# Amniocentesis Results: Investigation of Anxiety

Submission date	Recruitment status  No longer recruiting	<ul><li>Prospectively registered</li></ul>		
17/10/2002		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
17/10/2002	Completed	[X] Results		
Last Edited	Condition category	[] Individual participant data		
08/08/2019	Pregnancy and Childbirth			

#### Plain English summary of protocol

Not provided at time of registration

#### Study website

http://www.leeds.ac.uk/medicine/psychiatry/research/aria.htm

## Contact information

### Type(s)

Scientific

#### Contact name

**Prof Jenny Hewison** 

#### Contact details

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## Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

Secondary identifying numbers

HTA 99/48/04

## Study information

#### Scientific Title

Amniocentesis Results: Investigation of Anxiety

#### Acronym

**ARIA** 

#### **Study objectives**

There is evidence both that being able to predict stressful events, and having information which normalises the content and timing of worries about such events, reduces anxiety. This provides scope for interventions designed to minimise anxiety while waiting for test results.

#### Phase one:

- 1. To identify patterns of anxiety and the factors that contribute to this.
- 2. To develop an appropriate intervention for phase two, the RCT. 3. To obtain information about the patterns of anxiety which will inform the outcome measures and the timing of measurement in the RCT.

Phase two - to test the following hypotheses:

- 1.That giving amniocentesis results out on a fixed date with an undertaking not to phone earlier even if possible, alters maternal anxiety during the waiting period, compared with a policy of phoning as soon as possible.
- 2. Providing parents with a "debriefing" leaflet describing the normal pattern of worry during the waiting period, reduces anxiety.

Please note that, as of 15 January 2008, the start and end dates of this trial have been updated from 1 January 2001 and 31 December 2003 to 1 September 2001 and 31 March 2005, respectively.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

2 X 2 factorial design randomised controlled trial

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Not specified

## Study type(s)

**Not Specified** 

#### Participant information sheet

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

Pregnancy

#### **Interventions**

Phase one: an observational cohort study (n=30) using anxiety diaries and qualitative interviews. Phase two: a 2 X 2 factorial design randomised controlled trial. Participants will be randomised immediately after amniocentesis to "phone result when available" or "issue result on a fixed date" and to "leaflet" or "no leaflet". The trial will use independent telephone randomisation, stratified by centre and maternal age (<35, >=35years). Setting: seven amniocentesis clinics = Leeds General Infirmary and St James's, Airedale, Harrogate, York, Hull Maternity Hospital and Castle Hill.

The aim is to investigate how two interventions, firstly, the issue of a standard culture result on a fixed date (18 days after amniocentesis) or variable date, secondly, how the implementation of a new cytogenetic technique, Fluorescent In-situ Hybridisation (FISH), affect maternal anxiety levels.

#### Intervention Type

Other

#### Phase

**Not Specified** 

#### Primary outcome measure

We will measure anxiety daily using the short Spielberger state measure with regular phone reminders The primary outcomes will be total anxiety in the first 24 hours after the test, over the last 24 hours before the result is issued, and the peak level of anxiety reached. Within 24 hours of issuing the results, parents will be asked to recall and score their anxiety over the waiting period. This will provide validation of the prospectively collected scores. We will not conduct any economic analysis because the costs of different modes of issuing results will be similar and the leaflets will be cheap. We will recommend that the method, which minimises anxiety, be used.

#### Secondary outcome measures

Not provided at time of registration

#### Overall study start date

01/09/2001

#### Completion date

31/03/2005

## **Eligibility**

#### Key inclusion criteria

Pregnant women who are having an amniocentesis for indications such as maternal age, triple test risk or the presence of a soft marker for Downs Syndrome

### Participant type(s)

**Patient** 

#### Age group

Adult

#### Sex

Female

## Target number of participants

226

#### Total final enrolment

226

#### Key exclusion criteria

Women with a major structural abnormality on scan. Women who miscarry before the karyotype result is obtained (<1%) or whose result indicates an euploidy (1 in 70) will be excluded from the primary analysis.

#### Date of first enrolment

01/09/2001

#### Date of final enrolment

31/03/2005

## Locations

#### Countries of recruitment

England

**United Kingdom** 

## Study participating centre Academic Department of Psychiatry and Behavioural Sciences

Leeds United Kingdom LS2 9LT

## Sponsor information

#### Organisation

Department of Health (UK)

#### Sponsor details

Quarry House Quarry Hill Leeds United Kingdom LS2 7UE +44 (0)1132 545 843 Sheila.Greener@doh.gsi.gov.uk

#### Sponsor type

Government

#### Website

http://www.dh.gov.uk/en/index.htm

#### **ROR**

https://ror.org/03sbpja79

## Funder(s)

### Funder type

Government

#### **Funder Name**

NIHR Health Technology Assessment Programme - HTA (UK)

## **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?
Results article	results	01/12/2006		Yes	No
Results article	results	01/04/2007	08/08/2019	Yes	No