

Provision Of Psychological support to People in Intensive care (POPPI): feasibility study

Submission date 05/06/2014	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 05/06/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 13/09/2019	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

It is known that patients may suffer from stress and panic in intensive care. Many patients become fearful and some even see or hear things that are not really happening (hallucinations). Doctors believe these frightening effects are caused by illness, medicine or stressful treatments in intensive care. Research shows that these worries and fears may increase the time it takes for patients to get better. The stress could also lead to future problems like flashbacks or nightmares. The idea of this study is to give intensive care staff special training to help patients who are worried or distressed. All the staff will learn how to make intensive care a calmer, less stressful place. Some nurses will also have training to give patients extra support to help lower their stress. The trialists believe this will improve patients well-being after leaving intensive care.

Who can participate?

Adult patients receiving treatment in the intensive care can take part.

What does the study involve?

This study consists of two separate parts. Part one is to check that patients are happy to take part and complete a short questionnaire. If it is shown that patients are happy to do this, they move on to part two. Part two of the study tests whether training intensive care staff to give stress support can improve patients' future well-being. Patients taking part in part one of the study receive a short questionnaire 5 months after their stay in intensive care by email or post. Patients taking part in part two of the study are given a short questionnaire about stress and mood in intensive care. It only takes a few minutes to answer the questions. If the stress score is low, they continue to receive normal care from the intensive care staff. If they have a high score, a specially trained nurse offers three sessions of stress support. These sessions are to discuss any worries they may have and to help them cope with being in intensive care. They also receive music and relaxation tapes, and a booklet.

What are the possible benefits and risks of participating?

The trialists cannot promise the study will help patients right now. They will be part of an important study aiming to improve the well-being of intensive care patients. If nurses like the training and patients find the stress support helpful, the study will be held in another 24 hospitals.

Where is the study run from?

The study is being run at four sites in the UK: Bristol Royal Infirmary, Medway Maritime Hospital, University College Hospital, and Watford General Hospital.

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

June 2014 to June 2015

Who is funding the study?

National Institute for Health Research (NIHR) (UK)

Who is the main contact?

Mr Paul Mouncey

paul.mouncey@icnarc.org

Contact information

Type(s)

Scientific

Contact name

Mr Paul Mouncey

Contact details

Napier House

24 High Holborn

London

United Kingdom

WC1V 6AZ

-

paul.mouncey@icnarc.org

Additional identifiers

Protocol serial number

16479

Study information

Scientific Title

Psychological Outcomes following a nurse-led Preventative Psychological Intervention for critically ill patients (POPPI): a feasibility study

Acronym

POPPI

Study objectives

The overall aim of the study is to develop and test the feasibility of a complex psychological intervention and to test the feasibility of the processes and procedures for the POPPI cluster randomised controlled trial.

Ethics approval required

Old ethics approval format

Ethics approval(s)

NRES Committee South Central - Oxford B, 23/04/2014, ref: 14/SC/0149

Study design

Non-randomised; Both; Design type: Prevention, Screening, Treatment

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Topic: Critical Care, Mental Health; Subtopic: Critical Care, Anxiety; Disease: All Critical care, Anxiety

Interventions

The intervention to be assessed is a complex psychological intervention comprising four related elements:

1. An education package (two training courses and associated materials) to train critical care unit staff to carry out elements 2-4
2. Creating a therapeutic environment to promote calm and minimise stress in critical care (all critical care staff)
3. Screening for acute psychological stress and psychosis-like symptoms in critical care patients using the IPAT (all critical care staff)
4. Carrying out three, one-to-one CBT-inspired stress support sessions, for patients screened as distressed and at high risk of psychological morbidity (delivered by specially trained POPPI nurses)

Intervention Type

Behavioural

Primary outcome(s)

The main outcomes of the Intervention Feasibility Study will be the feasibility and acceptability of the intervention for the POPPI nurses and for patients, which will be assessed quantitatively and qualitatively. The main outcomes of the RCT Processes Feasibility Pilot Study are feasibility of estimated recruitment and retention rates.

Key secondary outcome(s)

Not provided at time of registration

Completion date

01/06/2015

Eligibility

Key inclusion criteria

1. Age 18 years or greater
2. Receipt of Level 2 or Level 3 critical care for 48 hours or more
3. Between +1 and -1 on the Richmond Agitation Sedation Scale
4. English-speaking and ability to communicate

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Glasgow Coma Score of less than 15
2. Pre-existing chronic cognitive impairment, such as dementia
3. Pre-existing psychotic illness
4. Pre-existing chronic PTSD
5. Terminal illness/receiving end-of-life care

Date of first enrolment

11/06/2014

Date of final enrolment

30/03/2015

Locations**Countries of recruitment**

United Kingdom

England

Study participating centre

Bristol Royal Infirmary

Upper Maudlin St

Bristol

United Kingdom

BS2 8HW

Study participating centre
Medway Maritime Hospital
Windmill Rd
Gillingham
United Kingdom
ME7 5NY

Study participating centre
University College Hospital
235 Euston Rd
Fitzrovia
London
United Kingdom
NW1 2BU

Study participating centre
Watford General Hospital
Vicarage Rd
Watford
United Kingdom
WD18 0HB

Sponsor information

Organisation

Intensive Care National Audit & Research Centre (UK)

ROR

<https://ror.org/057b2ek35>

Funder(s)

Funder type

Government

Funder Name

Health Services and Delivery Research Programme (Grant Codes: 12/64/124)

Alternative Name(s)

Health Services and Delivery Research (HS&DR) Programme, NIHR Health Services and Delivery Research (HS&DR) Programme, NIHR Health Services and Delivery Research Programme, HS&DR Programme, HS&DR

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

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	23/07/2018		Yes	No
Results article	results	01/08/2019	13/09/2019	Yes	No
HRA research summary			28/06/2023	No	No