Prevention Of WEight Regain in diabetes type 2 (POWER).

No registrations found.

Ethical review Positive opinion **Status** Recruitment stopped

Health condition type -

Study type Interventional

Summary

ID

NL-OMON21737

Source

NTR

Brief title

POWER

Health condition

Diabetes type 2 Obesity/overweight

Diabetes type 2 Obesitas/overgewicht

Sponsors and support

Primary sponsor: Erasmus Medical Centre Rotterdam

Source(s) of monetary or material Support: Erasmus MC commissie Zorgonderzoek

Intervention

Outcome measures

Primary outcome

The primary endpoint with respect to the efficacy of CPI, is the between-group difference in

weight change (kg) measured as weight after 2 years follow-up minus weight at week 12 (directly after intervention).

Secondary outcome

- 1. Anthropometric measurements: BMI, waist-hip-ratio, bellycircumference, body composition (%fat and lean body mass);
- 2. Cardiovascular riskprofile: HbA1c, HOMA241, bloodpressure, lipids profile;
- 3. Glycaemic control: insulin, glucose;
- 4. Psychological measurements: EuroQol, HADS, VOEG-13, CIS, RSE;
- 5. Lifestyle: SQUASH, EDE-Q;
- 6. Cost effectiveness: SRS, TIC-P.

Study description

Background summary

In this randomized controlled trial we investigate the effectiviness of adding a Combined Psychological Intervention to a very low calorie diet, as compared to usual care, in maintaining weight loss and improving glycaemic, cardiovascular and psychological parameters in patients with type 2 diabetes and overweight.

Study objective

Adding a Combined Psychological Intervention to a very low calorie diet is more effective then a very low calorie diet followed by usual care in maintaining weight loss and improving glycaemic control, cardiovascular risk score, psychological variables and quality of life in patients with diabetes type 2.

Study design

Outcome measurments at baseline, week 23 (after intervention), 1 year, 1,5 years and 2 years.

Intervention

1. Very low calorie diet + usual care;

2. very low calorie diet + usual care + Combined Psychological Intervention (CPI).

The first 8 weeks, a very low calorie diet will be given, consisting of 750 calories a day. After these 8 weeks, the diet will become less low, building up to 1300 calories a day in 2x 8 weeks.

After the first 8 weeks, randomisation will take place. Only participants who lost more than 5% of their body weight will be randomised.

CPI: An integrated multimodel group treatment, consists of cognitive restructuring, Problem Solving Therapy and Proactive Coping. During the first 10 weeks there will be a weekly session of 1,5 hours. After those 10 weeks, the session will become less frequent. A total of 17 sessions is planned.

Contacts

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Eligibility criteria

Inclusion criteria

- 1. Diagnosed diabetes mellitus type 2;
- 2. Age 18-70 years;
- 3. BMI 27 kg/m2 or more.

Exclusion criteria

- 1. Pregnancy or lactation during the study;
- 2. Inadequate expression of the Dutch language (spoken and written);
- 3. Inability to lose 5% or more of the bodyweight during the first 8 weeks of VLCD;
- 4. Severe psychiatric problems;
- 5. Significant cardiac arrhythmias, unstable angina, decompensated congestive heart failure, major organ system failure, untreated hypothyroidism and/or myocardial infarction, end-stage renal disease, cerebrovascular accident or major surgery in the last 3 months;
- 6. Absence on > 8 sessions CPI.

Study design

Design

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 24-03-2010

Enrollment: 250

Type: Actual

Ethics review

Positive opinion

Date: 30-03-2010

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

No registrations found.

In other registers

Register ID

NTR-new NL2140 NTR-old NTR2264

Other Erasmus Medical Ethical Comittee : MEC-2009-143

ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A