

# Depression Programme for Rheumatoid Arthritis

This programme from SilverCloud® by Amwell® is designed for individuals living with rheumatoid arthritis (RA), who are experiencing comorbid symptoms of depression. The programme aims to relieve these depressive symptoms by:

- Focusing on developing more flexible ways of thinking
- Increasing awareness and understanding of emotions
- Increasing activity and motivation in daily life, while taking into account the limitations to capacity that can occur when living with rheumatoid arthritis (RA)

This programme aligns with NICE guidelines CG91<sup>1</sup> and NG100.<sup>2</sup>

## Therapeutic concepts

### Thought, Feelings and Behaviour (TFB) cycle

The programme provides interactive education on the principles Cognitive Behavioural Therapy (CBT). Users increase self-awareness by monitoring the interaction between their emotions, thoughts, behaviour and physical symptoms.<sup>3</sup>

### Behavioural activation

Behavioural activation has been shown to be an effective treatment for depression.<sup>4</sup> Users are guided to use activity scheduling to make small, sustainable changes to their behaviour.



### Cognitive restructuring

Users are guided to notice their thoughts and challenge any distorted or negative thinking styles that are impacting their mood, physical symptoms and behaviour. Cognitive restructuring has been shown to be effective in a variety of mental health disorders.<sup>5</sup>

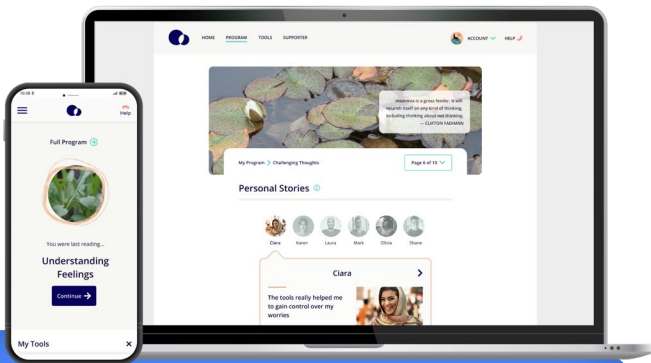
### Relaxation & mindfulness

Relaxation and mindfulness exercises are simple and effective tools for alleviating tension and anxiety.<sup>6</sup> With regular practise, rapid relaxation will be achieved more easily in provoking situations.<sup>7</sup> Mindfulness predicts increased self-regulated behaviour and a positive emotional state.<sup>8</sup>

## How it works

The structure and content of the *Depression Programme for RA* follows the evidence-based principles of CBT, guiding users to reframe thinking patterns and build coping skills.<sup>9</sup>

In keeping with the principles of CBT, which endorse a structured outline and a goal-oriented focus, each module contains RA-specific information, interactive activities, homework suggestions and personal stories.<sup>10</sup>



The programme is available 24/7, allowing users to access the content at a time and place that suits them. It can be accessed using a phone, tablet or computer and can be tailored to suit the needs of the individual.

## Summary of programme modules:

- **Getting Started** The user is introduced to CBT and how the Thoughts, Feelings, Behaviour (TFB) cycle can help them understand depression in RA.
- **Understanding Emotions** Focussing on the feelings component of the TFB cycle, the user can begin to build their own TFB cycles and track the impact of their lifestyle choices on their low mood.
- **Boosting Behaviour** Introduces the cycle of inactivity and its role in maintaining depression and symptoms of RA. Helps the user identify ways to motivate themselves to engage in activities that provide a sense of achievement.
- **Spotting Thoughts** The user is introduced to thinking traps and is encouraged to examine the outcomes of TFB cycles.
- **Challenging Thoughts** Helps the user to learn techniques to tackle thinking traps and to identify alternative ways of thinking.
- **Bringing It All Together** Prepares the user for coming to the end of the programme and focuses on helping them stay well in the future.

### Additional module:

- **Core Beliefs** Targets deeply held core beliefs that underpin unhelpful thoughts and can keep the cycle of depression and low mood going in rheumatoid arthritis (RA). This module is unlockable by a supporter.

### References:

1. National Institute for Health and Care Excellence. (2009). Recommendations: Depression in adults with a chronic physical health problem: Recognition and management: Guidance. NICE.
2. National Institute for Health and Care Excellence. (2020). Recommendations: Rheumatoid arthritis in adults: Management: Guidance. NICE.
3. Ellis, A. (1995). Changing rational-emotive therapy (RET) to rational emotive behavior therapy (REBT). *Journal of Rational-Emotive & Cognitive-Behavior Therapy*.
4. Cuijpers, P., Van Straten, A., & Warmerdam, L. (2007). Behavioral activation treatments of depression: A meta-analysis. *Clinical psychology review*, 27(3), 318-326.
5. Alleva, J. M., Sheeran, P., Webb, T. L., Martijn, C., & Miles, E. (2015). A meta-analytic review of stand-alone interventions to improve body image. *PLoS One*, 10(9), e0139177.
6. Moorey, S., & Greer, S. (2011). *Oxford guide to CBT for people with cancer*. OUP Oxford.
7. Padesky, C. A. (2020). *The Clinician's Guide to CBT Using Mind Over Mood*. Guilford Publications.
8. Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: mindfulness and its role in psychological well-being. *Journal of personality and social psychology*, 84(4), 822.
9. Beck, J. S. (2011). *Cognitive behavior therapy*. New York: Basics and beyond. Guilford Publication.
10. Maerov, P. J. (2006). Demystifying CBT: Effective, easy-to-use treatment for depression and anxiety. *Current Psychiatry*, 5(8), 26.

**GPs in Lanarkshire can refer to SilverCloud directly via SCI Gateway. Please specify which program you are referring to.**

There is further information about how to refer at the For Professionals page of the Lanarkshire Mind Matters website.

