

STEPS study: to find out if and how to carry out a large clinical trial on stepped care treatment for depression.

Submission date 01/06/2014	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 02/07/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 05/10/2016	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

Stepped care treatment for depression is a way of deciding who gets what therapy and when. It is widely used and recommended. Some talking (psychological) therapies are more intensive (time consuming and costly) than others. In stepped care, almost all patients start with a low intensity therapy. Only people who remain unwell go on to a high intensity therapy. Compared with other systems, stepped care is thought to benefit patients whilst saving money but we don't know if that is true. Ultimately, we would like to carry out a large clinical trial that will tell us if stepped care really is an efficient way to organise depression treatment. However, before we can do that, we need to find out if and how we can carry out such a trial. We need to test and develop potential trial methods and procedures in a small trial. We also need to find out what people think of stepped care. Once we have the information we need, our goal is to design the large trial. The large trial should help to improve treatment for depression.

Who can participate?

We are recruiting between 60 and 75 people with depression, aged >17 years from an NHS Increasing Access to Psychological Therapies (IAPT) service for common mental health problems in South West England.

What does the study involve?

Participants take part in a small clinical trial. They will be randomly allocated to receive either stepped care treatment for depression or intensive psychological therapy only. We meet with everyone before they begin treatment and 6 months later. When we meet, people tell us about how they are feeling by completing some questionnaires. People who have stepped care also speak with us in a separate meeting to tell us what they think of the therapy they have received.

What are the possible benefits and risks of participating?

Participants receive treatment which is known to help some people with depression. Long term, we hope that this study will benefit other patients. Our results on what people think of stepped care should help the NHS (and other organisations worldwide) decide how to put it into practice. We think that the information from the small trial will inform a large trial; the results from the

large trial should influence how we treat depression. We are not aware of any risks of taking part as a result of the treatment people receive. However, because people with depression are more likely than others to commit suicide, we follow tried and tested procedures to monitor people's suicidal thoughts and feelings. We routinely ask people about these thoughts and we involve other health professionals in people's care when we think they may be at risk of hurting themselves.

Where is the study run from?

This study has been set up by the University of Exeter and is being carried out with the support of our local IAPT service.

When is the study starting and how long is it expected to run for?

Recruitment began in September 2013 and is expected to last for about 1 year. Participants are involved in the study for about 6 months. We hope to collect all the information we need by April 2015 although the study will extend for longer than this whilst we look at the data and write up our findings.

Who is funding the study?

The cost of the study is being met by the University of Exeter and funding for patients' treatment is being provided by the NHS Northern Eastern and Western Devon Clinical Commissioning Group.

Who is the main contact?

Jacqueline J. Hill
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Study website

<http://medicine.exeter.ac.uk/research/healthserv/complexinterventions/projects/steps/>

Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

Study information

Scientific Title

Developing stepped care treatment for depression: a pilot randomised controlled trial and embedded interviews

Acronym

STEPS

Study objectives

The purpose of this study is to prepare the ground for undertaking a fully-powered randomised controlled trial of stepped care compared with high intensity psychological therapy alone for the treatment of depression in adults.

Specific objectives are to:

1. Gather enough information on recruitment, retention, treatment pathways and clinical outcomes from a small randomised trial to design the proposed fully-powered trial
2. Find out what people think of stepped care to inform a stepped care clinical protocol for use in the large trial.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES Committee South West - Frenchay, 24/07/2013; ref. 13/SW/0140

Study design

Pilot randomised controlled trial and semi-structured interviews

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 the contact details below to request a patient information sheet

Health condition(s) or problem(s) studied

Major Depressive Disorder (Depression)

Interventions

Participants are randomised to two arms: intervention arm and control arm

Clinical procedures in both groups are NICE-recommended treatments routinely delivered in IAPT services i.e. Cognitive Behaviour Therapy (CBT) in low and high intensity forms.

Intervention arm: Stepped care involves initial low-intensity CBT delivered using guided self-help materials and, dependent on treatment response, high-intensity CBT. Guided self-help material has been adapted from an online Wellbeing Course developed by the Centre for Emotional Health at Macquarie University, Australia (<http://www.ecentreclinic.org/>). Stepped care participants progress is monitored. People who show insufficient progress are offered high-intensity psychological therapy; participants who recover only receive low-intensity therapy. High-intensity psychological therapy comprises between eight and 20 consultations of CBT.

Control arm: Participants in the control arm of the trial receive high-intensity CBT that is identical to the intensive CBT for patients in stepped care.

The total duration of treatment is between 6 weeks and 6 months for stepped care participants and up to 4 months for patients in the control arm.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

A variety of patient-related data will be collected at baseline and 6 months post randomisation:

1. Severity of depressive symptoms (BDI-I)
2. Health-related quality of life (Short Form Health Survey-36)
3. Worry and anxiety (Generalised Anxiety Disorder-7)

In addition, we will collect data on the flow of participants through the trial (i.e., numbers of participants at each step) and patients' pathway through and adherence to treatment.

Secondary outcome measures

Qualitative data from semi-structured interviews on what people think of our trial methods and procedures and their views of stepped care.

Overall study start date

25/09/2013

Completion date

25/09/2015

Eligibility

Key inclusion criteria

1. Age >17 years
2. Fulfilling criteria for DSM Major Depressive Disorder identified by standard clinical interview
3. Willing to receive either stepped care or intensive psychological therapy alone for depression
4. Registered with Improving Access to Psychological Therapies (IAPT)

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

60-75

Key exclusion criteria

1. Alcohol or drug dependence
2. Presenting at acute risk of suicide
3. Cognitively impaired determined by a brief assessment of cognitive function
4. A diagnosis of bipolar disorder, psychosis and/or psychotic symptoms

Date of first enrolment

25/09/2013

Date of final enrolment

25/09/2014

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

Sir Henry Wellcome Building for Mood Disorders Research

Exeter

United Kingdom

EX4 4QQ

Sponsor information

Organisation

University of Exeter (UK)

Sponsor details

c/o Gail Seymour
Research & Knowledge Transfer
The Innovation Centre
Rennes Drive
Exeter
England
United Kingdom
EX4 4RN

Sponsor type

University/education

Website

<http://www.exeter.ac.uk>

ROR

<https://ror.org/03yghzc09>

Funder(s)**Funder type**

University/education

Funder Name

University of Exeter (UK)

Alternative Name(s)**Funding Body Type**

Private sector organisation

Funding Body Subtype

Universities (academic only)

Location

United Kingdom

Funder Name

NHS Northern, Eastern & Western Devon Clinical Commissioning Group (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?
Protocol article	protocol	20/11/2014		Yes	No
Basic results		05/10/2016	05/10/2016	No	No
HRA research summary			28/06/2023	No	No