The acceptability and effectiveness of cognitive behavioural therapy for the treatment of post-traumatic stress disorder within schizophrenia

Submission date	Recruitment status No longer recruiting	Prospectively registered		
23/04/2010		☐ Protocol		
Registration date	Overall study status	Statistical analysis plan		
23/04/2010	Completed	[X] Results		
Last Edited	Condition category	Individual participant data		
07/12/2017	Mental and Behavioural Disorders			

Plain English summary of protocol

Background and study aims

The NHS spends over £2 billion a year on treating schizophrenia, including expensive in-patient care. Consequently the development of cost-effective psychological therapies for schizophrenia is an NHS priority. Although government guidelines recommend cognitive behavioural therapy (CBT) as a treatment, the NHS struggles to meet this demand. Due to the wide range of presentations associated with a diagnosis of schizophrenia, the relevant CBT training is still generic and lengthy. There is a need for treatment protocols which target specific forms of schizophrenic presentation. These interventions are easier to disseminate within the NHS, and are likely to be more cost-effective. People diagnosed with schizophrenia are particularly likely to have suffered traumatic life events, and up to 40% may suffer from symptoms of posttraumatic stress disorder (PTSD). This 'co-morbid' condition is associated with severe symptoms, abusing illicit drugs and alcohol, and frequent hospital admissions. There have been no studies of any treatment for PTSD within this group. As standard CBT for PTSD is considered to be unsuitable for people with schizophrenia, a CBT package has been carefully designed for this purpose. A pilot study suggests a high level of patient acceptability. The potential for benefits in patient wellbeing and reduced healthcare costs suggest that the intervention should be evaluated within an NHS setting. The aim of this study is to test whether CBT, delivered to patients with co-morbid schizophrenia and PTSD, in addition to standard psychiatric care will result in a reduced level of PTSD and psychotic symptoms.

Who can participate?

Patients aged between 18 and 65 diagnosed with schizophrenia and PTSD

What does the study involve?

Participants are randomly allocated to receive either the CBT package or standard psychiatric care. Existing NHS clinicians are trained to conduct the CBT package as part of their routine clinical work. Assessments are carried out at the beginning of the treatment, the end of treatment and after a 6-month follow-up. Levels of symptoms and health care use are compared between the two groups. The acceptability of the intervention to the patients is assessed through an interview conducted at the end of treatment.

What are the possible benefits and risks of participating? There are no perceived risks, whilst the CBT programme may provide the benefit of a reduction within the symptoms of posttraumatic stress.

Where is the study run from? University of Reading (UK)

When is the study starting and how long is it expected to run for? January 2010 to September 2011

Who is funding the study? National Institute for Health Research (NIHR) (UK)

Who is the main contact? Dr Craig Steel

Contact information

Type(s)

Scientific

Contact name

Dr Craig Steel

Contact details

Department of Psychology PO Box 238 Reading United Kingdom RG6 6AL

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers 6683

Study information

Scientific Title

The acceptability and effectiveness of cognitive behavioural therapy for the treatment of post-traumatic stress disorder within schizophrenia: a randomised interventional treatment trial

Study objectives

Sixty-two participants who are diagnosed with schizophrenia/schizo-affective disorder /schizophreniform disorder and post-traumatic stress disorder (PTSD) will be randomly allocated to receive either the proposed cognitive behavioural therapy (CBT) package or routine psychiatric care. The CBT package includes 16 sessions to be conducted within a 6-month period. Currently employed NHS clinicians will be trained to conduct the intervention as part of their routine clinical practice. Symptoms and level of use of NHS services will be assessed at baseline (week 0), end of therapy (6 months) and after a 6-month follow-up period (12 months). The primary outcome will be level of PTSD symptoms at end of treatment, as measured by the Clinician Administered PTSD scale (CAPS). Acceptability of the intervention will be assessed through a service-user led interview.

The principal research questions to be addressed:

The main hypothesis to be tested is that CBT, delivered to patients with co-morbid schizophrenia and PTSD, in addition to standard psychiatric care will result in a reduced level of PTSD symptomatology. The subsidiary hypothesis is that reduction in PTSD symptoms will mediate a reduction in psychotic symptomatology and service-use.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Berkshire Research Ethics Committee (REC), 01/03/2010, ref: 09/H0505/85

Study design

Randomised interventional treatment trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

Health condition(s) or problem(s) studied

Topic: Mental Health Research Network; Subtopic: Schizophrenia; Disease: Schizophrenia, post-traumatic stress disorder (PTSD);

Interventions

The trial compares standard psychiatric care alone with CBT treatment in addition to standard care.

Standard psychiatric care in the UK is based on the care programme approach to case management and includes antipsychotic medication, outpatient and community follow-up, and access to community-based rehabilitative activities such as day centres and drop ins.

CBT intervention consists of several important parts.

1. Establish safety: Issues such as suicidality, self-harming behaviour

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

PTSD symptoms, assessed through the Clinician Administered PTSD Scale (CAPS), measured at baseline, 6 months and 12 months

Secondary outcome measures

Post-traumatic Cognitions, assessed using the Post-traumatic Cognitions Inventory (PTCI), measured at baseline, 6 months and 12 months

Overall study start date

01/01/2010

Completion date

30/09/2011

Eligibility

Key inclusion criteria

- 1. Provides consent
- 2. Current Diagnostic and Statistical Manual, Fourth Edition (DSM-IV) diagnosis of schizophrenia or schizo-affective disorder
- 3. Present with symptoms consistent with a DSM-IV diagnosis of PTSD
- 4. Aged between 18 and 65 years, either sex

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

Planned Sample Size: 62; UK Sample Size: 62

Key exclusion criteria

- 1. Organic disorder
- 2. Unable to read and write in English
- 3. Learning disability

Date of first enrolment

01/01/2010

Date of final enrolment

30/09/2011

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

University of Reading

Reading United Kingdom RG6 6AL

Sponsor information

Organisation

University of Reading (UK)

Sponsor details

Winnicott Rsearch Unit School of Psychology PO Box 238 Reading England United Kingdom RG6 6AL

Sponsor type

University/education

Website

http://www.reading.ac.uk/

ROR

Funder(s)

Funder type

Government

Funder Name

Research for Patient Benefit Programme

Alternative Name(s)

NIHR Research for Patient Benefit Programme, RfPB

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

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	01/01/2017		Yes	No