# Problem Solving Treatment (PST) Project

Submission date [ ] Prospectively registered Recruitment status 13/07/2005 No longer recruiting [X] Protocol [ ] Statistical analysis plan Registration date Overall study status 14/07/2005 Completed [X] Results [ ] Individual participant data Last Edited Condition category 23/05/2013 Mental and Behavioural Disorders

### Plain English summary of protocol

Not provided at time of registration

## Contact information

## Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

## Protocol serial number

42.00.0001; NTR607

# Study information

Scientific Title

### **Acronym**

PST

### **Study objectives**

There is a need for assistance by primary care mental health workers in general practice in the Netherlands. General Practitioners (GPs) experience an overload of frequent attenders suffering from (co-morbid) psychological problems. For most GPs these problems are complicated to recognise and to refer. PST is a brief and practical skill-building psychological treatment. The treatment has a strict protocol and is based on the principles of cognitive behavioural therapy. PST delivered by nurses seems to be an effective treatment for patients with psychological problems in primary care. This treatment increases the patients skill of structured problem solving and gives back a sense of control. However, research outcomes differ and no systematic review is available. This protocol describes a randomised clinical trial on the effectiveness of PST delivered by nurses for patients in general practice.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Ethics approval received from the local medical ethics committee

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

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

Psychological problems

### **Interventions**

PST versus care as usual.

### Intervention Type

Other

#### Phase

Not Specified

### Primary outcome(s)

Reduction of symptoms, measured using the Hospital Anxiety and Depression Scale (HADS) to monitor symptom levels of anxiety and depression.

### Key secondary outcome(s))

- 1. Social problem-solving skills, measured using a questionnaire designed by DZurilla
- 2. Psychological and physical well-being using the 36-item short form health survey (SF-36)
- 3. Social support, using the Social Support Inventory
- 4. Coping-styles by the VOMS (Vragenlijst over Omgaan met Situaties) is the Dutch adaption of the ways of coping questionnaire (WAYS) which is based on the transactional coping theory of Lazarus and Folkman
- 5. Rumination: actual scientific reports suggest rumination as a significant, and probable prognostic, factor for depression. The ruminative response scale (RRS) wil be used to measure

this.

6. Problem evaluation

7. Health care utilisation. We used the Trimbos/iMTA questionnaire for costs associated with psychiatric illness (Tic-P) to measure the amount health care patients consume and to register sick days from work. Furthermore, the EQ-5D was used.

### Completion date

01/11/2006

## Eligibility

### Key inclusion criteria

Patients of 18 years and older, who present psychological problems and are frequent attenders of general practice are recruited by the research-assistant.

### Participant type(s)

Patient

### Healthy volunteers allowed

No

### Age group

Adult

### Lower age limit

18 years

### Sex

All

### Key exclusion criteria

- 1. Patients who are treated in last year in the GGz, for example with cognitive behaviour therapy
- 2. Patients who suffer from a serious medical sickness, psychotic impairment, primarily organic-mental impairment or serious individuality problems
- 3. Patients who are multiple visitors of the general practitioner because of chronic disease or hypochondria
- 4. Patients who are indicated for anxiolytic or antidepressant treatment, or patients who used these drugs less than 12 weeks ago, or those without constant treatment dose in the following 10 weeks
- 5. Patients with serious addiction problems
- 6. Patients who are suicidal
- 7. Patients who are not able to fill in the questionnaire (General Health Questionnaire [GHQ])
- 8. Patients with insufficient knowledge of the Dutch language

### Date of first enrolment

01/11/2002

### Date of final enrolment

01/11/2006

## **Locations**

### Countries of recruitment

Netherlands

Study participating centre van der Boechorststraat 7 Amsterdam Netherlands 1081 BT

# Sponsor information

### Organisation

Ministry of Mental Health Care (Geestelijke Gezondheidszorg [GGZ]) (The Netherlands)

# Funder(s)

### Funder type

Research organisation

### Funder Name

The Netherlands Organisation for Health Research and Development (ZonMw) (The Netherlands)

## **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	10/10/2012		Yes	No
Protocol article	protocol	12/10/2005		Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes