# **Network Characteristics of Remitters and Non-Remitters to** Psychotherapy in a Heterogeneous sample of Patients with Internalising Disorders.

Peter Weller<sup>1</sup>, Kevin Hilbert<sup>2</sup>, The KODAP Consortium, and Ulrike Lüken<sup>1</sup>.

<sup>1</sup> Department of Psychology, Humboldt-Universität zu Berlin

<sup>2</sup> Department of Psychology, Health and Medical University Erfurt



### BACKGROUND

- Internalising disorders are amongst the most prevalent mental health issues affecting society<sup>1</sup>. This burden is exacerbated by the low patient remission rate to treatments such as CBT<sup>2</sup>. Elucidating factors that signal patient profiles that are more or less suited to a specific line of treatment is therefore essential for **optimising** and **personalising treatments**.
- Psychological networks<sup>3</sup>, can be used to model patient data such as symptom measures or questionnaire responses at the systems level rather than at the level of individual variables in isolation, revealing the complex interactions and inter-dependencies amongst variables in a system.
- Aim: to model and compare the **network properties** in terms of **edge strength** and **node centrality** for **remitters** and **non-remitters** to psychotherapy.

### **METHODS & RESULTS**

### SAMPLE

- Patients from university outpatient clinics from numerous locations across Germany as part of the KODAP Network<sup>4</sup> a nationwide initiative centralising the collection of patient and their treatment related information.
- 1440 Patients with Anxiety disorders or Mood disorders included in the sample.

### Patient Characteristics

Age		Sick leave	
Mean (SD)	37.2 (13.7)	Able to work	773 (77%)
Median	33.0	Disability pension	13 (1.3%)
Min, Max	18.0, 80.0	Old age pension	41 (4.1%)
Sex		Other	29 (2.9%)
Female	674 (61%)	Unable to work (on sick leave)	154 (15%)
Male	429 (39%)	Previous treatment	
Marital Status		Inpatient psychotherapy	91 (9.6%)
Divorced	79 (7.4%)	No previous treatment	506 (53%)
Married	269 (25%)	Outpatient and inpatient psychotherapy	94 (9.9%)
Other	132 (12%)	Outpatient psychotherapy	243 (26%)
Separated	31 (2.9%)	Yes (exact information not available)	18 (1.9%)
Single	541 (51%)	Diagnosis	
Widowed	13 (1.2%)	Anxiety disorder	600 (54%)
Currently in a relationship	551 (53%)	Mood disorder	504 (46%)
Highest educational level		Global severity score	
No school leaving certificate	9 (0.9%)	Mean (SD)	0.9 (0.6)
Other	15 (1.5%)	Median	0.8
Secondary school (Gymnasium)	615 (60%)	Min, Max	0.0, 3.4
Secondary school (Hauptschule)	117 (11%)		
Secondary school (Realschule)	255 (25%)		
Still a student	10 (1.0%)		
Highest professional qualification		<ul> <li>Remission de</li> </ul>	fined as those p
Apprenticeship or vocational training	366 (36%)	psychothera	oy with one less
No training qualification	58 (5.7%)		,
Other	186 (18%)		
Still in training or studying	151 (15%)		
University or technical college degree	261 (26%)		

# Remitters

## **Non-remitters**

### **EDGE WEIGHT ACCURACY**



#### NODE CENTRALITY

01	Determine	01



patients who complete and no new diagnosis.

#### SYMPTOM NETWORKS

### Remitters





- 'somatization" [1]
- 'obsession\_compulsion" [2]
- "interpersonal\_sensitivity" [3]

**Non-remitters** 



0.0 0.3 0.6 0.9 0.0 2.5 5.0 7.5 1000000 0.005 0.010



#### **CENTRALITY STABILITY**

phobic\_anxiety\_score\_pre



### NETWORK COMPARISON TEST

Global Strength test: *p* < .04.

### Network Structure test: *p* = .51

	Closeness	Betweenness	Strength
Obsessive Compulsive Score	0.03*	0.07	0.33

Global strength test: Tests the null hypothesis that the overall level of connectivity is the same across the two populations.



#### [9] "psychoticism"

"hostility"

"phobic\_anxiety"

"paranoid\_ideation"

[6]

[7]

[8]

Place in the land	0.5	0.03	0.10
Phobic Anxiety Score	0.51	0.98	0.03*

Invariant Network Structure Omnibus test: evaluates the null hypothesis that all edges are equal.

### DISCUSSION

- We found that pre-treatment symptom networks were robust and scored highly on measures of stability for both groups. Significant differences between remitters and non-remitters were found in measures of node centrality for **obsessive-compulsive**, hostility and phobic-anxiety symptoms.
- Our results show that a network models reveal insights into pre-treatment differences between remitters and non-remitters and suggest that extending the approach to the development of **personalised ideographic network**<sup>5</sup> models may be a fruitful next step.

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### The authors declare no conflict of interest.

Contact: wellerpe@hu-berlin.de