# Sports therapy for depression in the German health care system

Submission date	Recruitment status  No longer recruiting	<ul><li>[X] Prospectively registered</li><li>[X] Protocol</li></ul>		
21/06/2018				
Registration date	Overall study status Completed  Condition category Mental and Behavioural Disorders	<ul><li>Statistical analysis plan</li></ul>		
26/06/2018		☐ Results		
Last Edited		<ul><li>Individual participant data</li><li>Record updated in last year</li></ul>		
31/07/2025				

#### Plain English summary of protocol

Background and study aims

Both physical exercise and psychotherapy have been shown to have moderate to large effects for the treatment of depressive disorders. However, little is known about the effectiveness of sports therapy for depression in "real world" settings, e.g., implemented in a community healthcare setting. The aim of this study is to test the effectiveness of sports therapy as compared to short-term treatment-as-usual (TAU) psychotherapy in a sample of outpatients with depressive disorders including adjustment disorder in a community-based health care system in Germany.

Who can participate?

Patients aged 18 to 65 with depressive disorder or adjustment disorder

#### What does the study involve?

Participants are randomly allocated to 28 psychotherapists who are randomly allocated to the TAU psychotherapy or sports therapy condition. Control group psychotherapists provide short-term TAU psychotherapy only. Intervention psychotherapists provide a diagnostic assessment and offer monthly follow-up phone calls and psychological crisis interventions while patients undergo sports therapy over 4 months in groups of 4 to 12 people supervised by trained exercise professionals twice a week, yielding a total of 32 sessions of 60 min each. Sports therapy includes endurance exercise complemented by strength training, coordination and flexibility exercise. During sports therapy and TAU psychotherapy, mood, motivation, physical activity, emotion regulation, and cognition are assessed. Depression severity is measured at the start of the study and at the end of the sports therapy and at 2,-, 6-, and 12-months follow-up.

What are the possible benefits and risks of participating?

All possible participants receive an immediate appointment with a psychotherapist to figure out an individual optimal treatment strategy. If sports therapy is indicated, they can start immediately, or if another therapy is indicated or they are not eligible for the study they will receive psychotherapy care as usual. Sports therapy is free of charge for the participants (as is TAU psychotherapy). There is a small risk for sports injuries during the sports therapy comparable to the risks of leisure sports activities.

Where is the study run from? Universität Potsdam (Germany)

When is the study starting and how long is it expected to run for? April 2018 to March 2022

Who is funding the study? Innovationsausschuss des Gemeinsamen Bundesausschusses (G-BA) [Innovation Fund of the Joint Federal Committee] (Germany)

Who is the main contact? Prof. Michael Rapp mrapp@uni-potsdam.de

## Contact information

#### Type(s)

Scientific

#### Contact name

Prof Michael A. Rapp

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#### Contact details

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# Additional identifiers

Protocol serial number

01NVF17050

# Study information

#### Scientific Title

Sports therapy for depression in the German health care system: the STEP.De effectiveness trial

#### Acronym

STEP.De

#### Study objectives

Compared to TAU psychotherapy, patients undergoing sports therapy will exhibit similar treatment effects in a community-based health care system over a period of 4 months.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Ethics Committee of University of Potsdam, 18/06/2018, No 17/2018

#### Study design

Two-arm cluster-randomized non-inferiority effectiveness trial

#### Primary study design

Interventional

#### Study type(s)

Treatment

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

Depressive disorder (ICD-10: F32.0, F32.1, F33.0, F33.1, F34.1) or adjustment disorder (F43.2, F48. 0, F43.8, F43.9, F41.2)

#### **Interventions**

Current intervention as of 11/08/2022:

Patients will be recruited via local community-based insurance carriers providing specialized treatment plans for psychotherapy in depression. Participants will be randomly assigned to 28 psychotherapists who are randomized to the TAU psychotherapy or sports therapy condition (cluster randomization at the psychotherapist level). Control group psychotherapists will provide TAU psychotherapy only. Intervention psychotherapists will provide a diagnostic assessment and offer monthly follow-up phone calls and psychological crisis interventions while patients undergo sports therapy over 4 months in groups of 4 to 12 people supervised by trained exercise professionals twice a week, yielding a total of 32 sessions of 60 min each. Sports therapy will include endurance exercise complemented by strength training, coordination and flexibility exercise. During sports therapy and TAU psychotherapy, electronic momentary assessment will be used for process analyses of mood, motivation, physical activity, emotion regulation, and cognition.

#### Previous intervention:

Patients will be recruited via local community-based insurance carriers providing specialized treatment plans for psychotherapy in depression. Participants will be randomly assigned to 20 psychotherapists who are randomized to the TAU psychotherapy or sports therapy condition (cluster randomization at the psychotherapist level). Control group psychotherapists will provide TAU psychotherapy only. Intervention psychotherapists will provide a diagnostic assessment and offer monthly follow-up phone calls and psychological crisis interventions while patients undergo sports therapy over 4 months in groups of 4 to 12 people supervised by trained exercise professionals twice a week, yielding a total of 32 sessions of 60 min each. Sports therapy will include endurance exercise complemented by strength training, coordination and

flexibility exercise. During sports therapy and TAU psychotherapy, electronic momentary assessment will be used for process analyses of mood, motivation, physical activity, emotion regulation, and cognition.

#### Intervention Type

Behavioural

#### Primary outcome(s)

Depression severity measured with the Beck Depression Inventory (BDI-II) at baseline and immediately after the sports intervention

#### Key secondary outcome(s))

All ratings will be performed by raters partially blinded for the interventional character of the study at baseline, after two and four months, and two, six, and twelve months after the sports intervention:

- 1. Hamilton Rating Scale for Depression (HAM-D)
- 2. Work ability (WHO Disability Assessment Schedule 2.0, WHODAS 2.0; Work and Social Adjustment Scale, WSAS)
- 3. Physical activity (IPAQ)
- 4. Psychopathological symptoms (modified VDS90-R)
- 5. Self-efficacy (GSE-6)
- 6. Psychological need frustration and satisfaction (BPNSFS)
- 7. Quality of life (SF-12, EQ-5D)
- 8. Health care climate (HCCQ)
- 9. Sports motivation (BRQ-12)
- 10. Mindfulness (Mindful Attention Awareness Scale [MAAS])
- 11. Telemetric physical activity recordings
- 12. Depression severity as assessed by the BDI at all timepoints will be used for secondary analyses to explore sustainability of treatment effects
- 13. Health insurance data will be used for health economic analysis using a difference-in-difference approach

#### Completion date

31/03/2022

# **Eligibility**

#### Key inclusion criteria

Current inclusion criteria as of 11/08/2022:

- 1. Male and female patients aged between 18 and 65 years
- 2. Suffering from any of the following disorders as evinced by chart documentation and validated in confirmatory structured interviews (Structural Clinical Interview I for DSM IV (SCID
- I); Axis 1: psychological disorders, depression section):
- 2.1. Mild or moderate depressive episode (F 32.0, F 32.1)
- 2.2. Recurrent depressive disorder, current episode mild or moderate (F 33.0, F 33.1)
- 2.3. Dysthymia (F34.1)
- 2.4. Adjustment disorder (F43.2)
- 2.5. Neurasthenia F48.0
- 2.6. Other reactions to severe stress F43.8
- 2.7. Reaction to severe stress, unspecified F43.9
- 2.8. Mixed anxiety and depressive disorder F41.2

- 3. Ability to engage in regular physical exercise according to the adjusted Physical Readiness Questionnaire (Par-Q)
- 4. Basic skills in handling personal computer and/ or tablet as well as internet access

#### Previous inclusion criteria:

Both male and female patients aged between 18 and 65 years suffering from any of the following disorders as evinced by chart documentation and validated in confirmatory structured interviews (Structural Clinical Interview I for DSM - IV (SCID - I); Axis 1: psychological disorders, depression section):

- 1. Mild or moderate depressive episode (F 32.0, F 32.1)
- 2. Recurrent depressive disorder, current episode mild or moderate (F 33.0, F 33.1)
- 3. Dysthymia (F34.1)
- 4. Adjustment disorder (F43.2)

Ability to engage in regular physical exercise according to the adjusted Physical Readiness Questionnaire (Par-Q). Basic skills in handling personal computer and/ or tablet as well as internet access.

#### Participant type(s)

Patient

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Lower age limit

18 years

#### Sex

All

#### Total final enrolment

393

#### Key exclusion criteria

- 1. Ongoing outpatient psychotherapy
- 2. Physical disability
- 3. Legal quardianship
- 4. Active substance dependence or severe use disorder
- 5. Other serious mental or neurological illness
- 6. Presence of long-term medication with benzodiazepines or opiates (several weeks)
- 7. High-dose (> .7 DDD) pharmacotherapy with tricyclics or neuroleptics

#### Date of first enrolment

17/08/2018

#### Date of final enrolment

14/04/2021

#### Locations

#### Countries of recruitment

Germany

## Study participating centre

Social and Preventive Medicine, Department of Sports and Health Sciences

Universität Potsdam Am Neuen Palais 10 Potsdam Germany D- 14469

#### Study participating centre

Clinical Psychology and Psychotherapy, Neurobiological mechanisms of therapeutic interventions

Freie Universität Berlin Habelschwerdter Allee 45 Berlin Germany D-14195

#### Study participating centre BKK·VBU – Service Area Management

Lindenstraße 67 Berlin Germany D-10969

#### Study participating centre

Sport- und Gesundheitspark Berlin e.V.; Sports and Health Park / Centre for Sports Medicine (SGP)

Fritz-Lesch-Str. 29 Berlin Germany D-13053

Study participating centre CONVEMA – Service Management GmbH

Karl-Marx-Allee 90A Berlin

# Study participating centre BAHN BKK

Franklinstraße 54 Frankfurt am Main Germany D-60486

# Study participating centre BMW BKK

Mengkofenerstraße 6 Dingolfing Germany D-84130

# Sponsor information

#### Organisation

Social and Preventive Medicine, Universität Potsdam

# Funder(s)

#### Funder type

Government

#### **Funder Name**

Innovationsausschuss des Gemeinsamen Bundesausschusses (G-BA) [Innovation Fund of the Joint Federal Committee]

# **Results and Publications**

#### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Prof. Dr Michael Rapp (mrapp@uni-potsdam.de).

## IPD sharing plan summary

# Available on request

# Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient- facing?
<u>Protocol article</u>	protocol	14/04 /2020	17/04 /2020	Yes	No
Other publications	validation of the translated Work and Social Adjustment Scale (WSAS)	21/06 /2021	24/06 /2021	Yes	No
Other publications	validation of the BPNSFS in the clinical context by examining the role of th2. develop a short version of the German BPNSFS	31/01 /2023	31/07 /2025	Yes	No
Participant information sheet	Participant information sheet	11/11 /2025	11/11 /2025	No	Yes