WEBVTT

NOTE duration:"00:04:37" NOTE recognizability:0.847

NOTE language:en-us

NOTE Confidence: 0.821550116896552

00:00:03.950 --> 00:00:06.374 Hello, my name is Monica Nurse Alice and

NOTE Confidence: 0.821550116896552

00:00:06.374 --> 00:00:09.248 today I will be discussing my thesis

NOTE Confidence: 0.821550116896552

00:00:09.248 --> 00:00:11.453 titled Video Cognitive Behavioral Therapy

NOTE Confidence: 0.821550116896552

00:00:11.524 --> 00:00:13.834 to prevent depression in patients

NOTE Confidence: 0.821550116896552

 $00:00:13.834 \longrightarrow 00:00:15.682$ with inflammatory bowel disease,

NOTE Confidence: 0.821550116896552

00:00:15.690 --> 00:00:17.840 depression and anxiety in dependently

NOTE Confidence: 0.821550116896552

 $00{:}00{:}17.840 \dashrightarrow 00{:}00{:}20.879$ decreased the quality of life in patients

NOTE Confidence: 0.821550116896552

 $00:00:20.879 \longrightarrow 00:00:23.333$ with inflammatory bowel disease or IBD.

NOTE Confidence: 0.821550116896552

 $00:00:23.340 \longrightarrow 00:00:25.194$ Those with moderate to severe IBD

NOTE Confidence: 0.821550116896552

 $00:00:25.194 \longrightarrow 00:00:27.586$ have shown to have higher rates of

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 $00{:}00{:}27.586 \dashrightarrow 00{:}00{:}29.401$ depression and anxiety compared to

NOTE Confidence: 0.821550116896552

00:00:29.401 --> 00:00:31.437 those with mild or inactive IBD.

NOTE Confidence: 0.821550116896552

 $00:00:31.440 \longrightarrow 00:00:33.426$ Patients are recommended to seek treatment

 $00:00:33.426 \longrightarrow 00:00:35.080$ after mental health symptoms arise.

NOTE Confidence: 0.821550116896552

 $00{:}00{:}35.080 \dashrightarrow 00{:}00{:}37.462$ However, studies show a low proportion

NOTE Confidence: 0.821550116896552

00:00:37.462 --> 00:00:40.300 of patients have access to psychiatric

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00:00:40.300 --> 00:00:42.070 consultation and psychotherapy,

NOTE Confidence: 0.821550116896552

 $00:00:42.070 \longrightarrow 00:00:44.632$ and studies found a low rate of

NOTE Confidence: 0.821550116896552

00:00:44.632 --> 00:00:46.599 psychiatric referrals among IBD patients.

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 $00{:}00{:}46.600 \dashrightarrow 00{:}00{:}48.715$ Adults with moderate to severe

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 $00:00:48.715 \longrightarrow 00:00:50.830$ depression at baseline have experienced

NOTE Confidence: 0.821550116896552

00:00:50.900 --> 00:00:51.989 benefits from CBT,

NOTE Confidence: 0.821550116896552

 $00:00:51.990 \longrightarrow 00:00:53.615$ researchers showed mixed results on

NOTE Confidence: 0.821550116896552

 $00:00:53.615 \longrightarrow 00:00:55.673$ the effectiveness of CBT and changing

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 $00:00:55.673 \longrightarrow 00:00:57.928$ disease activity and mental health. Slash.

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 $00:00:57.928 \longrightarrow 00:01:00.644$ Quality of life and adults with IBD.

NOTE Confidence: 0.821550116896552

00:01:00.650 --> 00:01:02.885 Multiple gaps of literature have

NOTE Confidence: 0.821550116896552

 $00:01:02.885 \longrightarrow 00:01:03.779$ been identified.

NOTE Confidence: 0.821550116896552

00:01:03.780 --> 00:01:05.368 Newly diagnosed IBD patients

 $00:01:05.368 \longrightarrow 00:01:07.750$ present with the greatest need for

NOTE Confidence: 0.821550116896552

00:01:07.822 --> 00:01:09.780 psychotherapeutic intervention,

NOTE Confidence: 0.821550116896552

 $00:01:09.780 \longrightarrow 00:01:11.719$ but there is a lack of efficacy

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 $00:01:11.719 \longrightarrow 00:01:14.040$ trials of CBT in newly diagnosed IBD.

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 $00:01:14.040 \longrightarrow 00:01:16.075$ Adults prior research studying CBT

NOTE Confidence: 0.821550116896552

00:01:16.075 --> 00:01:18.619 in adults with IBD have excluded

NOTE Confidence: 0.821550116896552

00:01:18.619 --> 00:01:21.193 those with active or moderate to

NOTE Confidence: 0.821550116896552

00:01:21.193 --> 00:01:22.480 severe IBD disease.

NOTE Confidence: 0.821550116896552

 $00{:}01{:}22.480 \dashrightarrow 00{:}01{:}25.371$ When this subgroup may benefit the most

NOTE Confidence: 0.821550116896552

 $00:01:25.371 \longrightarrow 00:01:27.520$ from a psychotherapeutic intervention.

NOTE Confidence: 0.821550116896552

 $00:01:27.520 \longrightarrow 00:01:30.782$ Only traditional face to face or self-help

NOTE Confidence: 0.821550116896552

 $00:01:30.782 \longrightarrow 00:01:32.656$ computerized randomized control trials

NOTE Confidence: 0.821550116896552

 $00:01:32.656 \longrightarrow 00:01:35.134$ have been conducted in this population.

NOTE Confidence: 0.821550116896552

 $00:01:35.140 \longrightarrow 00:01:37.695$ There is a lack of randomized control

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 $00:01:37.695 \longrightarrow 00:01:40.256$ trials using video based CBT as an

 $00:01:40.256 \longrightarrow 00:01:41.996$ intervention in adults with IBD.

NOTE Confidence: 0.821550116896552

 $00{:}01{:}42.000 \dashrightarrow 00{:}01{:}44.457$ There is a need for more randomized

NOTE Confidence: 0.821550116896552

00:01:44.457 --> 00:01:45.974 control trials comparing the

NOTE Confidence: 0.821550116896552

 $00:01:45.974 \longrightarrow 00:01:47.586$ effectiveness and acceptance of

NOTE Confidence: 0.821550116896552

 $00:01:47.586 \longrightarrow 00:01:49.601$ video based therapist guided CBT.

NOTE Confidence: 0.821550116896552

00:01:49.610 --> 00:01:52.340 Two traditional face to face CBT

NOTE Confidence: 0.821550116896552

 $00{:}01{:}52.340 \dashrightarrow 00{:}01{:}54.680$ past RCTs were underpowered due to

NOTE Confidence: 0.821550116896552

 $00{:}01{:}54.680 \dashrightarrow 00{:}01{:}57.306$ low adherence and high attrition to

NOTE Confidence: 0.821550116896552

 $00{:}01{:}57.306 \to 00{:}01{:}59.796$ traditional and even computerized CBT.

NOTE Confidence: 0.821550116896552

NOTE Confidence: 0.821550116896552

 $00:01:59.800 \longrightarrow 00:02:00.910$ We hope our,

 $00:02:00.910 \longrightarrow 00:02:02.760$ besides that recently diagnosed moderate

NOTE Confidence: 0.821550116896552

 $00:02:02.760 \longrightarrow 00:02:04.995$ to severe IBD adults with moderate

NOTE Confidence: 0.821550116896552

 $00:02:04.995 \longrightarrow 00:02:07.143$ to severe depression and or anxiety,

NOTE Confidence: 0.821550116896552

 $00:02:07.150 \longrightarrow 00:02:09.742$ aged 18 to 40 who are treated with CBT

NOTE Confidence: 0.821550116896552

00:02:09.742 --> 00:02:12.424 as an adverb and a standard of care,

NOTE Confidence: 0.821550116896552

 $00:02:12.430 \longrightarrow 00:02:14.295$ will have a statistically significant

 $00:02:14.295 \longrightarrow 00:02:16.160$ decrease in depression and or

NOTE Confidence: 0.821550116896552

00:02:16.217 --> 00:02:18.389 anxiety scores as measured by the

NOTE Confidence: 0.821550116896552

 $00:02:18.389 \longrightarrow 00:02:20.180$ hospital anxiety and depression scale

NOTE Confidence: 0.821550116896552

 $00:02:20.180 \longrightarrow 00:02:21.615$ from baseline to 12 week.

NOTE Confidence: 0.821550116896552

 $00:02:21.620 \longrightarrow 00:02:24.212$ Follow up in comparison to patients

NOTE Confidence: 0.821550116896552

 $00:02:24.212 \longrightarrow 00:02:25.940$ receiving standard of care.

NOTE Confidence: 0.821550116896552

 $00:02:25.940 \longrightarrow 00:02:27.938$ We hypothesize these results will be

NOTE Confidence: 0.821550116896552

 $00:02:27.938 \dashrightarrow 00:02:29.980$ maintained three months after intervention.

NOTE Confidence: 0.821550116896552

00:02:29.980 --> 00:02:30.368 Completion. NOTE Confidence: 0.821550116896552

00:02:30.368 --> 00:02:33.084 Our study will be a two arm,

NOTE Confidence: 0.821550116896552

 $00:02:33.090 \longrightarrow 00:02:34.026$ single blinded,

NOTE Confidence: 0.821550116896552

00:02:34.026 --> 00:02:35.430 randomized control trial.

NOTE Confidence: 0.821550116896552

 $00{:}02{:}35.430 \dashrightarrow 00{:}02{:}37.344$ The study will comprise of randomization

NOTE Confidence: 0.821550116896552

 $00:02:37.344 \longrightarrow 00:02:40.001$ to a 12 week intervention or standard

NOTE Confidence: 0.821550116896552

00:02:40.001 --> 00:02:42.659 care with a six month follow up from

 $00:02:42.659 \longrightarrow 00:02:44.569$ start of intervention of both groups.

NOTE Confidence: 0.821550116896552

 $00{:}02{:}44.570 \dashrightarrow 00{:}02{:}47.426$ The intervention will be a video based

NOTE Confidence: 0.821550116896552

00:02:47.426 --> 00:02:49.712 therapist guided 60 minute individual

NOTE Confidence: 0.821550116896552

 $00{:}02{:}49.712 \dashrightarrow 00{:}02{:}52.670$ sessions of CBT administered via Zoom.

NOTE Confidence: 0.821550116896552

00:02:52.670 --> 00:02:54.968 The primary outcome will be change

NOTE Confidence: 0.821550116896552

 $00:02:54.968 \longrightarrow 00:02:56.873$ in depression slash anxiety as

NOTE Confidence: 0.821550116896552

00:02:56.873 --> 00:02:58.661 measured by heads in the secondary

NOTE Confidence: 0.821550116896552

00:02:58.661 --> 00:03:00.383 outcome will be changed in quality

NOTE Confidence: 0.821550116896552

 $00:03:00.383 \longrightarrow 00:03:02.327$ of life as measured by short form

NOTE Confidence: 0.821550116896552

00:03:02.330 --> 00:03:04.680 12A quality of Life survey.

NOTE Confidence: 0.821550116896552

 $00:03:04.680 \longrightarrow 00:03:06.955$ By utilizing video based CBT we hope

NOTE Confidence: 0.821550116896552

 $00:03:06.955 \longrightarrow 00:03:09.199$ to conduct an adequately powered

NOTE Confidence: 0.821550116896552

 $00:03:09.199 \longrightarrow 00:03:11.587$ study anticipating better adherence.

NOTE Confidence: 0.821550116896552

00:03:11.590 --> 00:03:12.008 Additionally,

NOTE Confidence: 0.821550116896552

00:03:12.008 --> 00:03:14.516 we plan to use objective measures

NOTE Confidence: 0.821550116896552

 $00{:}03{:}14.516 \dashrightarrow 00{:}03{:}16.420$ to assess disease activity.

 $00:03:16.420 \longrightarrow 00:03:17.864$ Given the subjectiveness of

NOTE Confidence: 0.821550116896552

 $00:03:17.864 \longrightarrow 00:03:18.947$ self reported surveys,

NOTE Confidence: 0.914213008181818

 $00:03:18.950 \longrightarrow 00:03:21.806$ this can reveal more insight into the

NOTE Confidence: 0.914213008181818

 $00:03:21.806 \longrightarrow 00:03:23.030$ bidirectional relationship between

NOTE Confidence: 0.914213008181818

00:03:23.095 --> 00:03:25.268 depression, slash, anxiety and IBD.

NOTE Confidence: 0.914213008181818

 $00:03:25.268 \longrightarrow 00:03:27.590$ Because this study is novel use

NOTE Confidence: 0.914213008181818

00:03:27.667 --> 00:03:29.821 of video based CBT compared to

NOTE Confidence: 0.914213008181818

 $00{:}03{:}29.821 \dashrightarrow 00{:}03{:}32.389$ standard care in the IBD population,

NOTE Confidence: 0.914213008181818

 $00:03:32.390 \longrightarrow 00:03:34.175$ it would be ideal to create a

NOTE Confidence: 0.914213008181818

 $00:03:34.175 \longrightarrow 00:03:35.939$ study looking at a dults with mild,

NOTE Confidence: 0.914213008181818

00:03:35.940 --> 00:03:37.912 moderate and severe depression.

NOTE Confidence: 0.914213008181818

00:03:37.912 --> 00:03:39.884 Slash anxiety symptoms at

NOTE Confidence: 0.914213008181818

 $00:03:39.884 \longrightarrow 00:03:42.184$ baseline and inactive, mild,

NOTE Confidence: 0.914213008181818

 $00:03:42.184 \longrightarrow 00:03:44.600$ moderate and severe IBD.

NOTE Confidence: 0.914213008181818

 $00:03:44.600 \longrightarrow 00:03:47.132$ Participants may also have responded burden

 $00:03:47.132 \longrightarrow 00:03:49.850$ with the weekly survey questionnaires.

NOTE Confidence: 0.914213008181818

 $00:03:49.850 \longrightarrow 00:03:50.681$ With this study,

NOTE Confidence: 0.914213008181818

 $00:03:50.681 \longrightarrow 00:03:53.403$ we hope to find that video based CBT can

NOTE Confidence: 0.914213008181818

 $00:03:53.403 \longrightarrow 00:03:55.213$ prevent a secondary clinical diagnosis

NOTE Confidence: 0.914213008181818

 $00:03:55.213 \longrightarrow 00:03:57.577$ of depression and or anxiety which

NOTE Confidence: 0.914213008181818

 $00{:}03{:}57.577 \dashrightarrow 00{:}03{:}59.205$ can prevent future hospitalizations

NOTE Confidence: 0.914213008181818

 $00:03:59.205 \longrightarrow 00:04:01.240$ and decrease health care costs.

NOTE Confidence: 0.914213008181818

 $00:04:01.240 \longrightarrow 00:04:03.670$ If the findings of the study

NOTE Confidence: 0.914213008181818

 $00{:}04{:}03.670 \dashrightarrow 00{:}04{:}05.579$ improve depression and or anxiety,

NOTE Confidence: 0.914213008181818

 $00:04:05.580 \longrightarrow 00:04:07.944$ providers will have evidence that video

NOTE Confidence: 0.914213008181818

 $00{:}04{:}07.944 \dashrightarrow 00{:}04{:}11.497$ based CBT can be recommended for this group.

NOTE Confidence: 0.914213008181818

 $00:04:11.500 \longrightarrow 00:04:14.172$ In where here we have a schedule of

NOTE Confidence: 0.914213008181818

 $00:04:14.172 \longrightarrow 00:04:16.195$ assessments with the two weekly surveys

NOTE Confidence: 0.914213008181818

 $00:04:16.195 \longrightarrow 00:04:18.653$ that we will be administering to measure

NOTE Confidence: 0.914213008181818

 $00:04:18.653 \longrightarrow 00:04:21.138$ depression and anxiety and quality of life.

NOTE Confidence: 0.914213008181818

 $00:04:21.140 \longrightarrow 00:04:23.324$ And then the objective measures we will

 $00:04:23.324 \longrightarrow 00:04:25.978$ use as well to assess disease severity.

NOTE Confidence: 0.914213008181818 $00:04:25.980 \longrightarrow 00:04:26.373$ Lastly, NOTE Confidence: 0.914213008181818

00:04:26.373 --> 00:04:28.338 we have our sample size

NOTE Confidence: 0.914213008181818

 $00{:}04{:}28.338 \dashrightarrow 00{:}04{:}30.325$ calculation which shows a total

NOTE Confidence: 0.914213008181818

00:04:30.325 --> 00:04:32.046 sample size of 128 participants.

NOTE Confidence: 0.914213008181818

 $00:04:32.046 \longrightarrow 00:04:34.104$ Thank you so much for listening.