

Abstract

The multicomponent lifestyle medicine (LM) intervention emerges as a potential efficacious alternative treatment option to the cognitive behavioral therapy (CBT) for depressive symptoms to alleviate the burden in the current mental health care system. However, the evidence base of the comparative efficacy of LM to CBT is limited, with a research gap in the self-help delivery format. This was the first pilot RCT exploring the treatment effects of a self-help multicomponent LM intervention versus self-help CBT. 75 adults with at least moderate level of depressive symptoms were randomized to the LM group, the CBT group, and a waitlist (WL) control group in a 1:1:1 ratio. LM (exercise, diet, sleep management, and stress management) and CBT were delivered by six weekly e-booklets of 60-minute sessions, with biweekly follow-up phone calls that did not involve therapeutic guidance. Linear mixed-effects model showed non-significant between-group differences in reductions of depressive and generalized anxiety symptoms at immediate post-intervention (Week 7), which was revealed to be hugely impacted by unexpected observations and outliers in the sensitivity analysis. Meanwhile, LM demonstrated a significantly greater improvement in lifestyle pattern than WL ($d = .62$), and was insignificantly superior to CBT with a medium effect ($d = .49$). The findings showed that the self-help LM intervention was more efficacious in lifestyle improvement with a higher intervention acceptability and a lower attrition rate than the self-help CBT, while interpretations of the findings in psychological outcomes were limited due to unexpected observations. Further powered comparative studies with longer treatment lengths were warranted.

Keywords: lifestyle medicine, cognitive behavioral therapy, self-help, depression