# TREating FAtigue in Multiple Sclerosis: Energy conservation management

Submission date 13/07/2011	<b>Recruitment status</b> No longer recruiting
Registration date 19/07/2011	<b>Overall study status</b> Completed
Last Edited 11/03/2015	<b>Condition category</b> Nervous System Diseases

[X] Prospectively registered

[X] Protocol

[\_] Statistical analysis plan

[X] Results

[] Individual participant data

#### Plain English summary of protocol

Not provided at time of registration

## **Contact information**

**Type(s)** Scientific

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#### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers ZonMw 60-61300-98-024; CCMO NL33451.029.10

## Study information

#### Scientific Title

Disabling fatigue in multiple sclerosis occurs frequently: how should it be treated? A randomized clinical trial

#### Acronym

TREFAMS-E

#### Study objectives

What is the effect of Energy Conservation Management (ECM) advices on fatigue and participation in patients with Multiple Sclerosis? Can this effect be attributed to the use of ergonomic advices given or adhering to altered time-schedules?

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

1. The Medical Ethics Committee of the VU University Medical Center (2010/289), 05/04/2011 2. The Board of the Erasmus Medical Center Rotterdam, 27/06/2011

**Study design** Randomized clinical 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 below to request a patient information sheet

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

**Multiple Sclerosis** 

#### Interventions

1. Energy Conservation Management consists of 12 individual therapist-supervised 45-minute sessions, in which energy-management and ergonomic advices are given, in a period of 4 months; in the first 8 weeks one occupational therapist-supervised session will be given per week, in the subsequent 8 weeks one therapist-supervised session will be given every other week. In addition, individualized home-assignments are given.

2. Control treatment for each RCT of the TREFAMS-ACE research programme consists of currently available standardized written patient information and will be provided in a standardized manner by an MS nurse. Patients receive this information package personally in the

first week. In week 6 and 16, 45-minute appointments with the MS nurse will be scheduled in order to ask questions about the information package. This control treatment covers two important aspects that we want to control for:

2.1. Good information about MS related fatigue, and

2.2. Attention of a professional who has experience in MS in order to reassure the patient that his concerns or questions will be taken seriously. The MS nurses will receive instructions on how to provide the information without additional therapeutic interventions or specific personal advises

#### Intervention Type

Other

**Phase** Not Applicable

#### Primary outcome measure

1. Fatigue: Checklist Individual Strength (CIS) subscale fatigue 2. Participation: Impact on Participation and Autonomy (IPA) The 6 time points are: week-1, week 0, week 8, week 16, week 26 and week 52

#### Secondary outcome measures

- 1. Medical Outcome study Short Form 36 (SF36)
- 2. Rehabilitation Activities Profile (RAP)
- 3. Fatigue Severity Scale (FSS)
- 4. Checklist Individual Strength (CIS) subscales motivation, concentration, activity
- 5. Modified Fatigue Impact Scale (MFIS)

The 6 time points are: week -1, week 0, week 8, week 16, week 26 and week 52

#### Overall study start date

15/09/2011

#### **Completion date**

01/04/2014

## Eligibility

#### Key inclusion criteria

Ambulatory multiple sclerosis (MS) patients fulfulling the following enrollment criteria:

1. Age between 18-70 years

2. Diagnosis of MS according to the criteria of McDonald

3. Able to walk with no more than one unilateral walking aid i.e. able to walk with no more than one unilateral walking aid

4. Suffering from fatigue, defined as a score higher than 35 on the subscale fatigue of the Checklist Individual Strength (CIS)

**Participant type(s)** Patient

**Age group** Adult

#### **Lower age limit** 18 Years

Upper age limit

70 Years

**Sex** Both

**Target number of participants** 90

**Key exclusion criteria** 1. Patients using in the last three months prior to inclusion amantadine, modafinil, Ritalin® or pemoline for their fatigue 2. Major depression

Date of first enrolment 15/09/2011

Date of final enrolment 01/04/2014

## Locations

**Countries of recruitment** Netherlands

**Study participating centre VU University Medical Center** Amsterdam Netherlands 1007 MB

## Sponsor information

**Organisation** VU University Medical Center (Netherlands)

**Sponsor details** Dept Rehabilitation Medicine, PO Box 7057 Amsterdam Netherlands 1007 MB **Sponsor type** Hospital/treatment centre

Website http://www.vumc.com/patientcare/

ROR https://ror.org/00q6h8f30

## Funder(s)

**Funder type** Government

#### Funder Name

The Netherlands Organisation for Health Research and Development (ZonMw) (Netherlands) (ZonMw 60-61300-98-024)

**Funder Name** Fonds NutsOhra (Netherlands)

Alternative Name(s) NutsOhra Foundation, NutsOhra Fund, Stichting Nuts Ohra

**Funding Body Type** Private sector organisation

**Funding Body Subtype** Other non-profit organizations

**Location** Netherlands

## **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	12/08/2013		Yes	No
Results article	results	01/01/2015		Yes	No