

Table 1. Flowchart of article selection

<b>TITLE</b>	<b>AUTHOR</b>	<b>OBJECTIVE</b>	<b>RESULTS</b>
Telehealth Transdiagnostic Cognitive Behavioral Therapy for Depression in Parkinson's Disease: A Pilot Randomized Controlled Trial	Piers et al., 2023 [9]	To evaluate the effectiveness, feasibility and acceptability of telehealth CBT intervention for depression in PcPD	At post-treatment and follow-up compared to pre-treatment, the intervention produced strong reductions in the clinical severity rating of the current DSM-5 diagnoses for depressive disorder. The therapist had 2 years of experience using the Unified CBT Protocol. The results indicate the efficacy, feasibility and acceptability of telehealth CBT for depression in PcPD
Cognitive behavioral therapy for depression in Japanese Parkinson's disease patients: a pilot study	Shinmei et al., 2016 [1]	Assessing the feasibility of CBT for Japanese patients with depression and PD	Patients reported significant improvements in depression (Hedges' $g = -1.02$ , 95% confidence interval = $-1.62$ to $-0.39$ ). The effects were maintained over a 3-month follow-up period. All participants were taking antiparkinsonian medication during CBT
Cognitive Behavior Therapy for Depression in Parkinson's Disease: a Randomized Controlled Trial	Dobkin et al., 2011 [2]	To examine the efficacy of individually administered CBT versus clinical monitoring (without further treatment) for depression in patients with PD	The CBT group reported greater reductions in depression (HAM-D 17) versus clinical monitoring ( $P < 0.0001$ ). At week 10, the mean change in HAM-D was 7.35 for CBT versus 0.05 for clinical monitoring ( $P < 0.0001$ )
Cognitive-behavioral therapy for depression in Parkinson's disease: a pilot study	Dobkin, Allen and Menza, 2007 [8]	To examine the feasibility and effect of an individual CBT treatment for depression in PD patients with a separate social support	Patients reported a significant decrease in symptoms of depression in both clinician-assessed (HAM-D) ( $P 0.0001$ ) and self-report (BDI) measures ( $P 0.002$ ). A significant decrease in negative inferences ( $P 0.001$ ) as well as an increased perception of social support

		intervention for caregivers	directed negative thoughts (P 0.0001) were also observed
Telephone-Delivered Cognitive Behavioural Therapy for Treating Symptoms of Anxiety and Depression in Parkinson's Disease: A Pilot Trial	Wuthrich and Rapee, 2019 [15]	To determine the feasibility, acceptability and initial effectiveness of telephone CBT for the treatment of depressive and anxious symptoms in people with Parkinson's disease	The CBT program was associated with significantly reduced depressive symptoms (Cohen's d = 0.90) at post-treatment, with gains maintained at the one-month follow-up
A Pilot Study of a Cognitive-Behavioral Treatment for Anxiety and Depression in Patients With Parkinson Disease	Calleo et al., 2025 [13]	To assess the feasibility and satisfaction of CBT for the treatment of anxiety and depression in patients with PD	Those who received CBT had a greater reduction in depression from baseline to post-intervention than those in the EUC group (CBT: mean $\bar{x}$ -5.14, SD $\bar{s}$ 5.49; EUC: mean = 2.25, SD = 4.79, z = 2.01, P = 0.045)
A Cognitive-Behavioral Treatment Package for Depression in Parkinson's Disease	Dobkin, Allen and Menza, 2006 [12]	To evaluate the application of CBT throughout the treatment period for depression in PD	All patients experienced a significant reduction in depressive symptoms over the course of treatment in both clinical outcome measures (Ham-D and BDI). These gains were observable halfway through treatment and maintained at the 1-month follow-up
A waitlist-controlled trial of group cognitive behavioural therapy for depression and anxiety in Parkinson's disease	Troeung, Egan and Gasson, 2014 [14]	Evaluating the effectiveness of a group CBT treatment for depression and anxiety in PD	The average reduction in depression for intervention participants was 3.91 compared to an increase of 0.29 for wait-list participants, F (1, 16) = 8.31, p = 0.011, d = 1.12
Telephone-Administered Cognitive	Veazey et al., 2009 [16]	To test the feasibility of telephone	The results indicated that telephone CBT is a useful approach for targeting

Behavioral Therapy: A Case Study of Anxiety and Depression in Parkinson's Disease		CBT for the treatment of depression and anxiety in people with PD	psychiatric symptoms in this population
Innovating Parkinson's Care: A Randomized Controlled Trial of Telemedicine Depression Treatment	Dobkin et al., 2021 [11]	To compare the efficacy of individual CBT for depression in PD by video home versus the usual clinical treatment (control group) for depression in PD	Video-to-home cognitive-behavioral therapy outperformed clinical treatment as usual on three separate measures of depression ( $P < 0.001$ ). The effects were observed at the end of the acute treatment and maintained during the 6-month follow-up
Cognitive behavioral therapy improves diverse profiles of depressive symptoms in Parkinson's Disease	Dobkin et al., 2019 [5]	To examine the impact of CBT on different types of depressive symptoms in PD	The CBT response was associated with significant improvements in mood, sleep, anxiety and somatic symptoms (HAMD) and negative attitudes towards oneself, impaired performance and somatic symptoms (BDI). Stabilized use of antidepressants moderated the effect of CBT on somatic complaints (HAMD and BDI)