

# Better Sleep Trial

<b>Submission date</b> 26/09/2012	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 26/09/2012	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 14/09/2015	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> 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

**Protocol serial number**  
12766

## Study information

**Scientific Title**  
Better Sleep Trial: a pilot randomised controlled trial for patients with delusions and/or hallucinations

**Study objectives**

Patients with psychosis frequently report difficulties getting or staying asleep (insomnia). Dissatisfaction with sleep is high. Insomnia should be treated in this group, but typically it is not even assessed. Importantly, recent evidence indicates that insomnia triggers and exacerbates delusions and hallucinations. The clinical implication is that if insomnia is treated then the psychotic symptoms will significantly lessen too. In a recent case series with fifteen patients with persecutory delusions resistant to previous treatment this is exactly what we found: Cognitive Behavioural Therapy for Insomnia (CBT-I) led to large clinically significant reductions in the insomnia and the delusions. It was also a highly popular intervention with patients. The clear next step is a pilot randomised controlled test. The clinical aim is to test whether CBT-I can reduce both insomnia and psychotic symptoms (establishing treatment effect sizes). It will inform decisions for a definitive large-scale evaluation. We will carry out a randomised controlled trial with 60 patients with distressing delusions and/or hallucinations in the context of a schizophrenia spectrum diagnosis. Half of the participants will be randomised to CBT-I, in addition to their standard treatment, which will be carried out over three months. Half of the participants will continue with treatment as usual. Blind assessments will take place at 0 months, 3 months (post-treatment) and 6 months (follow-up). This will be the first controlled test of CBT-I for patients with delusions and hallucinations. It will provide significant evidence for an easily administered intervention likely to prove very popular with patients experiencing the difficult to treat problems of delusions and hallucinations.

More details can be found at <http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=12766>

### **Ethics approval required**

Old ethics approval format

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

First MREC, 23/04/2012, ref: 12/SC/0138

### **Study design**

Randomised interventional trial

### **Primary study design**

Interventional

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

Treatment

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

Psychosis

### **Interventions**

CBT-I, The insomnia intervention will be provided in up to eight sessions over 12 weeks. The twelve week window will allow some flexibility for appointment times (DNAs are quite common in this group) and the extension of intervals between the final two sessions.

The main techniques, standard for CBT sleep interventions, are taken from four main sources:

Espie (2006)

Freeman & Freeman (2010)

Harvey et al. (2007)

Meir & Kryger (2004).

The intervention is written in a manual, which we will develop further. Followed up at 6 months

**Intervention Type**

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Insomnia Severity Index measured at 0,12, and 24 weeks

**Key secondary outcome(s)**

Psychotic Symptoms Rating Scale measured at 0,12, 24 weeks

**Completion date**

01/07/2014

**Eligibility****Key inclusion criteria**

1. A current delusion and/or hallucination; scoring at least 2 on the distress scale of the PSYRATS for either a delusion or hallucination
2. The delusion and/or hallucination has persisted for at least three months
3. Clinical diagnosis of schizophrenia, schizoaffective disorder or delusional disorder (i.e. diagnosis of nonaffective psychosis (F2) in the International Classification of Diseases and Diagnostic and Statistical Manual IV)
4. Sleep difficulties lasting one month or longer and an Insomnia Severity Index score of 15 or above
5. Aged between 18 and 65
6. Where changes in medication are being made, entry to the study would not occur until at least a month after stabilisation of dosage
7. Male or female participants

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Key exclusion criteria**

1. Sleep apnoea
2. A primary diagnosis of alcohol or substance dependency
3. Organic syndrome or learning disability

4. A command of spoken English inadequate for engaging in therapy
5. Currently having individual CBT (though previous CBT experience is not an exclusion criterion)

**Date of first enrolment**

01/11/2012

**Date of final enrolment**

01/07/2014

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

University of Oxford

Oxford

United Kingdom

OX3 7JX

## Sponsor information

**Organisation**

University of Oxford (UK)

**ROR**

<https://ror.org/052gg0110>

## Funder(s)

**Funder type**

Government

**Funder Name**

NIHR Research for Patient Benefit Programme ref: PB-PG-0211-10007 (UK)

## 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?
<a href="#">Results article</a>	results	01/11/2015		Yes	No
<a href="#">Protocol article</a>	protocol	11/07/2013		Yes	No