

# Bipolar at risk trial

<b>Submission date</b> 26/08/2015	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 26/08/2015	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 29/10/2021	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Plain English summary under review

## Contact information

### Type(s)

Scientific

### Contact name

Dr Heather Law

### Contact details

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Psychology Department  
Prestwich Hospital  
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Greater Manchester  
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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

19040

## Study information

**Scientific Title**

Cognitive behavioural therapy in comparison to treatment as usual in adults at high risk of developing bipolar disorder (Bipolar At Risk): a feasibility study

**Acronym**

BART

**Study objectives**

Bipolar Disorder (BD) affects around 1% of the population. 1.14 million people met criteria for this condition in 2007. The World Health Organisation has identified BD as one of the main reasons for loss of life and health in 15–44 year olds, with a diagnosis of BD increasing the rate of suicide above the general population rate by 20-30 times. There is poor recognition of the disorder, especially in the early stages. People often experience misdiagnosis which causes frustration and disenchantment with services. Misdiagnosis can also lead to incorrect treatment which can make people's difficulties worse. BD also has financial costs; it is thought that the cost of BD in the UK for 2007 was £5.2 billion and likely to rise to £8.2 billion per year by 2026. People who experience symptoms of high and low mood and meet criteria for Bipolar At Risk (BAR) are considered to be at high risk of developing a full episode of BD. If these individuals are detected then interventions aimed at reducing these symptoms and associated distress may reduce the chance of a future full blown episode of BD. Early intervention for psychosis services have been successfully established throughout England. Extending early intervention to other mental health problems such as BD would be a major step forward in preventing long term problems and their associated distress, disability and financial burden. The importance of developing interventions with a focus on health promotion and preventative interventions has long been recognised. However, evidence is required to test what treatments might best help this group. This study provides an investigation of a specific psychological intervention. This work fits with recent policy developments such as the Improving Access to Psychological Therapies Programme for those with severe and enduring mental illness.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

15/NW/0336

**Study design**

Randomised; Interventional; Design type: Treatment

**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 contact details to request a participant information sheet

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

Topic: Mental Health; Subtopic: Bipolar affective disorder; Disease: Bipolar affective disorder

## **Interventions**

The Cognitive Behavioural Therapy (CBT) intervention will use a specific cognitive model of mood swings. The model proposes that people hold a range of extreme and contradictory beliefs concerning their mood and other internal states (e.g. energy levels). The specific interventions are dependent on the individual formulation, but the range of permissible interventions will be described in our manual. Up to 25 sessions will be delivered over the 6 month treatment envelope.

Follow Up Length: 12 month(s); Study Entry : Single Randomisation only

## **Intervention Type**

Other

## **Primary outcome measure**

Conversion to mania (SCID); Timepoint(s): 6 months, 12 months

## **Secondary outcome measures**

1. Beck Depression Inventory; Timepoint(s): 6 months, 12 months
2. EPQ adapted; Timepoint(s): 6 months, 12 months
3. Global Assessment of Functioning scale; Timepoint(s): 6 months, 12 months
4. Health Status (EQ-5D); Timepoint(s): 6 months, 12 months
5. Hypomanic Attitudes and Positive Predictions Inventory; Timepoint(s): 6 months, 12 months
6. Internal States Scale; Timepoint(s): 6 months, 12 months
7. World Health Organisation Quality of Life; Timepoint(s): 6 months, 12 months
8. Young Mania Rating Scale; Timepoint(s): 6 months, 12 months

## **Overall study start date**

01/06/2015

## **Completion date**

01/12/2016

# **Eligibility**

## **Key inclusion criteria**

1. Age 16-25 years old
2. Meet criteria for one of the following Bipolar At Risk (BAR) criteria:
  - 2.1. Group I: Subthreshold mania (Young Mania Rating Scale total score between 5 and 15 + elevated mood = 2 + irritability = 2 for at least 4 days)
  - 2.2. Group II: Depression + Cyclothymia: mild depressive symptoms (BDI-II >20 for at least 1 week) + diagnosis of cyclothymic disorder or bipolar disorder NOS as assessed by SCID I
  - 2.3. Group III: Depression + genetic risk: mild depressive symptoms (BDI-II >20 for at least 1 week) + genetic risk (first degree relative with bipolar disorder)
3. Help seeking
4. Competent and willing to provide written, informed consent

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

Planned Sample Size: 76; UK Sample Size: 76; Description: A target recruitment of 76 (38 per condition) would allow for a drop out rate of 20%.

**Total final enrolment**

76

**Key exclusion criteria**

1. Past history of a treated or untreated manic episode or psychosis of one week duration or longer
2. Past treatment with a mood stabiliser for longer than 6 weeks or antipsychotic for 3 weeks (equals 15 mg per week of haloperidol or equivalent)
3. Moderate to severe learning disability
4. Organic brain disorder
5. Non-english speaking (this would prevent the use of standardised assessment instruments) .
6. Inpatient/acute psychiatric care needed
7. Substance dependency

**Date of first enrolment**

01/06/2015

**Date of final enrolment**

01/12/2016

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Greater Manchester West Mental Health NHS Foundation Trust**

Psychology Department

Prestwich Hospital

Bury New Road

Prestwich

Manchester

Greater Manchester  
United Kingdom  
M25 3BL

## Sponsor information

### Organisation

Greater Manchester West Mental Health NHS Foundation Trust

### Sponsor details

Psychology Department  
Prestwich Hospital  
Bury New Road Prestwich  
Manchester  
Greater Manchester  
England  
United Kingdom  
M25 3BL

### Sponsor type

Hospital/treatment centre

## Funder(s)

### Funder type

Government

### Funder Name

National Institute for Health Research

### Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

### 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  
Not provided at time of registration

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="#">Other publications</a>	qualitative investigation of participant experiences	16/10/2021	29/10/2021	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No