.

„...Stronger evidence was found for CBT-based stress management although less evidence was found for other secondary prevention interventions, such as counselling. ... Tertiary interventions with a specific focus on work, such as exposure therapy and CBT-based and problem-focused return-to-work programmes, had a strong evidence base for improving symptomatology and a moderate evidence base for improving occupational outcomes. Overall, these findings demonstrate there are empirically supported interventions that workplaces can utilize to aid in the prevention of common mental illness as well as facilitating the recovery of employees diagnosed with depression and/or anxiety.“

Tan L, Wang MJ, Modini M, Joyce S, Mykletun A, Christensen H, Harvey SB. (2014) Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace. *BMC Med* 12: 74.
 „There is good quality evidence that universally delivered workplace mental health interventions can reduce the level of depression symptoms among workers. There is more evidence for the effectiveness of CBT-based programs than other interventions. Evidence-based workplace interventions should be a key component of efforts to prevent the development of depression among adults.“

Dietrich S, Deckert S, Ceynowa M, Hegerl U, Stengler K. Depression in the workplace: a systematic review of evidence-based prevention strategies. *Int Arch Occup Environ Health*. 2012;85(1):1-11.
 „The intervention, which combined the provision of diagnosis and psychoeducation, had a positive effect on people with depression, with a significant trend towards chances of recovery or remission after 1 year.“

1.3. Online & Mobile Mental Services

Königbauer J, Letsch J, Doeblner P, Ebert D, Baumeister H. Internet- and mobile-based depression interventions for people with diagnosed depression: A systematic review and meta-analysis. *J Affect Disord*. 2017;223:28-40.
 „IMIs significantly reduce depression symptoms in adults with diagnosed depression at the end of treatment and at follow-up assessments when compared to waitlist conditions. These findings argue for IMIs to be recommended in depression treatment guidelines.“

Rogers MA, Lemmen K, Kramer R, Mann J, Chopra V. (2017) Internet-Delivered Health Interventions That Work: Systematic Review of Meta-Analyses and Evaluation of Website Availability. *J Med Internet Res* 19: e90.
 „The majority of Internet-delivered health interventions found to be efficacious in RCTs do not have websites for general use.“

Wahle F, Bollhalder L, Kowatsch T, Fleisch E. (2017) Toward the Design of Evidence-Based Mental Health Information Systems for People With Depression: A Systematic Literature Review and Meta-Analysis. *J Med Internet Res* 19: e191.
 „Technology-mediated mental health information system for the treatment of depression has a consistent positive overall effect compared to controls. A total of 15 components have been identified.“

Zhao D, Lustria MLA, Hendrickse J. (2017) Systematic review of the information and communication technology features of web- and mobile-based psychoeducational interventions for depression. *Patient Educ Couns* 100: 1049-1072.
 „There is a need to further examine ways information and communication technology can be optimized to reduce the burden on clinicians whilst enhancing the delivery of proven effective therapeutic approaches.“

Richards D, Richardson T. Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clin Psychol Rev*. 2012;32(4):329-342.
 „The review and meta-analysis support the efficacy and effectiveness of computer-based psychological treatments for depression, in diverse settings and with different populations.“

Randomized Controlled Trials

Dowrick C, Dunn G, Ayuso-Mateos JL, Dalgard OS, Page H, Lehtinen V, Casey P, Wilkinson C, Vazquez-Barquero JL, Wilkinson G. (2000) Problem solving treatment and group psychoeducation for depression: multicentre randomised controlled trial. Outcomes of Depression International Network (ODIN) Group. *BMJ* 321: 1450-1454.
 „Both interventions reduced caseness and improved subjective function.“

Christensen H, Griffiths KM, Jorm AF. (2004) Delivering interventions for depression by using the internet: randomised controlled trial. *BMJ* 328: 265.
 „Both cognitive behaviour therapy and psychoeducation delivered via the internet are effective in reducing symptoms of depression.“

Mackinnon A, Griffiths KM, Christensen H. (2008) Comparative randomised trial of online cognitive-behavioural therapy and an information website for depression: 12-month outcomes. *Br J Psychiatry* 192: 130-134.
 „Both the CBT site and depression information sites were associated with statistically significant benefits in CES-D score reduction compared with controls at post-test.“

Geisner IM, Neighbors C, Larimer ME. (2006) A randomized clinical trial of a brief, mailed intervention for symptoms of depression. *Journal of consulting and clinical psychology* 74: 393-399. „Results support the use of personalized feedback as a low-cost, initial intervention for college students suffering from symptoms of depression.“

Jacob KS, Bhugra D, Mann AH. (2002) A randomised controlled trial of an educational intervention for depression among Asian women in primary care in the United Kingdom. *Int J Soc Psychiatry* 48: 139-148.
 „Patients with milder forms of the condition, who received the educational material had a higher recovery rate than patients who do not receive such education.“

Rollman BL, Herbeck Belnap B, Abebe KZ, Spring MB, Rotondi AJ, Rothenberger SD, Karp JF. (2018) Effectiveness of Online Collaborative Care for Treating Mood and Anxiety Disorders in Primary Care: A Randomized Clinical Trial. *JAMA psychiatry* 75: 56-64.
 „Guided computerized cognitive behavioral therapy (CCBT) alone is more effective than usual care for these conditions.“

Reins JA, Boss L, Lehr D, Berking M, Ebert DD. (2018) The more I got, the less I need? Efficacy of Internet-based guided self-help compared to online psychoeducation for major depressive disorder. *J Affect Disord* 246: 695-705.
 „Both guided Internet-based cognitive behavior therapy (iCBT) and online psychoeducation (OPE) were effective in reducing depressive symptoms.“

Beiwinkel T, Eissing T, Telle NT, Siegmund-Schultze E, Rossler W. (2017) Effectiveness of a Web-Based Intervention in Reducing Depression and Sickness Absence: Randomized Controlled Trial. *J Med Internet Res* 19: e213. „The Web-based intervention was effective in reducing depressive symptoms among adults with sickness absence. „

Buntrock C, Ebert DD, Lehr D, Smit F, Riper H, Berking M, Cuijpers P. (2016) Effect of a Web-Based Guided Self-help Intervention for Prevention of Major Depression in Adults With Subthreshold Depression: A Randomized Clinical Trial. *JAMA : the journal of the American Medical Association* 315: 1854-1863.
 „Among patients with subthreshold depression, the use of a web-based guided self-help intervention compared with enhanced usual care reduced the incidence of MDD over 12 months.“

Nobis S, Lehr D, Ebert DD, Baumeister H, Snoek F, Riper H, Berking M. (2015) Efficacy of a web-based intervention with mobile phone support in treating depressive symptoms in adults with type 1 and type 2 diabetes: a randomized controlled trial. *Diabetes Care* 38: 776-783.
 „A guided, web-based intervention to reduce depression in adults with type 1 and type 2 diabetes is effective in reducing both depressive symptoms and diabetes-specific emotional distress.“

Buntrock C, Ebert D, Lehr D, Riper H, Smit F, Cuijpers P, Berking M. (2015) Effectiveness of a web-based cognitive behavioural intervention for subthreshold depression: pragmatic randomised controlled trial. *Psychother Psychosom* 84: 348-358.
 „This study lends support to the idea that problem solving coupled with behavioural activation over the internet is an effective treatment for sD.“

Han DY, Chen SH. (2014) Reducing the stigma of depression through neurobiology-based psychoeducation: a randomized controlled trial. *Psychiatry Clin Neurosci* 68: 666-673.
 „Neurobiology-based psychoeducational intervention significantly elevated the biological attribution of depression and reduced the social distance from depressed individuals.“

Stangier U, Hilling C, Heidenreich T, Risch AK, Barocka A, Schlosser R, Kronfeld K, Ruckes C, Berger H, Roschke J, Weck F, Volk S, Hambrecht M, Serfling R, Erkwow R, Stirn A, Sobanski T, Hautzinger M. (2013) Maintenance cognitive-behavioral therapy and manualized psychoeducation in the treatment of recurrent depression: a multicenter prospective randomized controlled trial. *Am J Psychiatry* 170: 624-632.
 „The results indicate that structured patient education has significant effects on the prevention of relapse or recurrence only in patients with a moderate risk of depression recurrence.“

Morokuma I, Shimodera S, Fujita H, Hashizume H, Kamimura N, Kawamura A, Nishida A, Furukawa TA, Inoue S. (2013) Psychoeducation for major depressive disorders: a randomised controlled trial. *Psychiatry Res* 210: 134-139.
 „We demonstrated the effectiveness of patient psychoeducation on the course and outcome of major depressive disorders.“

Cuijpers P, Donker T, Johansson R, Mohr DC, van Straten A, Andersson G. (2011) Self-guided psychological treatment for depressive symptoms: a meta-analysis. *PLoS one* 6: e21274. „We found evidence that self-guided psychological treatment has a small but significant effect on participants with increased levels of depressive symptomatology.“

Karyotaki E, Ebert DD, Donkin L, Riper H, Twisk J, Burger S, Roental A, Lange A, Williams AD, Zarski AC, Geraedts A, van Straten A, Kleiboer A, Meyer B, Unlu Ince BB, Buntrock C, Lehr D, Snoek FJ, Andrews G, Andersson G, Choi I, Ruwaard J, Klein JP, Newby JM, Schroder J, Laferton JAC, Van Bastelaar K, Imamura K, Vermark K, Boss L, Sheeber LB, Kivi M, Berking M, Titov N, Carlbring P, Johansson R, Kenter R, Perini S, Moritz S, Nobis S, Berger T, Kalso V, Forsell Y, Lindefors N, Kraepelien M, Bjorkelund C, Kawakami N, Cuijpers P. (2018) Do guided internet-based interventions result in clinically relevant changes for patients with depression? An individual participant data meta-analysis. *Clinical psychology review* 63: 80-92.
 „Guided Internet-based interventions lead to substantial positive treatment effects on treatment response and remission at post-treatment.“

Richards D, Richardson T. (2012) Computer-based psychological treatments for depression: a systematic review and meta-analysis. *Clinical psychology review* 32: 329-342.
 „The review and meta-analysis support the efficacy and effectiveness of computer-based psychological treatments for depression, in community, primary, and secondary care, and with diverse populations. As well as reductions in self-reported symptoms, computer-based interventions can also produce clinically significant improvements and recovery in depression. Supported interventions yield better outcomes, along with greater retention.“