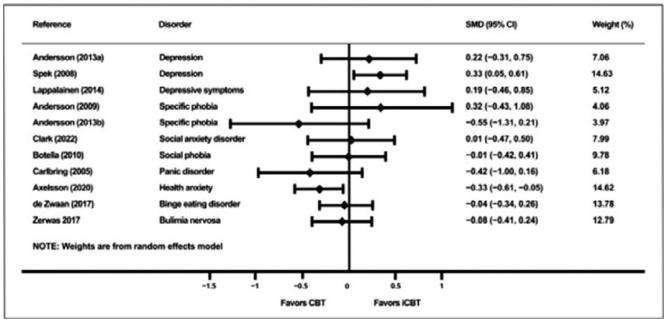
2. How do dropout rates differ between iCBT and face-to-face CBT across various psychiatric disorders, and what factors are most predictive?
3. Which psychiatric disorder among anxiety, depression, and eating disorders shows the most significant symptom improvement when treated with iCBT?

Methods: A systematic search of PubMed, Embase, MEDLINE via EBSCO, PsycINFO via APA, Scopus, and Cochrane Library (CENTRAL) was conducted up to May 21, 2025. Randomized controlled trials (RCTs) comparing the long-term effects of iCBT and face-to-face CBT for depression, anxiety disorders, and eating disorders were included. The random-effects model was used to calculate the standardized mean difference (Hedges' g), and a chi-square test assessed adherence differences.
Results: Eleven RCTs (1,272 participants) met the inclusion criteria. Pooled analysis showed no significant difference in long-term effectiveness between iCBT and face-to-face CBT (Hedges' g = −0.07, 95% CI: −0.36 to 0.21). Depressive disorders responded best to iCBT, while anxiety disorders showed mixed results, and eating disorders had the least favorable outcomes. Adherence was higher in face-to-face CBT (86.68%) than in iCBT (70.06%), with therapist-guided iCBT improving completion rates (79.09%) compared with self-guided formats (48.17%).

Image 1:



Conclusions: iCBT is a promising alternative to traditional face-to-face CBT, demonstrating treatment effectiveness even in the long term. However, dropout rates are higher in iCBT, particularly in unguided formats, suggesting that therapist support may be crucial for ensuring participant adherence. Future research should optimize iCBT delivery, tailor it to specific disorders, and develop strategies to improve engagement.

Disclosure of Interest: None Declared

EPP543

Developing an 8-Session Transdiagnostic Metacognitive Therapy Group Protocol: A Pilot Study with 6-Month Follow-Up

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Introduction: Metacognitive Therapy (MCT) targets maladaptive metacognitions and the cognitive attentional syndrome (CAS) (Wells 2009). Transdiagnostic interventions are increasingly encouraged to address comorbidity efficiently and to improve cost-effectiveness (McEvoy et al. 2009). However, structured brief group protocols with long-term follow-up remain limited.
Objectives: This pilot study developed and tested an 8-session manualized transdiagnostic group MCT protocol for adults with mixed anxiety and depressive symptoms, examining both immediate and 6-month outcomes.
Methods: Twelve participants (gathered from 3 groups) completed the intervention. The protocol included detached mindfulness, attention training, and modification of maladaptive beliefs. Outcomes were assessed at baseline, post-treatment, and 6-months: Clinical Global Impressions Severity (CGI-S), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), CAS-1, and Outcome Rating Scale (ORS). Within-group analyses were performed with paired tests.
Results: Significant pre- to post-treatment improvements were observed across all primary measures, with large to very large effect sizes (Table 1). At 6-month follow-up, reductions in depression, anxiety, and CAS, and improvements in functioning were maintained. Comparisons between post-treatment and follow-up were not significant (p = 0.191–0.949), suggesting stability of gains.

Table 1. Key outcomes (Mean ± SD) and effect sizes

Measure	Pre	Post	6-mo	d (Pre–Post)
CGI-S	4.42 ± 0.51	1.58 ± 0.99	1.75 ± 1.06	2.54
BDI	22.58 ± 10.75	9.25 ± 10.22	10.08 ± 9.81	0.89
BAI	32.92 ± 11.66	15.83 ± 10.92	17.00 ± 11.21	0.86
CAS–1	934.79 ± 138.41	379.38 ± 245.25	401.67 ± 240.12	2.10
ORS	16.82 ± 6.79	33.00 ± 8.98	31.92 ± 9.45	0.86

Table 2. Structure of the 8-Session Transdiagnostic MCT Protocol

Session	Key focus
Assessment	History, consent, baseline measures
1	Orientation, model introduction, detached mindfulness
2	Review, thought suppression, worry management
3	Review, attention training, danger beliefs
4	Review, consolidation of danger belief modification
5	Review, positive metacognitive beliefs, belief testing
6	Review, skill consolidation, practice
7	Review, old vs. new plan exercise
8	Review, termination, relapse plan

Conclusions: An 8-session transdiagnostic MCT group protocol was feasible, well accepted, and associated with robust reductions in distress, maladaptive metacognitions, and CAS, alongside improvements in functioning. Gains were sustained at 6 months, with no significant decline or further improvement, highlighting stability of effects. Despite encouraging outcomes, the small and uncontrolled nature of this study limits generalizability. Larger randomized controlled trials are required.

Disclosure of Interest: None Declared