

# Will counselling using an adaptation of motivational interviewing method improve the acceptance of surgery and adherence to treatment and follow up in among glaucoma patients in Bauchi

<b>Submission date</b> 03/12/2012	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 30/01/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 22/01/2019	<b>Condition category</b> Eye Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Glaucoma causes irreversible blindness in 4.6 to 6.7 million people worldwide. In Nigeria, the frequency (or prevalence) of blindness in adults 40 years and above is 4.2%, 16.3% due to glaucoma. Glaucoma is a blinding eye disease that has several forms. The commonest form in Africa causes progressive, painless loss of the peripheral field of vision. Eventually central vision is lost too and the eye/person becomes totally blind. The blindness is irreversible. The only current treatment is to lower the pressure of the eye and this can be done by the use of eye drops, surgery or laser treatment. As with all chronic or lifelong diseases, glaucoma needs to be managed and followed up needs to be for life.

There are several reasons why glaucoma control is a major challenge in Africa.

1. The following factors lead to late presentation: a. Earlier age of onset of the disease - aggressive course; b. Lack of early symptoms as loss of vision is painless; c. Lack of a single, simple, valid screening test; d. Lack of awareness; e. Lack of primary eye care
2. The following factors impede optimal management once patients present: a. We are not sure whether topical medication or surgery works better in case of advanced disease; b. Poor uptake of surgical treatment; c. Lack of adherence to medical treatment; d. Lack of adherence to or poor follow up.

Motivational interviewing (MI) is a form of counselling designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the persons own reasons for change within an atmosphere of acceptance and compassion. There is evidence that it can work in psychiatry, substance abuse, HIV care, smoking cessation, healthy life style changes and in other fields of medical and health care. Motivational interview is a skill that can be taught at most levels. Studies have shown that paraprofessionals can be trained in MI with good results. The aim of this study is to assess whether a locally adapted motivational interviewing session about glaucoma and its treatment, has an effect on the management of glaucoma in Bauchi state, Nigeria.

Who can participate?

Glaucoma patients attending the eye clinic at Abubakar Tafawa Balewa University Teaching Hospital in Bauchi, Nigeria. Participants have to live within 200 km of the study site.

What does the study involve?

Participants are randomly allocated to either having a 30-40 minutes interview/discussion or not with one of two interviewers who are also assigned at random.

What are the possible benefits and risks of participating?

The possible benefit of participating is for the patient to get more information about glaucoma that will motivate him/her to make the right decisions regarding treatment to prevent avoidable blindness. There may be emotional pressure on some patients to try to adhere to treatment.

Where is the study run from?

The study is run from the London School of Hygiene and Tropical Medicine, but the principal investigator will be at the study site as the attending ophthalmologist seeing the patients (eye clinic at Abubakar Tafawa Balewa University Teaching Hospital in Bauchi, Nigeria).

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

September 2013 to December 2015

Who is funding the study?

The British Council for Prevention of Blindness (UK)

Who is the main contact?

Dr Mohammed Mahdi Abdull  
mohammed.abdull@lshtm.ac.uk

## Contact information

**Type(s)**

Scientific

**Contact name**

Dr Mohammed Mahdi Abdull

**Contact details**

International Centre for Eye Health  
London School of Hygiene and Tropical Medicine  
Keppel Street  
London  
United Kingdom  
WC1E7HT  
+44 (0)7544706291  
mohammed.abdull@lshtm.ac.uk

## Additional identifiers

**Protocol serial number**

Version 1.2

# Study information

## Scientific Title

Randomised controlled trial of adapted motivational interviewing for acceptance and adherence to treatment in glaucoma patients in Bauchi

## Study objectives

Patient counselling delivered using adapted motivational interview by a trained interviewer increases rates of surgery among glaucoma patients where this is the treatment of choice, as well as short term follow up and control of intraocular pressure (IOP).

Also that adapted motivational interview will improve adherence to topical glaucoma therapy and short term follow up and control of IOP among those who reject surgery.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

1. London School of Hygiene and Tropical Medicine, 17/07/2013, ref: 6464

2. Abubakar Tafawa Balewa University Teaching Hospital, 22/08/2013, ref: ATBUTH/ADM/42/VOL1

## Study design

Randomised controlled double-blind single-site trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Glaucoma

## Interventions

Current interventions as of 16/09/2013:

The intervention is one to two sessions of adapted motivational interview to patients allocated at random. Patients allocated will be interviewed alone or with their carer or household head. The interview will be conducted by one of two trained interviewers also allocated at random. It will not be guided by a manual but the interviewer will have full knowledge of the adapted motivational interview package developed.

Previous interventions:

The intervention is one to three sessions of adapted motivational interview to patients allocated at random. Patients allocated will be interviewed alone or with their carer or household head. The interview will be conducted by one of two trained interviewers also allocated at random. It will not be guided by a manual but the interviewer will have full knowledge of the adapted motivational interview package developed.

## Intervention Type

Other

**Phase**

Not Applicable

**Primary outcome(s)**

Current primary outcome measures as of 16/09/2013:

Proportion of participants who attend for and/or undergo surgery in the study eye, within 2 months of being listed for glaucoma surgery

Previous primary outcome measures:

Proportion of participants who attend for and/or undergo surgery in the study eye, within 4 months of being listed for glaucoma surgery

**Key secondary outcome(s)**

Current secondary outcome measures as of 16/09/2013:

1. Accept surgery within 2 months:

1.1. Proportion of participants who report for follow up at 1, 6 and 12 months following surgery

1.2. Proportion of participants whose IOP is controlled at 1, 6 and 12 months (<20 mmHg in the study eye)

2. Refuse surgery after 2 months:

2.1. Proportion of participants who adhere to medical treatments at each follow up

2.2. Proportion of participants whose IOP is controlled at 1, 6 and 12 months (<20 mmHg in the study eye)

Previous secondary outcome measures:

1. Accept surgery within 4 months:

1.1. Proportion of participants who report for follow up at 1, 2, 4 and 6 months following surgery

1.2. Proportion of participants whose IOP is controlled at 1, 2, 4 and 6 months (<20 mmHg in the study eye)

2. Refuse surgery after 4 months:

2.1. Proportion of participants who adhere to medical treatments at each follow up

2.2. Proportion of participants whose IOP is controlled at 1, 2, 4 and 6 months (<20 mmHg in the study eye)

**Completion date**

01/12/2015

**Eligibility****Key inclusion criteria**

1. Primary open angle glaucoma in at least one eye, where surgery or LASER is the treatment of choice in one or both eyes

2. Aged 17 years or more (can give consent)

3. Residence within 200km of Bauchi, the study site

4. Understands and speaks Hausa or English

5. Informed consent

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Other forms of treatment other than surgery or LASER more appropriate
2. Other ocular pathology except cataract.
3. Systemic diseases/problems that contraindicate surgery

**Date of first enrolment**

01/09/2013

**Date of final enrolment**

01/12/2015

**Locations****Countries of recruitment**

United Kingdom

England

Nigeria

**Study participating centre**

International Centre for Eye Health

London

United Kingdom

WC1E7HT

**Sponsor information****Organisation**

International Centre for Eye Health (UK)

**ROR**

<https://ror.org/00a0jsq62>

**Funder(s)**

**Funder type**

Research council

**Funder Name**

British Council for Prevention of Blindness (UK) ref: ITCR BH 5810

**Alternative Name(s)**

BCPB

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Other non-profit organizations

**Location**

United Kingdom

## 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?
<a href="#">Results article</a>	results	29/04/2014	22/01/2019	Yes	No
<a href="#">Protocol article</a>	protocol	29/04/2014		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes