摘要

背景：抑鬱症和焦慮症是常見的精神疾病，於香港和世界各地都普遍存在。社會對精神健康服務的需求正在迅速增加，並且已經超出了現時提供的服務量。由於網上進行的選擇性干預(Internet-based selective prevention)具有較高的成本效益，亦能降低各種疾病的發生率，因此網上進行的選擇性干預是其中一個填補服務缺口的可行選擇。研究發現，反覆思考(rumination)是精神病理學的跨診斷因子(transdiagnostic factor)，針對反覆思考能有效預防抑鬱症和焦慮症。過往研究指出，為期六週、網上進行的以反覆思考為重點的認知行為治療 (Internet-based Rumination-Focused Cognitive Behavioral Treatment; i-RFCBT) 能有效減少病理性的反覆思考，亦能為較易患上抑鬱和焦慮症的高風險人士，減低抑鬱與焦慮的徵狀。

研究目的：本研究的主要目的是把它本土化，並應用於華人身上，去探討其有效性。

研究設計和參加者：本研究於二零一七年七月至二零一八年二月從網上招聘有興趣人士，再將高風險人士篩選出來（高風險人士並沒有抑鬱症或焦慮症的診斷，但卻有較高程度的反覆思考和/或擔憂，及較多抑鬱和/或焦慮的徵狀）。1,019 名人士對本研究感興趣。當

中 139 名符合納入標準(inclusion criteria)，他們以雙盲(double-blind)方式被隨機分配到干

預組和對照組。

干預： 為期六週、網上進行的以反覆思考為重點的認知行為治療(i-RFCBT) (干預組)及心

理教育(i-psychoeducation) (對照組)

主要觀察指標： 在研究前、干預後、干預後三個月和干預後九個月，研究員會評估他們的

抑鬱和焦慮症狀、反覆思考、擔憂程度。評估數據是基於意向性治療(intention-to-treat;

ITT)樣本，以多變量方差分析或方差分析(MANOVA/ ANOVA)和調解和適度重複措施

(MEMORE)來分析，並通過鍊式方程式(multivariate imputation by chained equations; MICE)

進行多元插補(multiple imputation)來插補缺失數據。

研究結果： 研究結果顯示，以反覆思考為重點的認知行為治療(i-RFCBT)和心理教育(i-

psychoeducation)，都能減少反覆思考、擔憂、抑鬱和焦慮症狀。以反覆思考為重點的認

知行為治療(i-RFCBT)能增加參加者的行為激活(behavioral activation)，而心理教育(i-

psychoeducation)則能增加參加者對精神健康的知識。中介分析(mediation analysis) 顯示，

反覆思考程度的變化能完全介導了(fully mediated)抑鬱症徵狀的變化，而擔憂的變化能部

分介導了(partially mediated)焦慮症狀的變化。

總結：網上進行的以反覆思考為重點的認知行為治療(i-RFCBT)和心理教育(i-

psychoeducation)，都能減少高危人士反覆思考、擔憂、抑鬱和焦慮症狀。

Abstract

Context: Common mental disorders, which are depression and anxiety disorders, are prevailing in Hong Kong and worldwide. The demand for mental health services is escalating rapidly and outgrowing the supply of the services. Internet-based selective preventive intervention, being relatively cost-effective and having higher chance to reduce the incidence rate of common mental disorders, is a practicable option to fill in the service gap with reference to its effectiveness shown in previous research studies. Rumination, a transdiagnostic mechanism of psychopathologies, is focused on in the present study to prevent depression and anxiety disorders.

Objective: To adapt and test in the Chinese context the effectiveness of the six-week Internet-based Rumination-focused Cognitive Behavioral Therapy (i-RFCBT), which was previously shown to be effective in reducing rumination, worries, and symptoms of depression and anxiety disorder among high-risk individuals in the Western countries.

Design, Setting, Participants: Online recruitment and screening were done to select interested individuals with high risk of depression and anxiety disorder (i.e., individuals who did not meet the diagnostic criteria for depression or anxiety disorder but had elevated scores on rumination and/or worries, and on depression and/or anxiety) from July 2017 to February 2018. Among 1,019 interested individuals, 139 met the inclusion criteria and were randomly assigned to intervention and control groups in a double-blind way.

Interventions: six-week Internet-based Rumination-focused Cognitive Behavioral Therapy (i-RFCBT) (intervention group) and Internet-based psychoeducation (i-psychoeducation) (control group)

Main Outcome Measures: Their depressive and anxiety symptoms, and level of rumination and worries were assessed at baseline, immediately, three months, and nine months after the intervention. Repeated measures MANOVA/ ANOVA and MEMORE were done based on intention-to-treat (ITT) sample with imputation of missing data by multivariate imputation by chained equations (MICE) at post-intervention assessments.

Results: The participants were found to have fewer symptoms of depression and anxiety, and lower level of rumination and worries in both i-RFCBT and i-psychoeducation conditions. Those in i-RFCBT condition showed an increase in the level of behavioral activation, whereas those in the i-psychoeducation condition showed an increase in mental health literacy. Mediation analyses showed that the changes in rumination fully mediated the changes in depressive symptoms, and the changes in worries partially mediated the changes in anxiety symptoms.

Conclusion: Both i-RFCBT and i-psychoeducation were able to reduce depressive and anxiety symptoms as well as rumination and worries in high-risk individuals.