

# Effectiveness of add-on group behavioral activation treatment for depression in psychiatric care

<b>Submission date</b> 21/10/2016	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 26/10/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 08/05/2024	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Major depressive disorder, often simply called depression, is a mental disorder that causes people to experience low mood, low self-esteem, and loss of interest or pleasure in normally enjoyable activities. Treatment is often only partly successful, with many patients suffering from persisting symptoms. A combination of different types of treatment is likely to be more effective than a single treatment. The aim of this study is to find out whether adding low-cost group treatments can improve patients' symptoms.

### Who can participate?

Patients aged 18-65 with major depressive disorder

### What does the study involve?

Participants are randomly allocated to one of three groups. Participants in the first group receive the usual treatment for depression, which consists of antidepressant medication and psychotherapy (talking therapy). In addition to the usual treatment the second and third groups attend group sessions weekly for 8 weeks. In the second group (peer support), participants discuss their problems helped by a former patient who has recovered from depression. In the third group (behavioral activation), participants analyse their daily activities and are encouraged to participate in meaningful rewarding activities. In all groups, participants' symptoms are assessed before the first session, 8 weeks later, and at 6 months after the end of the treatment.

### What are the possible benefits and risks of participating?

The benefits include access to psychosocial support and possibly an increased chance of recovery. Participants must be willing to discuss their problems in a group of patients.

### Where is the study run from?

University of Helsinki and Helsinki University Hospital (Finland)

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

January 2016 to December 2017

Who is funding the study?  
Helsinki and Uusimaa Hospital District (Finland)

Who is the main contact?  
Prof. Erkki Isometsä

## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

## Study information

**Scientific Title**  
Effectiveness of group format behavioral activation treatment for depression or peer support groups added on usual treatment vs treatment as usual for depression in psychiatric care

**Acronym**  
BAPS-D

**Study objectives**

1. Group behavioral activation plus treatment as usual (TAU) is more effective than either peer support plus TAU or TAU alone
2. Peer support plus TAU is more effective than TAU alone
3. Effectiveness of behavioral activation is mediated by patients' adherence to homework, and consequent reduction in experiential avoidance and anhedonia

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

1. Helsinki and Uusimaa Hospital District ethics committee, 19/05/2016, ref: 178/13/03/03/2016
2. Department of Psychiatry, Helsinki University Hospital, 26/08/2016, ref: HUS/242/2016

**Study design**

Randomized three-arm parallel-group study

## Primary study design

Interventional

## Study type(s)

Treatment

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

Major depressive disorder

## Interventions

Participants are randomised to one of three treatments:

1. Treatment as usual, plus behavioral activation treatment for depression (BATD) in group format weekly for 8 weeks at the premises of the outpatient clinic. The sessions last 90 minutes and are delivered by two therapists who are experienced mental health professionals (mostly psychiatric nurses or psychologists).
2. Treatment as usual, plus group peer support weekly for 8 weeks, in which a group of patients regularly meet to discuss their problems at the premises of the outpatient clinic, facilitated by an expert by experience having recovered from depression and received brief training for the task by Finnish Central Association for Mental Health. The sessions last 90 minutes, and one psychiatric nurse participates in the session, but does not have an active facilitator role.
3. Treatment as usual, mostly comprising antidepressant pharmacotherapy and low-intensity psychotherapeutic support provided by a specialized nurse. Number of visits not predefined.

In all groups, symptoms are evaluated before the first session or visit after randomization in the TAU group, and 8 weeks later (primary outcome 8-week PHQ-9). Six months after the end of intervention, there is a follow-up measurement using the PHQ-9 (one of the secondary outcomes).

## Intervention Type

Behavioural

## Primary outcome(s)

Depression score, measured using the Patient Health Questionnaire (PHQ-9) at baseline and after the 8-week intervention

## Key secondary outcome(s)

1. Response, defined as  $\geq 50\%$  decline in PHQ-9 score, measured at 8 weeks
2. Remission, defined as PHQ-9 score  $< 5$ , measured at 8 weeks
3. Functional impairment, measured using the Sheehan Disability Scale Score at baseline and 8 weeks
4. Depression score, measured using the PHQ-9 at baseline and 6 months after the intervention

## Completion date

31/12/2017

## Eligibility

### Key inclusion criteria

1. Psychiatric outpatient at the Helsinki University Hospital Department of Psychiatry Mood Disorder Division
2. DSM-5 major depressive disorder
3. Fluency in Finnish
4. Age 18-65 years

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Upper age limit**

65 years

**Sex**

All

**Total final enrolment**

140

**Key exclusion criteria**

1. Psychotic features
2. Chronic major depressive disorder (uninterrupted duration > 2 years)
3. Principal clinical diagnosis borderline personality disorder
4. Principal clinical diagnosis substance use disorder
5. Imminent threat of suicide
6. Need of psychiatric hospitalization
7. Any illness or symptom hampering participation in the treatments
8. Other ongoing weekly psychotherapy

**Date of first enrolment**

07/09/2016

**Date of final enrolment**

30/04/2017

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

Finland

**Study participating centre**

Department of Psychiatry, University of Helsinki and Helsinki University Hospital  
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## Sponsor information

### Organisation

University of Helsinki and Helsinki University Hospital

### ROR

<https://ror.org/02e8hzhf44>

## Funder(s)

### Funder type

Hospital/treatment centre

### Funder Name

Helsinki and Uusimaa Hospital District

## Results and Publications

### Individual participant data (IPD) sharing plan

Participant level data not available due to constraints of the Finnish data protection legislation and ethical and research permissions.

### IPD sharing plan summary

Not expected to be made available

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		30/04/2024	08/05/2024	Yes	No
<a href="#">Participant information sheet</a>		26/10/2016	26/10/2016	No	Yes