

How does an internet intervention help patients with coronary heart disease achieve better health?

Submission date 12/05/2010	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 12/05/2010	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 13/05/2010	Condition category Circulatory System	☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

3022

Study information

Scientific Title

A multicentre non-randomised cohort study on the use of an internet invention to change patients' beliefs, emotions, actions and health with respect to coronary heart disease

Acronym

CHESS for HEART DISEASE

Study objectives

In this study we gave an internet intervention to a group of 168 patients with coronary heart disease (CHD) to use over 9 months. During this time we used questionnaires to track changes in patients' beliefs, emotions, actions and health. Our aim was to link these changes to the parts of the internet intervention patients used and how they had used them. This would then help us design internet interventions that work better for patients with CHD and other long-term conditions.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Camden and Islington Local Research Ethics Committee (LREC) approved in Feb 2006 (ref: 06/Q0511/3)

Primary study design

Observational

Study design

Multicentre non-randomised interventional treatment trial

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Topic: Cardiovascular; Subtopic: Cardiovascular (all Subtopics); Disease: Cardiovascular

Interventions

CHESS-HD - The intervention used in this study was CHESS Living with Heart Disease. This was a website providing information (e.g., questions and answers, an instant library, web tools and resources, a directory of Organisations, useful information sites and a dictionary), behaviour change (e.g., health tracking, assessments and action plans) and support components (e.g., personal stories, 'ask an expert' facility, discussion groups, and personal journals).

The internet intervention was given to a group of 168 patients with CHD to use over 9 months; follow-up was at 3 and 9 months.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Self-efficacy (Cardiac self-efficacy questionnaire), measured at 9 months

Key secondary outcome(s)

No secondary outcome measures

Completion date

30/11/2007

Eligibility

Key inclusion criteria

Patients on the coronary heart disease register from general practice teams in North and Central London Primary Care Network

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

1. Inability to provide informed consent due to active psychosis, cognitive impairment or learning difficulty
2. Inability to use a computer-based intervention due to physical disability
3. Inability to understand written or spoken English (operationalised as unable to consult without an interpreter)
4. Terminally ill with life expectancy less than 9 months
5. Male and female, aged 35 - 89 years

Date of first enrolment

01/03/2006

Date of final enrolment

30/11/2007

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Gower Street

London

United Kingdom

WC1E 6BT

Sponsor information

Organisation

University College London (UK)

ROR

<https://ror.org/02jx3x895>

Funder(s)

Funder type

Charity

Funder Name

BUPA Foundation (UK)

Alternative Name(s)

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

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?
Results article	results	01/12/2008		Yes	No