# Family focused cognitive behaviour therapy versus behaviourally oriented psycho-education for chronic fatigue syndrome in 11 to 18 year olds: a randomised controlled treatment trial

Submission date	Recruitment status  No longer recruiting	Prospectively registered		
08/03/2007		☐ Protocol		
Registration date 22/05/2007	Overall study status Completed	Statistical analysis plan		
		[X] Results		
Last Edited	Condition category	Individual participant data		
03/05/2011	Nervous System Diseases			

# Plain English summary of protocol

Not provided at time of registration

# Contact information

# Type(s)

Scientific

#### Contact name

Prof Trudie Chalder

#### Contact details

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# Additional identifiers

**Protocol serial number** N/A

# Study information

#### Scientific Title

#### Study objectives

Cognitive Behaviour Therapy (CBT) will result in higher levels of school return than psychoeducation at six months follow up.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

King's College London Hospital (UK) on the 14/09/1999 (ref: 99/247)

#### Study design

A randomised controlled trial in which 13 sessions of family focused CBT was compared to 4 sessions of psycho-education over six months.

#### Primary study design

Interventional

#### Study type(s)

Treatment

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

Chronic Fatigue Syndrome (CFS) otherwise known as Myalgic Encephalomyelitis (ME)

#### Interventions

13 sessions of family focused CBT versus four sessions of psycho-education over six months.

#### Intervention Type

Other

#### **Phase**

**Not Specified** 

#### Primary outcome(s)

School attendance expressed as a percentage of what was expected.

#### Key secondary outcome(s))

As a secondary outcome school attendance was dichotomised with a good outcome set at 70% or more, as at this age many healthy adolescents are not attending school or college full time. The following were recorded at six months:

- 1. Fatigue: Chalder Fatigue Scale internal consistency in this sample was excellent with a Chronbachs alpha of 0.89
- 2. Functional impairment: physical functioning subscale of the 36-item Short Form health survey (SF-36) (range 0 to 100 higher scores denoting better health) this measure is valid and reliable and has been used in adolescents with CFS
- 3. Degree to which fatigue interfered with adolescents life: Social Adjustment Scale Chronbach s alpha was 0.91
- 4. Emotional and social responses: adolescents and their mothers completed the strengths and

difficulties questionnaire - this measure has been shown to be valid and reliable in a number of studies

5. Global improvement and satisfaction: Global Outcome Scales - an assessor, blind to the group in which participants were randomised, carried out a semi-structured interview with the adolescent and rated degree of improvement in fatigue and disability on a nine-point scale from much better to much worse

## Completion date

30/06/2005

# **Eligibility**

#### Key inclusion criteria

- 1. Adolescents between 11and 18
- 2. Fulfill criteria for chronic fatigue syndrome
- 3. Have been investigated by a Paediatrician
- 4. If on anti-depressants, then had to be on a stable dose for three months

#### Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

### Age group

Child

## Lower age limit

11 years

#### Upper age limit

18 years

#### Sex

All

#### Key exclusion criteria

- 1. Major depression
- 2. Somatisation disorder
- 3. Conversion disorder
- 4. History of self harm
- 5. Identifiable disease

#### Date of first enrolment

01/02/2000

### Date of final enrolment

30/06/2005

# Locations

#### Countries of recruitment

**United Kingdom** 

England

Study participating centre

Department of Psychological Medicine
London
United Kingdom
SE5 9RJ

# Sponsor information

## Organisation

South London & Maudsley NHS Trust (UK)

#### **ROR**

https://ror.org/015803449

# Funder(s)

### Funder type

Government

#### **Funder Name**

NHS Executive London Region Office (UK) (ref: RFG 640)

# **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	01/08/2010		Yes	No