



J. Krieger, K. Friedrich, D. Wynarski, V. Rößner-Ruff, C. A. Penkov, C. Hauser, M. Ziegenbein

## Background



Since the risk of relapse is particularly high after an acute treatment of depression guidelines recommend to maintain therapy for several months in order to a subsequent relapse prevention [1]. In contrast, the average waiting time for further outpatient treatment after a (partially) inpatient stay is 19.9 weeks in Germany. [2]. Digital health technologies can help support patients at the vulnerable step of changing sectors after (partial) inpatient treatment to further outpatient treatment and contribute to a successful change of sectors [3]. In addition, both non-clinical and clinical samples show that app-supported interventions can help to improve depressive symptoms, anxiety symptoms, stress levels, quality of life, and positive affect compared to control conditions [4].

## Methods and sample



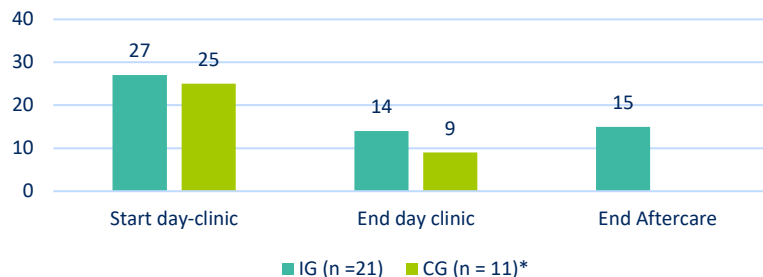
Flowzone is a digital communication platform that enables treatment continuity after (partial) inpatient discharge. Individualized therapy content can be shared with patients in weekly plans and communication can be maintained. In this pilot study, first experiences of patients who use of Flowzone are examined. Furthermore is examined whether the app can contribute to further stabilisation of patients. Depressive symptoms (BDI-II) and quality of life (WHO-QoL-Bref) are assessed at the beginning and end of day clinic treatment and at the end of the follow-up programme via Flowzone after 4 weeks. A total of n=21 former patients were included. The mean age was 42.7 (min=22, max=57), 100% were male and all had a main diagnosis of depression.

## Preliminary results I



In a longitudinal study design, depressive symptoms as well as the quality of life of patients at the end of the treatment, 4 weeks after using Flowzone and 5 months after day clinical discharge will be analyzed inferentially for intervention group (IG). The data are compared with a control group (CG) consisting of non-Flowzone users. Furthermore, the subjective benefit, average duration of use and frequencies of use will be evaluated descriptively. Patients will be asked for subjective experience values are collected by means of open questions and qualitatively evaluated. Additionally, data regarding work capacity and psychotherapeutic treatment after 5 months will be collected.

### Depressive Symptoms (BDI-II)



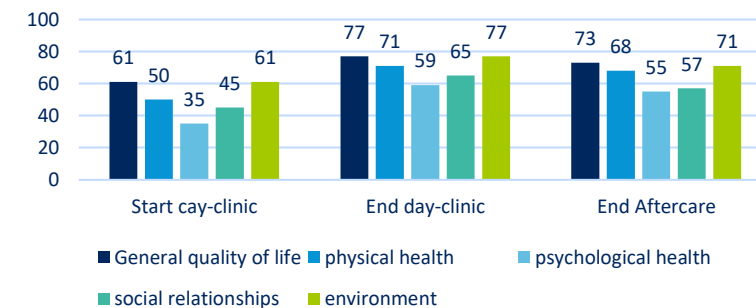
What did you like about Flowzone?

- Facilitation of everyday transfer and time flexibility (6)
  - Global positive evaluation without specification of content (3)
  - Continuation of day-clinical content (4)
  - Possibility to chat with therapists, adherence (4)
- "Because you can choose individually, day or night, that you fulfill your offers. Whether it's for yourself or to show you're staying on."*

## Preliminary results II



### Quality of life (WHO-QoL-Bref) IG



The results show a reduction in depressive symptoms and an increase in quality of life through day hospital treatment. There is also a consistency of improvement after the end of the aftercare programme.

## Conclusions



Preliminary results suggest that depressive symptoms and quality of life could be stabilized with the use of Flowzone. Further data collection will allow statistical comparisons to the control group. In the practical implementation, at the beginning, the staff showed an increased effort in preparing therapeutic content for Flowzone Library. In addition, patients showed great interest in using Flowzone. Inclusion / Extension of the control group with standard follow-up in an outpatient setting is necessary to compare the results. Flowzone may help to bridge the treatment gap patients experience between discharge after (part-time) inpatient treatment and further psychological treatment.