

Adherence therapy for schizophrenia

Submission date 28/09/2011	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 24/02/2012	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 24/02/2012	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Schizophrenia is a severe mental illness that requires treatment with medication. About 1 in 2 patients stop taking medication and this makes it more likely they will become mentally unwell again (experience a relapse). The aim of this study is to find out if a talking treatment called adherence therapy will improve schizophrenia patients compliance with treatment.

Who can participate?

Men and women who are over the age of 18 and are currently in psychiatric hospital because of their schizophrenia can take part in this research project.

What does the study involve?

People taking part in the study were randomly allocated to either get eight sessions of adherence therapy or the care they would usually receive.

What are the possible benefits and risks of participating?

Taking part in the study means some patients will get the chance to have a new treatment that may help them be better at complying with their medication.

We do not anticipate that there will be any side effects from adherence therapy.

Where is the study run from?

There are four hospitals taking part in this study, three in Germany; Bielefeld, Warstein and Lippstadt and one in Switzerland; Bern. The co-ordinating centre for the project is Bielefeld.

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

The study started in May 2007 and finished recruiting in July 2010.

Who is funding the study?

The trial is funded by AstraZeneca

Who is the main contact?

Dr Michael Schultz
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Contact information

Type(s)

Scientific

Contact name

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Contact details

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Additional identifiers**Protocol serial number**

D1449L00035

Study information**Scientific Title**

Adherence therapy for schizophrenia: a multi centre randomised controlled trial

Study objectives

Drug intake behaviour would be better after Adherence Therapy compared to treatment as usual (TAU)

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics Committee of the University of Münster (Germany) approved on 8th December 2006, AZ 2006-485-f-S

Study design

Multi centre single blind two arm randomised controlled trial

Primary study design

Interventional

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Schizophrenia

Interventions

Intervention group: Adherence therapy (AT)+ Treatment as usual

Control group: Treatment as usual

Patients in the interventions group receive eight sessions of adherence therapy as an add-on to treatment as usual. AT is started whilst the patient is in hospital and completed two weeks after discharge. AT consists of six interventions assessments, structured problems solving, a medication timeline, exploring ambivalence, testing beliefs about medication, and sticking with treatment.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

1. Adherence - determined using drug serum levels (concentration to dose ratio)
2. Symptoms - measured using the positive and negative syndrome scale

Measured at baseline and 26 week follow-up

Key secondary outcome(s)

1. Attitudes to treatment - assessed using the drug attitude inventory
2. Functioning - determined using the global assessment of functioning

Measured at baseline and 26 week follow-up

Completion date

31/03/2010

Eligibility**Key inclusion criteria**

1. Patients between 18 and 65 years old
2. Patients with schizophrenia will be enrolled when the initial acute psychotic symptoms are reduced (partial remission) from a clinical point of view so that they were able to provide a written informed consent
3. Clinical diagnosis of schizophrenia will be confirmed by a research diagnosis of schizophrenia, established using the International Diagnostic Checklist for ICD-10
4. Patients will be taking antipsychotic medication at the time of recruitment, and the current treating psychiatrist has recommended the individual patient to stay on antipsychotic medication for a minimum of one year.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Potential study participants will be excluded if they show acute suicidal behaviours including suicidal ideas
2. Insufficient German language capacities
3. Are administered depot medication
4. Are homeless, or suffered from a current substance or alcohol dependence (not caffeine or nicotine dependence) or mental retardation according to International Classification of Diseases (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) criteria.
5. Patients are under compulsory treatment, if they are homeless or suffer from severe medical conditions (eg. cancer, severe infection)

Date of first enrolment

01/05/2007

Date of final enrolment

31/03/2010

Locations

Countries of recruitment

United Kingdom

England

Switzerland

Study participating centre

University of East Anglia

Norwich

United Kingdom

NR47TJ

Sponsor information

Organisation

Clinic of Psychiatry and Psychotherapy Bethel (Germany)

Funder(s)

Funder type

Industry

Funder Name

AstraZeneca (ref: D1449L00035)

Alternative Name(s)

AstraZeneca PLC, Pearl Therapeutics, AZ

Funding Body Type

Government organisation

Funding Body Subtype

For-profit companies (industry)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan**IPD sharing plan summary****Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes