

# MAGENTA: Managed activity graded exercise in teenagers and pre-adolescents

<b>Submission date</b> 03/09/2015	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 03/09/2015	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 04/03/2024	<b>Condition category</b> Nervous System Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Chronic fatigue syndrome (CFS), also known as myalgic encephalomyelitis (ME), is a condition which causes persistent exhaustion, which is not relieved by sleep or rest. It is relatively common in children and can be very disabling, seriously affecting their education, family and social life. In the UK, national guidance (NICE) recommends that children suffering from CFS/ME should be offered graded exercise therapy (GET), cognitive behavioural therapy (CBT) or activity management (AM), all of which teach people ways of coping with their condition day-to-day. GET has been shown to be very helpful in adults suffering from CFS/ME; however there are very few studies which look at how effective it is in children, and whether it is an economical treatment option. The aim of this study is to find out how successful and cost-effective GET is compared to AM for the treatment of CFS/ME in children.

### Who can participate?

Children between 8 and 17 years old who have been diagnosed with CFS/ME.

### What does the study involve?

Participants are randomly allocated into two groups. Children in group one are given AM, and those in group two are given GET. The children and their parents are then interviewed in order to judge how well the treatment is working.

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

Participants will not benefit directly from taking part in the study although it may prove enjoyable contributing to the research. There are no risks of participating in the study.

### Where is the study run from?

Centre for Child & Adolescent Health, University of Bristol (UK)

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

September 2015 to March 2019

### Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?  
Chris Metcalfe, [chris.metcalfe@bristol.ac.uk](mailto:chris.metcalfe@bristol.ac.uk)

## Contact information

**Type(s)**  
Scientific

**Contact name**  
Mr Chris Metcalfe

**ORCID ID**  
<https://orcid.org/0000-0001-8318-8907>

**Contact details**  
Bristol Trials Centre, Bristol Medical School, 1-5 Whiteladies Road  
Bristol  
United Kingdom  
BS8 1NU  
-  
[chris.metcalfe@bristol.ac.uk](mailto:chris.metcalfe@bristol.ac.uk)

## Additional identifiers

**Clinical Trials Information System (CTIS)**  
Nil known

**Integrated Research Application System (IRAS)**  
176764

**ClinicalTrials.gov (NCT)**  
Nil known

**Protocol serial number**  
CPMS 19035

## Study information

**Scientific Title**  
A randomised controlled trial investigating the effectiveness and cost effectiveness of graded exercise therapy compared to activity management for paediatric CFS/ME

**Acronym**  
MAGENTA

**Study objectives**  
Current hypothesis as of 27/03/2017:  
Feasibility trial:  
It is feasible and acceptable to conduct a trial investigating the effectiveness and cost-

effectiveness of graded exercise therapy compared to activity management for the treatment of CFS/ME in children.

Full trial:

The aim of this study is to

1. Estimate the effectiveness of Graded Exercise Therapy compared to Activity Management for paediatric CFS/ME
2. Estimate the cost effectiveness of Graded Exercise Therapy and Activity Management

Previous hypothesis:

It is feasible and acceptable to conduct a trial investigating the effectiveness and cost-effectiveness of graded exercise therapy compared to activity management for the treatment of CFS/ME in children.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

NRES Committee South West - Frenchay, 03/07/2015, ref: 15/SW/0124

Favourable ethical opinion to amend from feasibility to full trial: NRES Committee South West - Frenchay, 06/03/2017, ref: 15/SW/0124

### **Study design**

Current study design as of 27/03/2017:

Feasibility trial:

Multi-centre randomized controlled feasibility trial

Full trial:

Multi-centre randomized controlled trial

Previous study design:

Randomized controlled trial

### **Primary study design**

Interventional

### **Study type(s)**

Treatment

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

Topic: Children; Subtopic: All Diagnoses; Disease: All Diseases

### **Interventions**

Current intervention as of 27/03/2018:

Feasibility trial and full trial:

Children are randomly allocated into two groups:

Group 1: Activity management (AM) will be delivered by CFS/ME specialists that are not physiotherapists (occupational therapists, nurses, psychologists). Therapists will receive guidance on the Mandatory, Prohibited and Flexible components. Activity management aims to

convert a “boom-bust” pattern of activity (lots one day and little the next) to a baseline with the same daily amount. For children/teenagers with CFS/ME these are almost entirely cognitive activities: school, school work, reading.

Group 2: Graded Exercise Therapy (GET) will be delivered by referral to a GET-trained specialist CFS/ME physiotherapist who will receive guidance on the Mandatory, Prohibited and Flexible components. Children will be offered advice that is focused on exercise with detailed assessment of current physical activity, advice about exercise and a programme including timed daily exercise. Children will be asked to record the amount of exercise and taught to use a heart rate monitor with target heart rates.

Participants will be asked to complete follow up at baseline, 6 and 12 months.

Previous intervention:

Children are randomly allocated into two groups:

Group 1: Activity management (AM) will be delivered by CFS/ME specialists that are not physiotherapists (occupational therapists, nurses, psychologists). Therapists will receive guidance on the Mandatory, Prohibited and Flexible components. Activity management aims to convert a “boom-bust” pattern of activity (lots one day and little the next) to a baseline with the same daily amount. For children/teenagers with CFS/ME these are almost entirely cognitive activities: school, school work, reading.

Group 2: Graded Exercise Therapy (GET) will be delivered by referral to a GET-trained specialist CFS/ME physiotherapist who will receive guidance on the Mandatory, Prohibited and Flexible components. Children will be offered advice that is focused on exercise with detailed assessment of current physical activity, advice about exercise and a programme including timed daily exercise. Children will be asked to record the amount of exercise and taught to use a heart rate monitor with target heart rates.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Current primary outcome measures as of 27/03/2018:

Feasibility trial:

Feasibility and acceptability of investigating GET in a randomised controlled trial measured after 1 year.

Full trial:

Physical function is measured with the 36-Item Short Form Health Survey (SF36, physical function sub scale), collected at the 6 month time point.

Previous primary outcome measures:

Feasibility and acceptability of investigating GET in a randomised controlled trial measured after 1 year.

## **Key secondary outcome(s)**

Current secondary outcome measures as of 27/03/2018 (prior to this date there were no secondary outcome measures):

Feasibility trial:

No secondary outcome measures.

Full trial:

1. School attendance is measured as percentage attendance of expected sessions
2. Fatigue is measured using the Chalder Fatigue score
3. Pain is measured using the visual analogue scale
4. Depression and anxiety are measured using the Spence Children's Anxiety Scale (SCAS) and the Hospital Anxiety and Depression Scale (HADS, if they are 12-17 years old)
5. Health related quality of life is measured using the EQ-5D-Y

All of the above outcomes will be measured via child self-completed questionnaires at baseline, 6 and 12 months as well as a measure of physical function the SF36-PFS at 12 months.

**Completion date**

23/06/2019

## **Eligibility**

**Key inclusion criteria**

1. Diagnosis of chronic fatigue syndrome or myalgic encephalomyelitis (made using NICE guidance)
2. Aged between 8 and 17 years inclusive

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Child

**Lower age limit**

8 years

**Upper age limit**

17 years

**Sex**

All

**Total final enrolment**

237

**Key exclusion criteria**

1. Too severely affected to attend hospital appointments (and require a domiciliary assessment)
2. Referred for CBT at their first clinical assessment
3. Unable to attend follow up appointments

**Date of first enrolment**

10/09/2015

**Date of final enrolment**

23/03/2018

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

United Kingdom

England

**Study participating centre**

**Royal United Hospital**

Combe Park

Bath

United Kingdom

BA1 3NG

**Study participating centre**

**Newcastle upon Tyne NHS Foundation Trust (feasibility trial only)**

Children and young people

Royal Victoria Infirmary

Queen Victoria Road

Newcastle upon Tyne

United Kingdom

NE1 4LP

**Sponsor information****Organisation**

Royal National Hospital for Rheumatic Disease (UK)

**ROR**

<https://ror.org/05va5gy74>

**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

Individual participant data (IPD) sharing plan

The study participants provided consent to their data being retained and used by the University of Bristol for present and future research and teaching purposes. Individual study data cannot be released to research groups outside of the University of Bristol.

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	02/05/2019	18/06/2019	Yes	No
<a href="#">Results article</a>	Primary results	19/12/2019	10/10/2023	Yes	No
<a href="#">Results article</a>		02/03/2024	04/03/2024	Yes	No
<a href="#">Protocol article</a>		protocol	04/07/2016		Yes
<a href="#">HRA research summary</a>	Participant information sheet		28/06/2023	No	No
<a href="#">Participant information sheet</a>		11/11/2025	11/11/2025	No	Yes
<a href="#">Statistical Analysis Plan</a>		version 1.0	30/10/2019	04/01/2024	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes