

# The effectiveness of an acceptance and commitment therapy based psychological intervention on reducing psychological distress in those diagnosed with gastro-intestinal dysmotility

|  |   |   |
|--|---|---|
| <b>Submission date</b><br>10/01/2023   | <b>Recruitment status</b><br>No longer recruiting | <input checked="" type="checkbox"/> Prospectively registered<br><input checked="" type="checkbox"/> Protocol            |
| <b>Registration date</b><br>24/01/2023 | <b>Overall study status</b><br>Completed          | <input type="checkbox"/> Statistical analysis plan<br><input type="checkbox"/> Results                                  |
| <b>Last Edited</b><br>31/10/2024       | <b>Condition category</b><br>Digestive System     | <input type="checkbox"/> Individual participant data<br><input checked="" type="checkbox"/> Record updated in last year |

## Plain English summary of protocol

### Background and study aims

Gastrointestinal dysmotility (GID) describes an array of disorders which affect the movement of contents through the intestinal tract. At the severe end GID can lead to symptoms of pain, cramps, bloating, difficulty maintaining weight, constipation, diarrhoea, nausea, vomiting and malnutrition. It is often a cause of people needing long-term home intravenous feeding, known as home parenteral nutrition (HPN). Owing to the symptoms and treatment, it has been found that living with GID can have a significant detrimental impact on a person's quality of life (QOL) and psychological wellbeing. A recent study reported that there is an increasing need for psychosocial support. However, there is limited data on what type of therapeutic modality or more so what component of the psychological intervention is most effective in the GID population. Acceptance and Commitment Therapy (ACT) has been found to be beneficial for psychological wellbeing in many other chronic conditions including IBD and applied in a group format. This study aims to assess the effectiveness, feasibility and acceptability of a group-based psychological intervention called 'ACTing on your GUT feelings'.

### Who can participate?

Patients aged over 18 years with GID

### What does the study involve?

Participants will be randomly allocated to either the treatment group where they will attend seven 2-hour weekly sessions with an 8-week follow-up 'reunion', or a Treatment As Usual (waiting-list control) group. Both groups will be asked to complete a set of questionnaires. The questionnaires will collect demographic information and assess psychological wellbeing (anxiety and low mood), health-related quality of life and psychological flexibility (the ability to stay

present with and adapt to the challenges of life). Medical outcomes will also be collected. All outcomes and questionnaires will be collected before and after the intervention. Participants will also be invited to attend interviews to discuss their views and experiences.

What are the possible benefits and risks of participating?

Potential benefits would be participants learning new coping strategies and techniques to manage psychological distress associated with their health condition, and also helping to improve quality of life in general. Another possible benefit of taking part would be meeting others with shared experiences of the same health condition in a supportive, small group environment. The researchers do not anticipate any direct risks or disadvantages of taking part in this study. However, they appreciate that talking about personal experiences could be upsetting and support from the research team will be available to all participants as well as the option to withdraw from the study at any time.

Where is the study run from?

Northern Care Alliance NHS Foundation Trust (UK)

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

January 2022 to October 2023

Who is funding the study?

1. Bowel Research UK
2. Pseudo Obstruction Research Trust (PORT) (UK)

Who is the main contact?

Dr Holly Martin-Smith, [holly.martinsmith@nca.nhs.uk](mailto:holly.martinsmith@nca.nhs.uk)

## Contact information

### Type(s)

Principal Investigator

### Contact name

Dr Holly Martin-Smith

### ORCID ID

<http://orcid.org/0000-0001-6585-8073>

### Contact details

Salford Royal Hospital

Stott Lane

Salford

United Kingdom

M6 8HD

+44 (0)161 206 5588

[Holly.MartinSmith@nca.nhs.uk](mailto:Holly.MartinSmith@nca.nhs.uk)

### Type(s)

Scientific

### Contact name

Dr Sarah Kelly

**Contact details**

Intestinal Failure Unit  
Salford Royal Hospital  
Stott Lane  
Salford  
United Kingdom  
M6 8HD  
0161 206 5063  
Sarah.Kelly@nca.nhs.uk

**Type(s)**

Scientific

**Contact name**

Dr Katherine Twist

**ORCID ID**

<http://orcid.org/0000-0001-8138-8518>

**Contact details**

Department of Clinical Health Psychology  
Clinical Sciences Building  
Salford Royal Hospital  
Stott Lane  
Salford  
United Kingdom  
M6 8HD  
+44 (0)161 206 5588/4250  
Katherine.twist@nca.nhs.uk

**Type(s)**

Scientific

**Contact name**

Prof Simon Lal

**ORCID ID**

<http://orcid.org/0000-0002-6245-8864>

**Contact details**

Intestinal Failure Unit (Ward H8)  
Salford Royal Hospital  
Stott Lane  
Salford  
United Kingdom  
M6 8HD  
+44 (0)161 206 5116  
Simon.Lal@nca.nhs.uk

**Type(s)**

Scientific

**Contact name**

Dr John McLaughlin

**ORCID ID**

<http://orcid.org/0000-0001-6158-5135>

**Contact details**

Salford Royal Hospital

Stott Lane

Salford

United Kingdom

M6 8HD

+44 (0)161 206 64047

[John.Mclaughlin@nca.nhs.uk](mailto:John.Mclaughlin@nca.nhs.uk)

**Type(s)**

Scientific

**Contact name**

Dr Peter Paine

**ORCID ID**

<http://orcid.org/0000-0003-4131-9651>

**Contact details**

Salford Royal Hospital

Stott Lane

Salford

United Kingdom

M6 8HD

-

[Peter.Paine@nca.nhs.uk](mailto:Peter.Paine@nca.nhs.uk)

**Type(s)**

Scientific

**Contact name**

Dr Michael Taylor

**Contact details**

Intestinal Failure Unit

Salford Royal Hospital

Stott Lane

Salford

United Kingdom

M6 8HD

+44 (0)161 206 8059

[Michael.taylor@nca.nhs.uk](mailto:Michael.taylor@nca.nhs.uk)

**Type(s)**

Scientific

**Contact name**

Dr Calvin Heal

**ORCID ID**

<http://orcid.org/0000-0002-6445-1551>

**Contact details**

School of Health Sciences  
Faculty of Biology, Medicine and Health  
The University of Manchester  
Jean McFarlane Building  
Manchester  
United Kingdom  
M13 9PY  
+44 (0)161 206 4567  
[calvin.heal@manchester.ac.uk](mailto:calvin.heal@manchester.ac.uk)

**Additional identifiers****EudraCT/CTIS number**

Nil known

**IRAS number**

315811

**ClinicalTrials.gov number**

Nil known

**Secondary identifying numbers**

CPMS 54458, IRAS 315811

**Study information****Scientific Title**

The effectiveness of an acceptance and commitment therapy based psychological intervention on reducing psychological distress in those diagnosed with gastro-intestinal dysmotility

**Acronym**

The PORT Study – ACTing on your GUT feelings

**Study objectives**

An acceptance and commitment therapy (ACT) group intervention will reduce psychological distress and increase health-related quality of life and psychological flexibility relative to a waiting list (treatment as usual) control condition in patients diagnosed with gastro-intestinal dysmotility.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Approved 23/12/2022, North West- Greater Manchester East Research Ethics Committee (3rd Floor, Barlow House, 4 Minshull Street, Manchester, M1 3DZ, UK; +44 (0)2071048306; gmeast.rec@hra.nhs.uk), ref: 22/NW/0364

## **Study design**

Randomized; Both; Design type: Treatment, Education or Self-Management, Psychological & Behavioural, Complex Intervention, Qualitative

## **Primary study design**

Interventional

## **Secondary study design**

Randomised controlled trial

## **Study setting(s)**

Hospital

## **Study type(s)**

Treatment

## **Participant information sheet**

See study outputs table

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

Gastro-intestinal dysmotility

## **Interventions**

Potential participants will be invited into the study by invitation letter with an opt-in reply. Those interested will be given a participant information sheet explaining the rationale for the study and they will have the opportunity to ask questions before giving their consent to take part. Participants who are interested in taking part in the study will also have an assessment to ensure suitability for the group intervention. Those who require other mental health support /not suitable will be provided with information on how to access other available support. They will also be asked to complete several baseline questionnaires. Demographics: age, sex, marital status, ethnicity, and employment, previous/current psychology input, Psychological outcomes: Patient Health Questionnaire (PHQ-9) and General Anxiety Disorder (GAD-7) to assess depression and anxiety; Acceptance and Action Questionnaire (AAQ-II) to assess psychological flexibility; previous psychology input, QOL: Short form 36 (SF36) Medical: gastrointestinal/HPN complications, HPN requirements, hospital readmissions, length of admissions, sick days, opioid use, and anti-depressant use. Once recruited, participants will be randomly allocated to either group intervention or waitlist control by random number sequence allocation. This will be a single-blind study design as participants will know whether they had been allocated to the group or not. Participants allocated to the group intervention will be put into a group of 9-10 people. The ACT intervention will be carried out in an online format over a period of 8 weeks with each session lasting approximately 2 hours. The intervention will utilise a standardised therapy manual based on ACT-based interventions but adapted to the patient population. It will cover a different topic each week but ultimately work on the ACT principles of becoming more open

with emotions, aware of the present moment and engaged in working towards values important to them. Attendance will be recorded for the acceptability and feasibility part of the study and all group participants will be asked to complete a feedback form for each session attended of the intervention to assess effective components. A select number of those would also take part in a qualitative semi-structured interview based on their experiences of the group and the acceptability and feasibility of the intervention. Interviews will be expected to last about 1 hour. All participants regardless of the randomly allocated group will complete post-intervention measures.

### **Intervention Type**

Behavioural

### **Primary outcome measure**

1. Anxiety is measured using the Generalised Anxiety Disorder (GAD7) questionnaire at baseline, week 7 and week 15
2. Depression is measured using the Patient Health Questionnaire (PHQ9) at baseline, week 7 and week 15
3. Psychological flexibility is measured using the Acceptance and Action Questionnaire (AQII) at baseline, week 7 and week 15
4. Health-related quality of life (HRQoL) is measured using the RAND 36-item Health Survey 1.0 (SF-36) at baseline, week 7 and week 15

### **Secondary outcome measures**

1. Demographics (age, sex, marital status, ethnicity, employment, diagnosis, duration of diagnosis and previous psychology input) are measured using a questionnaire at baseline
2. Medical outcomes (gastrointestinal/HPN complications, HPN requirements, hospital readmissions, opioid use, anti-depressant use) are measured using access to medical records at baseline and week 15

### **Overall study start date**

02/01/2022

### **Completion date**

31/10/2023

## **Eligibility**

### **Key inclusion criteria**

1. Has a diagnosis of GID
2. Age 18 years or above
3. Is fluent in English

### **Participant type(s)**

Patient

### **Age group**

Adult

### **Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

Planned Sample Size: 50; UK Sample Size: 50

**Total final enrolment**

6

**Key exclusion criteria**

1. Insufficiently well to give consent or to take part
2. Currently receiving or due to start psychological therapy at another service or privately
3. Difficulties such that they are currently in receipt of ongoing input from secondary care mental health services
4. Substantial substance abuse difficulties
5. Severe and/or chronic mental health problems such as personality disorders where the interpersonal difficulties themselves are the required focus of an intervention
6. A learning disability, at such a level that specialist skills would be required to deliver an intervention

**Date of first enrolment**

07/03/2023

**Date of final enrolment**

31/05/2023

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

England

United Kingdom

**Study participating centre**

**Salford Royal Hospital**

Stott Lane

Eccles

Salford

United Kingdom

M6 8HD

**Sponsor information****Organisation**

Northern Care Alliance NHS Foundation Trust



**Sponsor details**

Salford Royal  
Research and Innovation Department  
Stott Lane  
Salford  
England  
United Kingdom  
M6 8HD  
+44 (0)1612065583  
RDResearch@nca.nhs.uk

**Sponsor type**

Hospital/treatment centre

**Funder(s)****Funder type**

Charity

**Funder Name**

Bowel Research UK

**Alternative Name(s)**

Bowel Research United Kingdom, BRUK

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**Location**

United Kingdom

**Funder Name**

Pseudo Obstruction Research Trust

**Results and Publications****Publication and dissemination plan**

Planned publication in a high-impact peer-reviewed journal

**Intention to publish date**

31/10/2024

**Individual participant data (IPD) sharing plan**

The data-sharing plans for the current study are unknown and will be made available at a later date

**IPD sharing plan summary**

Data sharing statement to be made available at a later date

**Study outputs**

| Output type                                   | Details   | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|-----------|--------------|------------|----------------|-----------------|
| <a href="#">Participant information sheet</a> | version 2 | 28/11/2022   | 18/01/2023 | No             | Yes             |
| <a href="#">Protocol file</a>                 | version 2 | 28/11/2022   | 18/01/2023 | No             | No              |
| <a href="#">HRA research summary</a>          |           |              | 28/06/2023 | No             | No              |