



Cystic Fibrosis Research News

Title:

ACT with CF: a telehealth and in-person feasibility study to address anxiety and depressive symptoms among people with cystic fibrosis.

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What was your research question?

Does a talk therapy called Acceptance and Commitment Therapy, tailored to the needs of people with CF (ACT with CF) help with symptoms of anxiety and depression, and does it help when given by telehealth webcam?

Why is this important?

Anxiety and depression are common in people with CF but there aren't any talk therapy treatments made specifically for CF. Coming to weekly therapy is hard for people with CF, because of hospital stays, wanting to avoid exposure to others with CF, work, and distance from clinic. ACT is a talk therapy that offers lots of in-session experiences to help people figure out what is important to them (their values), what gets in the way (barriers), and to learn to get some distance from painful emotions and thoughts. We know that ACT helps people with other health concerns, so we wanted to see if it would help people with CF. We also wanted to see if ACT would help when sessions were given over webcam, as this would allow people with CF to do ACT from home or even from the hospital.

What did you do?

We gave six weekly ACT with CF therapy sessions to 28 people with CF who also had symptoms of anxiety and/or depression. Participants chose whether they wanted to get ACT with CF sessions in person or using a webcam. We gave them questionnaires to fill out before treatment, after the 6 weeks of ACT with CF sessions, and then 3 months later. These

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measured symptoms of depression, anxiety, and how much individuals attach to unhelpful thoughts (e.g. “I’ll never stop coughing”) . We also got information about their lung function from their medical record.

What did you find?

We found that most participants chose to get ACT with CF sessions over webcam, and all but 1 completed all 6 sessions. Almost all participants voiced a strong desire to do more ACT with CF, and, after just 1 session, they thought the treatment made sense and would likely help them with anxiety and depression. After 6 ACT with CF sessions, people reported less distress (less anxiety and depression), and 3 months after finishing the 6 sessions, participants had improved lung function. We also found that webcam-delivered ACT with CF worked just as well as sessions delivered in person.

What does this mean and reasons for caution?

This is an important finding as it means that ACT with CF could be a helpful treatment for people with cystic fibrosis who also have symptoms of depression and anxiety. Also, ACT with CF can be given over telehealth, which is particularly important for people with CF who want to limit exposure risk. ACT with CF may also be associated with improved lung function.

We still don’t know whether ACT with CF works better than standard psychotherapy (“just talking with someone”), and we still don’t know why ACT with CF improved lung function.

What’s next?

Our next steps are to recruit more people with CF, and randomly assign them, like by the flip of a coin, to either ACT with CF or standard talk therapy, all over webcam. We hope to discover if ACT with CF (over webcam) helps depression and anxiety better than standard talk therapy.

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