

A randomised controlled trial (RCT) to assess the incremental costs and clinical benefits of cognitive analytic therapy (CAT) to standard care within community mental health teams in the treatment of severe personality disorder

Submission date 23/01/2004	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 23/01/2004	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 28/11/2019	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
REC00168

Study information

Scientific Title

A randomised controlled trial (RCT) to assess the incremental costs and clinical benefits of cognitive analytic therapy (CAT) to standard care within community mental health teams in the treatment of severe personality disorder

Study objectives

Cognitive-analytic therapy (CAT) has established a claim to make a valuable and economic contribution to the treatment of patients with severe personality disorders. This has been demonstrated in a range of descriptive and clinical case studies though no randomised controlled study has so far established its effectiveness with this severely disturbed patient group.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Intentional

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

Mental and behavioural disorders: Other mental disorder

Interventions

1. 24 sessions of cognitive-analytical therapy (CAT)
2. Standard care

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

Beck Depression Inventory, Structured Clinical Interview for DSM-IV, MCMI-III, Client Service Receipt Interview.

Key secondary outcome(s)

Not provided at time of registration

Completion date

01/07/1999

Eligibility

Key inclusion criteria

48 'hard to treat' mental health service users with complex mental health problems who have been in active contact with the participating trusts for at least one year and whose major presenting problems have not been successfully treated. Inclusion criteria:

1. A diagnosis of Cluster B Personality Disorder (Diagnostic and Statistical Manual of Mental Disorders, fourth edition [DSM IV], Axis II - as per Million Clinical Multi-axial Inventory III [MCMIII])
2. A Beck Depression Index score above 25
3. One year (or longer) history of unsuccessful treatment (assessed by case note review by the responsible medical officers [RMOs]); or at least two hospital admissions in the past 5 years following parasuicide.
4. Still on active caseload of Community Mental Health Team (CMHT) (Care Programme Approach [CPA] level 1 or higher).

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

1. Concurrent organic or definite psychotic illness (though patients suffering micropsychotic episodes only will not be excluded)
2. Referral to CAT services in past five years
3. Currently receiving another formal psychological treatment
4. Current admission to inpatient care (though subsequent admission during the course of the trial will not exclude patients from further follow-up)
5. Current active substance abuse (including alcohol)

Date of first enrolment

01/07/1998

Date of final enrolment

01/07/1999

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
The Tavistock Clinic
London
United Kingdom
NW3 5BA

Sponsor information

Organisation
NHS R&D Regional Programme Register - Department of Health (UK)

Funder(s)

Funder type
Government

Funder Name
NHS Executive London

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration