



**Studies on effectiveness of an internet-based intervention for psychosomatic aftercare**

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**Background:**

The outpatient psychosomatic aftercare after the inpatient rehabilitation pursues the goal of helping the rehabilitant to maintain the results achieved in everyday life and work life and is indicated for about 70% of all psychosomatic rehabilitants (Harfst et al., 2002). Due to lack of personnel resources which is even further increased by the hygiene and distance rules due to the corona pandemic digital treatment offers can be an appropriate alternative to face-to-face (F2F)aftercare.

**Purposes:**

The evidence of effectiveness of various internet-based therapies in the field of depressive disorders and anxiety is available (Ebert et al., 2013, Arnberg et al., 2014), but still is pending for the Curriculum Hanover as webbased psychosomatic aftercare (Curriculum Hanover online, CHO). Aim of this research is to evaluate the effects of CHO and F2F-aftercare regarding psychological and somatoform complaints (HEALTH-49), which will be done in two studies.

**Method and content:**

The *superiority study* investigated whether CHO is superior to care as usual (CAU) and the *equivalence study* investigated whether CHO is equivalent to F2F. In three psychosomatic rehabilitation clinics of the Dr. Becker Clinic Group rehabilitants were recruited and randomly assigned to the CHO or the control condition (CAU i.e. F2F).

**Results:**

253 participants were analyzed (66,8% female). In the superiority group the participants of CHO showed less psychological and somatoform complaints than the CAU-group ( $p < 0.001$ ). In the equivalence study there was no significant difference between the participants of F2F and CHO ( $p = 0.10$ ).

**Perspectives:**

The results show for the first time that the webbased format of psychosomatic aftercare is equivalent to the F2F mode which allows the rehabilitants to make a choice between these two treatment offers. Especially in times of pandemic, webbased treatments are suitable options facing lack of personnel resources.