

# Gedragsactivatie door de POH-GGZ versus gebruikelijke behandeling voor depressie bij oudere volwassenen in de eerste lijn.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Other
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON20783

### Source

NTR

### Brief title

BeATDeP65

### Health condition

Late-life depression, depressive symptoms, depressie, depressieve symptomen, depressieve klachten, elderly.

## Sponsors and support

**Primary sponsor:** Pro Persona; RadboudUMC; Radboud Universiteit

**Source(s) of monetary or material Support:** ZonMw

## Intervention

## Outcome measures

### Primary outcome

Depression severity as assessed with the Quick Inventory of Depressive Symptomatology (Q-IDS) during the 8-week treatment period and follow-up.

## **Secondary outcome**

When proven effective, our next interest is the cost-effectiveness of BA. The EuroQol (EQ-5D-5L) and TiC-P are used.

Furthermore, several moderators and process variables will be investigated.

## **Study description**

### **Background summary**

With 12-25% prevalence, clinically significant depression is common in later life. However, the efficacy of current pharmacological and psychological treatments is limited. Behavioural programmes for late-life depression have recently received renewed attention with findings suggesting that Behavioural Activation (BA) may be effective. The primary objective of this study is to compare the effectiveness and cost-effectiveness of behavioural activation (BA) and treatment as usual (TAU) for late-life depression in primary care in the Netherlands. A cluster-randomised and controlled multicentre trial (RCT) is conducted, with two parallel groups: a) Behavioural activation, and b) Treatment as usual, conducted in primary care centres (PCC) with a follow-up of 52 weeks (FU).

### **Study objective**

The main hypothesis is that compared to TAU, BA will be more effective and less costly. A secondary goal is to explore several potential mechanisms of change, as well as predictors and moderators of treatment outcome of BA for late-life depression.

### **Study design**

Participants in both the BA- and TAU-condition will complete these measures every two to three weeks during the 8 week therapy period, at post-treatment, and every three months during the 52-week follow-up.

### **Intervention**

In behavioural activation (BA) patients are encouraged to increase their activity levels, engage in more reinforcing and pleasurable activities, and modify avoidance and withdrawal patterns. BA is a component of cognitive-behavioural therapy (CBT), a more complex approach targeting both thoughts and behaviours.

## Contacts

### Public

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### Scientific

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## Eligibility criteria

### Inclusion criteria

The main inclusion criterion is a PHQ-9 score >9.

### Exclusion criteria

Patients will be excluded from the trial in the case of I) severe mental illness in need of specialized treatment, including severe major depression, bipolar disorder, obsessive-compulsive disorder, (history of) psychosis; II) high risk of suicide, III) drug and/or alcohol abuse or dependence, IV) prior psychotherapy received in the previous 12 weeks V) current treatment by a mental health specialist. VI) moderate to severe cognitive impairment (MoCA <18).

## Study design

### Design

Study type: Interventional

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Other
Start date (anticipated):	01-07-2016
Enrollment:	200
Type:	Unknown

## Ethics review

Positive opinion	
Date:	25-08-2016
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

ID: 47861  
 Bron: ToetsingOnline  
 Titel:

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL5436
NTR-old	NTR6013
CCMO	NL54470.091.16
OMON	NL-OMON47861

## Study results

### Summary results

Hendriks, G. J., Oude Voshaar, R. C., Keijsers, G. P., Hoogduin, C. A. and van Balkom, A. J. (2008). Cognitive-behavioural therapy for late-life anxiety disorders: a systematic review and meta-analysis. *Acta Psychiatr Scand*, 117, 403-411.<br><br>

Huibers, M. J., et al. (2014). Predicting response to cognitive therapy and interpersonal therapy, with or without antidepressant medication, for major depression: a pragmatic trial in routine practice. *J Affect Disord*, 152-154, 146-154.

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Lemmens, L. H., Arntz, A., Peeters, F., Hollon, S. D., Roefs, A. and Huibers, M. J. (2015). Clinical effectiveness of cognitive therapy v. interpersonal psychotherapy for depression: results of a randomized controlled trial. *Psychol Med*, 1-16.<br><br>

Licht-Strunk, E., Van Marwijk, H. W., Hoekstra, T., Twisk, J. W., De Haan, M. and Beekman, A. T. (2009). Outcome of depression in later life in primary care: longitudinal cohort study with three years' follow-up. *BMJ*, 338, a3079.