

# Comparing a behavioural activation treatment for depression in adults with learning disabilities with an attention control

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<b>Registration date</b> 13/11/2012	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 01/10/2018	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Adults with learning disabilities are as likely to have depression as adults who do not have learning disabilities. However, not much is known about what treatments help adults with learning disabilities and depression. Behavioural activation is a psychological therapy for depression that has been shown to work as well as other psychological treatments like cognitive behavioural therapy. The advantage of behavioural activation for adults with learning disabilities is that people do not need to have good verbal communication skills. Behavioural activation gets people with depression involved in positive activities. This includes everyday activities which they may have stopped doing because of their low mood. The proposed study would investigate whether a behavioural activation treatment adapted for adults with learning disabilities and depression works.

### Who can participate?

The study aims to recruit 166 men and women with mild learning disabilities and depression. All the participants will be 18 years of age and above.

### What does the study involve?

Over a period of two years, participants will be invited to take part in behavioural activation treatment for depression or supported self-help treatment. The treatment that the participant gets will be decided by a process called randomisation, which is like the toss of a coin. The treatments last for between 8 - 12 weeks. At the end of the study we will compare the mood and sense of well-being of participants who had received the behavioural activation treatment with those given guided self-help.

### What are the possible risks and benefits of participating?

The possible benefit to participants is that their level of distress will reduce. They may also take part in more purposeful activity, enjoy better relationships with others, and have more opportunity for social inclusion. There are no anticipated major risks from taking part in the

study, based on the findings from pilot work trying out the interventions. However, those taking part in the study are depressed and their condition will sometimes become worse. Therefore, a close watch will be kept in case taking part in the study has caused any harm

Where is the study run from?

The Universities of Glasgow, Bangor and Lancaster (UK)

When is the study starting and how long is it expected to run for?

It is anticipated that recruitment will start in mid-2013 in Scotland. If recruitment is successful in the first year then recruitment will also start England and Wales in 2014. Participants will be enrolled in the study for a year, so that they can be followed-up after their treatment has finished.

Who is funding the study?

NIHR Health Technology Assessment Programme (UK)

Who is the main contact?

Prof. Andrew Jahoda

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## Contact information

### Type(s)

Scientific

### Contact name

Prof Andrew Jahoda

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

HTA 10/104/34

# Study information

## Scientific Title

A randomised controlled trial comparing a behavioural activation treatment for depression in adults with learning disabilities with an attention control

## Study objectives

To assess the clinical (reduction in depressive symptoms) and cost effectiveness of a behavioural activation intervention for adults with learning disabilities.

### Secondary objectives:

Evaluate whether behavioural activation, compared to an attention control intervention leads to:

1. A greater reduction in anxiety symptoms
2. Higher levels of activity
3. Greater improvement in quality of life
4. Improved carers' sense of self-efficacy in supporting depressed adults
5. Improved carers' relationships with the depressed adults

More details can be found at <http://www.nets.nihr.ac.uk/projects/hta/1010434>

Protocol can be found at [http://www.nets.nihr.ac.uk/\\_\\_data/assets/pdf\\_file/0004/81724/PRO-10-104-34.pdf](http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0004/81724/PRO-10-104-34.pdf)

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Multi-centre single-blind randomized controlled design

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Other

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

## Health condition(s) or problem(s) studied

Depression

## **Interventions**

**Behavioural Activation:** The treatment is designed to be delivered to individuals alongside a carer who provides regular support to them. It is a structured, time limited, manualised psychological therapy, developed to treat those with a learning disability and depressive symptoms.

The treatment is divided into two phases, starting with an assessment period (4 sessions), where the patient with learning disabilities and their carer are socialised into the model and an individual formulation is developed. The subsequent 5-10 active treatment sessions focus on: (i) Recovering lost skills and interests, and new skills training, (ii) Graded exposure to reduce avoidant behaviours, and (iii) Targeting inherently reinforcing activity, and activity likely to increase access to other positive reinforcers. The final two sessions (11-12) after the active treatment phase have a future focus, and are concerned with helping the patient and carer to maintain and build on progress they have made.

**Guided self-help:** The self-help resources were designed to be used by patients with learning disabilities along with the support of a carer. There will be an initial meeting, with the patient and carer to explain the materials and provide coaching in their use, then 8 sessions to support the dyads in their use of the self-help materials. Although the materials were designed to be accessible, carer support is essential for their delivery as the patients themselves are expected to have few, if any, literacy skills. The focus is psycho-educational and the first two sessions with the patient begin by looking at the nature of depression, before going on to outline how depressive symptoms can be tackled. The materials focus on key topics including feeling down, sleep, exercise, and problem solving.

The treatment duration for both arms of the trial is approximately 4 months, with a 12 month follow-up period following randomisation.

## **Intervention Type**

Behavioural

## **Primary outcome measure**

Self-report of depressive symptoms, using the Glasgow Depression Scale, an instrument validated for use with adults who have Learning Disabilities. Data will be collected at baseline, 4 months post randomisation and 12 months post randomisation.

## **Secondary outcome measures**

1. Self-reports of anxiety
2. Carer proxy reports of depression
3. Activity/engagement in community life
4. An economic analysis will compare the costs of the treatment with the quality of life benefits as measured by the EQ-5D

Data will be collected at baseline, 4 months post randomisation and 12 months post randomisation.

## **Overall study start date**

01/01/2013

## **Completion date**

30/09/2016

# Eligibility

## Key inclusion criteria

1. A learning disability
2. Over 18 years old
3. Clinically significant depression
4. Is able to give informed consent to participate
5. A level of expressive and receptive communication skill in English (reading skills not required) to allow participation in the treatment
6. Has a family member or paid carer who has supported them for a minimum of six months, is available for weekly-fortnightly treatment sessions with the practitioner, and who currently provides a minimum of 2 hours support per week to the patient

## Participant type(s)

Patient

## Age group

Adult

## Lower age limit

18 Years

## Sex

Both

## Target number of participants

166

## Key exclusion criteria

1. Suicidal
2. A measured IQ of >75
3. Factors that prevent the patient from interacting with the carer and therapist or retaining information from the therapy (e.g. dementia, significant agitation, withdrawal arising from psychosis)
4. Does not consent to her/his GP being contacted about their participation in the study

## Date of first enrolment

01/07/2013

## Date of final enrolment

30/09/2016

# Locations

## Countries of recruitment

Scotland

United Kingdom

**Study participating centre**  
**University of Glasgow**  
Glasgow  
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## **Sponsor information**

**Organisation**  
NIHR Health Technology Assessment Programme (UK)

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**Sponsor type**  
Government

**ROR**  
<https://ror.org/0187kwz08>

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
Health Technology Assessment Programme

**Alternative Name(s)**  
NIHR Health Technology Assessment Programme, HTA

**Funding Body Type**  
Government organisation

**Funding Body Subtype**  
National government

**Location**

United Kingdom

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	30/12/2015		Yes	No
<a href="#">Results article</a>	results	01/12/2017		Yes	No
<a href="#">Results article</a>	results	01/09/2018		Yes	No