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A pilot study of the effectiveness of maintenance treatment by Short Message Service (SMS) in overweight and obese children after short-term multidisciplinary cognitive behavioural group therapy

Submission date 13/04/2010	Recruitment status No longer recruiting	 Prospectively registered Protocol
Registration date 29/04/2010	Overall study status Completed	 Statistical analysis plan [X] Results
Last Edited 29/07/2013	Condition category Nutritional, Metabolic, Endocrine	[] Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s) Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers METC -2007-129

Study information

Scientific Title

Short Message Service Maintenance Treatment (SMSMT) and the influence on dropout, lifestyle behaviour, competence and quality of life: a randomized controlled trial

Acronym

NTT-CO (New Technology in the Treatment of Childhood Overweight and Obesity)

Study objectives

Short Message Service Maintenance Treatment (SMSMT) reduces the dropout rates in a paediatric lifestyle program for overweight and obese children

Ethics approval required Old ethics approval format

Ethics approval(s) The Ethics Committee of the Erasmus University of Rotterdam approved on the 3rd of July 2007 (ref: MEC-2007-129)

Study design Randomised controlled parallel group trial

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 below to request a patient information sheet

Health condition(s) or problem(s) studied Childhood obesity

Interventions

Cognitive behavioural group therapy (CBGT):

The Big Friends Club intervention. The BFC program is a family-based multidisciplinary cognitive behavioural group therapy (CBGT) intervention for children aged 7 to 12 years that is limited to groups of 10 children. The treatment team includes a psychologist, dietician, paediatrician, and physiotherapist. The therapy is aimed at reducing Body Mass Index (kg/m²)Standard Deviation Scores (BMI-SDS), preferably by maintaining weight during growth, adopting a healthy lifestyle and creating a positive self-image. The program provides for an intake session, 8 childrens sessions, and a minimum of 3 parents sessions during the first 3 months. At 6, 9, and 12 months after start of the program, childrens and parents sessions and individual appointments are organized.

After the primary cognitive behavioural treatment participants will be randomised into two groups, maintenance treatment (SMSMT) and no maintenance treatment (no SMSMT)

Short Message Service Maintenance Therapy (SMSMT):

Over a 42-week period, the children will input self-monitoring data on relevant parameters (weight change, exercise, and eating pattern) in a standardized format directly into their mobile phone once a week. Once per week, they receive a feedback message on their progress via a semi-automated software program. Staff-members read incoming SMSs, check the feedback suggested by the program for plausibility, and send it to the participant. Feedback messages are formulated according to two rules: 1) signalling social support and 2) reinforcing positive changes and suggesting behaviour modification strategies in case of negative developments. The children must receive and send the messages by themselves. The parents are allowed to support them if necessary.

Intervention Type

Other

Phase Not Applicable

Primary outcome measure

Dropout rate

Secondary outcome measures

1. BMI-SDS, measured at baseline, 3, 6, 9 and 12 months

2. Problem behaviour, measured with Youth Outcome Questionnaire (YOQ) at baseline, 3 and 12 months

3. Family functioning, measured with the Dutch version of the Family Adaptability and Cohesion Evaluation Scale (FACES III) at baseline, 3 and 12 months

4. Health-related quality of life, measured with the Child Health Questionnaire-Parent Form (CHQ-PF-50) at baseline, 3, 6, 9 and 12 months

5. Perceived competence, measured with Dutch version of the Self-Perception Profile for Children (SPPC) at baseline, 3, 6 and 12 months

6. Eating behaviour, measured with the Dutch Eating Behaviour Questionnaire (DEBQ) at baseline, 3, 6, 9 and 12 months

Overall study start date 01/07/2007

Completion date

01/12/2010

Eligibility

Key inclusion criteria

1. Overweight and obese children (Body Mass Index-Standard Deviation Score [BMI-SDS] ≥ 1.1)

2. Aged 7 to 12 years

3. Youth Outcome Questionnaire [Y-OQ] < 46

4. Command of Dutch language

5. No drug-treatable disease as the cause of excess weight

6. No diagnosis of eating disorder as defined by Diagnostic and Statistical Manual of Mental Disorders 4th edition (DSM-IV)

Participant type(s)

Patient

Age group

Child

Lower age limit

7 Years

Upper age limit

12 Years

Sex

Both

Target number of participants 150

Key exclusion criteria

1. Behavioural problems defined as a score exceeding 70 on the Child Behaviour Checklist (CBCL)

- 2. Drug-treatable disease as the cause of excess weight
- 3. Mental retardation
- 4. Insufficiently fluent in the Dutch language
- 5. Parents or a child with insufficiently motivation to actively participate in the program

Date of first enrolment

01/07/2007

Date of final enrolment 01/12/2010

Locations

Countries of recruitment Netherlands **Study participating centre Erasmus MC - Erasmus University Medical Center** Rotterdam Netherlands 3000 CA

Sponsor information

Organisation

Erasmus Medical Centre / Medical Research Advice Commission (MRACE) (Netherlands)

Sponsor details

c/o Rikard E. Juttmann MD PhD Department of Research Policy Erasmus MC P.O. Box 2040 Rotterdam Netherlands 3000 CA

Sponsor type Hospital/treatment centre

Website

http://intranet.erasmusmc.nl/onderzoeksbeleid/subsidiesinvesteringen/internesubsidie /emczorgonderzoek/

ROR

https://ror.org/018906e22

Funder(s)

Funder type Hospital/treatment centre

Funder Name

Erasmus Medical Centre / Medical Research Advice Commission (MRACE) (Netherlands) - Grant No. 2006-26

Funder Name

Innovation Fund Insurances (Innovatiefonds Verzekeringen) (Netherlands) - Grant No. 06-334.

Funder Name Vodafone (Netherlands)

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?
<u>Results article</u>	results	01/11/2012		Yes	No