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Cognitive behavioural therapy (CBT) for dysphonia: a trial platform

Submission date 19/05/2010	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 19/05/2010	**Overall study status** Completed	
Last Edited 12/02/2018	**Condition category** Ear, Nose and Throat	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
4588; G0501875

Study information

Scientific Title
Training a speech and language therapist in cognitive behavioural therapy to treat functional dysphonia: a randomised controlled trial

Acronym
CBT for dysphonia

Study objectives
The principle purpose of this trial is to see if giving a speech and language therapist a brief training in cognitive behavioural therapy (CBT), and then having that therapist deliver CBT "enhanced" voice therapy, can improve the quality of life of people suffering from medically unexplained hoarseness and voice loss. This voice problem, known as "functional dysphonia", is associated with increased anxiety and depression, and with poor general health. Voice therapy alone improves voice, but seems to have no impact on this associated distress. Our hypothesis therefore is that the addition of CBT skills to conventional voice therapy will improve anxiety and depression in this patient group more than voice therapy alone.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Newcastle amd North Tyneside REC, 27/07/2007, ref: 07/H0906/118

Study design
Single-centre randomised interventional treatment trial

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Topic: Ear; Subtopic: Ear (all Subtopics); Disease: Ear, nose & throat

Interventions
Voice Therapy:
This "treatment as usual" will aim to be as close to standard voice therapy practice as possible. Patients will be offered 6 - 8 sessions, weekly to fortnightly, of approximately one hour's voice therapy. This represents an average length of a voice therapy course in the UK. The content will typically have the following elements:
1. Voice care and education on use
2. Elimination of voice misuse and abuse
3. Breath control, breathing and speaking coordination

Voice Therapy plus CBT:
The approximate number and timing of sessions will be the same as in the voice therapy alone arm. The treatment will be couched within an overarching CBT framework, the key component of this being that an explanatory model of the patient's condition will be collaboratively established, and the key factors maintaining both vocal problems and distress will be identified. This model will then be used to structure the treatment.

Length of treatment will be six to eight sessions, fortnightly and patients will be followed up to six months post-discharge from treatment.

Intervention Type
Other

Phase
Not Applicable

Primary outcome(s)
Psychological distress, measured using the Hospital Anxiety and Depression Scale (HADS). Outcomes will be taken at baseline, discharge and six months post-discharge

Key secondary outcome(s))
1. Psychological distress, measured using the General Health Questionnaire
2. The Chalder Fatigue Scale
3. The Work and Social Adjustment Scale
4. Voice, measured using the Voice Performance Questionnaire (VPQ)

Outcomes will be taken at baseline, discharge and six months post-discharge.

Completion date
30/09/2009

Eligibility

Key inclusion criteria
1. Patients of either sex who are over 16 years
2. Diagnosed by an expert speech and language therapist as having functional dysphonia
3. Clinical assessment involving larygoscope to exclude other causes

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Sex
All

Key exclusion criteria
1. Previous experience of cognitive behavioural therapy (CBT) for voice problem
2. Acute or ongoing serious medical illness
3. Suffer from a severe mental health problem (for example major depression, psychotic illnesses, or alcohol dependence)
4. Learning disability
5. Vocal condition that does not merit a full course of treatment
6. Score of less than 1 on a standardised measure of voice quality (the Grade, Roughness, Breathiness, Aesthenia, Strain [GRBAS] Scale)
7. Do not speak English

Date of first enrolment
29/10/2007

Date of final enrolment
30/09/2009

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Institute of Health and Society
Newcastle Upon Tyne
United Kingdom
NE2 4AA

Sponsor information

Organisation
Newcastle upon Tyne Hospitals NHS Trust (UK)

ROR
https://ror.org/05p40t847

Funder(s)

Funder type
Research council

Funder Name
Medical Research Council (MRC) (UK) (ref: G0501875)

Alternative Name(s)
Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

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?
Results article	results	01/12/2018		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes