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Folate augmentation of treatment - evaluation for depression

Submission date	Recruitment status
29/08/2006	No longer recruiting
Registration date	**Overall study status**
30/08/2006	Completed
Last Edited	**Condition category**
13/09/2021	Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
One in five people experience depression during their lives. Only half of those treated with drugs will get better; many others experience symptoms for a long time. The most common type of treatment for depression is a drug known as an antidepressant. These work by improving the way in which certain chemical messengers work in the brain. The vitamin called folate, found in foods such as green vegetables, helps to produce the chemicals used by these messengers in the brain. So low levels of folate, caused by poor diet or similar factors, may worsen or even cause depression, and may stop antidepressants from working as well as they should. This means that taking folate tablets could help treat depression. However, very few studies have been done to test this. This study will test whether giving a tablet of folate every day to people with depression will help their antidepressants work better.

Who can participate?
Patients aged 18 or over with moderate to severe depression

What does the study involve?
Participants are randomly allocated to take either a folate tablet or a dummy tablet for 3 months in addition to their antidepressant. To test whether folate tablets help antidepressants to work better, we assess whether those taking the tablets achieve better health. To do this we measure peoples' symptoms of depression at different times during the study. We also check their blood to see how much folate they have at different times during the study. We shall use some of the blood samples to see whether any genes affect the way folate helps treat depression.

What are the possible benefits and risks of participating?
Not provided at time of registration

Where is the study run from?
University of Wales Bangor (UK)

When is the study starting and how long is it expected to run for?
October 2006 to June 2011

Who is funding the study?
Health Technology Assessment Programme (UK)

Who is the main contact?
Prof. Ian Russell
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Contact information

Type(s)
Scientific

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Additional identifiers

ClinicalTrials.gov (NCT)
NCT00514410

Clinical Trials Information System (CTIS)
2006-004647-37

Protocol serial number
HTA 04/35/08

Study information

Scientific Title
Folate Augmentation of Treatment - Evaluation for Depression: a randomised controlled trial

Acronym
FolATED

Study objectives
The primary objective of this trial is to estimate the effect of folate augmentation in new or continuing treatment of depressive disorder in primary, intermediate and secondary care. Secondary objectives are to evaluate the cost-effectiveness of folate augmentation of antidepressant treatment, investigate how the response to antidepressant treatment depends

on genetic polymorphisms relevant to folate metabolism and antidepressant response, and explore whether baseline folate status can predict response to antidepressant treatment.

More details can be found at: http://www.nets.nihr.ac.uk/projects/hta/043508
Protocol can be found at: http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0003/51078/PRO-04-35-08.pdf

Ethics approval required
Old ethics approval format

Ethics approval(s)
MREC for Wales, 06/11/2006, CTA ref: 21996/0001/001-0001

Primary study design
Interventional

Study design
Multi-centred double-blind placebo-controlled trial

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Moderate to severe depression

Interventions
Folic acid 5 mg versus placebo supplementation to antidepressant therapy.

Intervention Type
Supplement

Primary outcome(s)
Symptom severity as estimated by the self-rated Beck Depression Inventory (BDI)

Key secondary outcome(s)
1. Clinician-rated Montgomery-Asberg Depression Rating Scale (MADRS)
2. Clinical Global Impression (CGI) of change
3. SF-12 short form health survey
4. Adverse events and side effects as measured by the UKU side effect scale
5. EuroQoL (EQ-5D)
6. Health Resource Use questionnaire

Completion date
30/06/2011

Eligibility

Key inclusion criteria
Only patients aged 18 or over with an International Classification of Diseases (ICD-10) diagnosis of moderate to severe depression (confirmed by the trial psychiatrists during the screening

interview using Beck Depression Inventory [BDI]) will be included. Only patients able to give informed consent (not delirious, actively psychotic or with severe communication or learning disability) and able to complete the research assessments will be included.

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 Years

Sex
All

Key exclusion criteria
1. Patients that are folate deficient (provisionally set at less than 2.5 ng/l): they cannot be randomised because they need to be treated with folic acid but can be included in the comprehensive cohort
2. Are B12 deficient (provisionally set at less than 150 pg/ml): they cannot be randomised because they need to be treated with B12 injections but can be included in the comprehensive cohort
3. Have knowingly taken supplements containing folic acid within two months because this will mask any effects of folic acid given during the study
4. Substance misuse because people who use drug and alcohol typically have low folate levels
5. Suffer from psychosis because additional treatment for psychosis may mask any benefit of folic acid with antidepressants. Plus people suffering from psychosis are less able to give informed consent and will require referral through to secondary services
6. Are already participating in another research project
7. Are pregnant or planning to become pregnant as it is important for pregnant women to take folic acid so they cannot be randomised to placebo
8. Are taking anticonvulsants as in very rare circumstances folic acid can react with certain anticonvulsants
9. Serious, advanced or terminal illness with a life expectancy of less than one year
10. Have recently started treatment for a medical condition which has not yet been stabilised

Date of first enrolment
01/10/2006

Date of final enrolment
30/06/2011

Locations

Countries of recruitment
United Kingdom

Wales

Study participating centre
IMSCaR
Bangor
United Kingdom
LL57 2AS

Sponsor information

Organisation
University of Wales Bangor (UK)

ROR
https://ror.org/006jb1a24

Funder(s)

Funder type
Government

Funder Name
Health Technology Assessment Programme

Alternative Name(s)
NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type
Government organisation

Funding Body Subtype
National government

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?
Results article	results	01/07/2014		Yes	No
Results article	Methylmalonic acid levels	11/09/2021	13/09/2021	Yes	No
Protocol article	protocol	15/11/2007		Yes	No