

# Collaborative Care for patients with severe personality disorders.

No registrations found.

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

## Summary

### ID

NL-OMON25247

### Source

NTR

### Health condition

personality disorders, destructive behaviours, suicidal behaviour, self management  
In Dutch: persoonlijkheidsstoornissen, destructief gedrag, suïcidaal gedrag, zelfmanagement

## Sponsors and support

**Primary sponsor:** GGZ inGeest, Amsterdam

VU University, Amsterdam

VU Medical Centre, Amsterdam

Inholland University, Amsterdam

**Source(s) of monetary or material Support:** no external funding

Project is financed by GGZ inGeest, VU University, VU Medical Centre and Inholland University.

## Intervention

## Outcome measures

### Primary outcome

1. Quality of life: Manchester Short Appraisal (MANSA);

2. Borderline Personality Disorder Severity Index (BPDSI).

### **Secondary outcome**

1. Destructive behaviours: BPDSI, Beck Scale for Suicide Ideation (BSSI), CAGE questions- adapted to include drugs (CAGE-AID), Suicide Behavior Attitude Questionnaire (SBAQ), Attitudes Towards Deliberate Self-Harm Questionnaire (ADSHQ);
2. Health care use: Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (Tic-P);
3. Psychosocial symptoms: Brief Symptom Inventory (BSI);
4. Patient satisfaction: Consumer Quality- index (CQ-index);
5. Quality of the therapeutic relationship: Scale to Assess Therapeutic Relationships in Community Mental Health Care (STAR);
6. Mastery: Pearlin's Mastery Scale (PMS).

## **Study description**

### **Background summary**

Background:

Structured psychotherapy is recommended as the preferred treatment of personality disorders. A substantial group of patients, however, has no access to these therapies or does not benefit. For those patients who have no (longer) access to psychotherapy a Collaborative Care Program (CCP) is developed. Collaborative Care originated in somatic health care to increase shared decision making and to enhance self management skills of chronic patients. Nurses have a prominent position in CCP's as they are responsible for optimal continuity and coordination of care. The aim of the CCP is to improve quality of life and self management skills, and reduce destructive behaviour and other manifestations of the personality disorder.

Methods/design:

Quantitative and qualitative data are combined in a comparative multiple case study. This makes it possible to test the feasibility of the CCP, and also provides insight into the preliminary outcomes of CCP. Two treatment conditions will be compared, one in which the CCP is provided, the other in which Care as Usual is offered. In both conditions 16 patients will be included. The perspectives of patients, their informal carers and nurses are integrated

in this study. Data (questionnaires, documents, and interviews) will be collected among these three groups of participants. The process of treatment and care within both research conditions is described with qualitative research methods. Additional quantitative data provide insight in the preliminary results of the CCP compared to CAU. With a stepped analysis plan the 'black box' of the application of the program will be revealed in order to understand which characteristics and influencing factors are indicative for positive or negative outcomes.

## Discussion:

The present study is, as to the best of our knowledge, the first to examine Collaborative Care for patients with severe personality disorders receiving outpatient mental health care. With the chosen design we want to examine how and which elements of the CC Program could contribute to a better quality of life for the patients.

## **Study objective**

The hypothesis is that a Collaborative Care Program for patients with severe personality disorders improves quality of life and self management skills, and reduce destructive behaviour and other manifestations of the personality disorder in comparison with Care as Usual.

## **Study design**

1. Baseline measure;
2. 5 months (T1);
3. 9 months (T2).

## **Intervention**

A Collaborative Care Program consisting of several interventions, including:

1. Organization of care and contracting;
2. Forming of a Collaborative Care team;
3. Problem Solving Treatment;
4. Early Warning and early intervention;
5. Life Orientation;

## 6. Psycho-education.

The collaborative Care is executed by a collaborative care manager (nurse) who has the central control function in maintaining the coordination and continuity of care. The design is elaborated in a workbook for the patient and his nurse, which states the various interventions. The following interventions are executed by the nurse:

1. Working with a method of early detection and early intervention for destructive behaviour and drafting an alert plan;
2. Problem solving intervention in six session, given by the nurse;
3. Life orientation in which elements of the Solution Focused Treatment are used to discover and expand positive experiences and powers to get a more positively oriented life orientation;
4. Psycho-education, issued in the workbook and taken care of by the nurse.

An evaluation will be held every three months by the Collaborative Care team.

## Contacts

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## Eligibility criteria

### Inclusion criteria

1. Patients with a DSM-IV diagnosis for Borderline Personality Disorder or Personality Disorder Not Otherwise Specified;
2. Patients with a score > 15 on the Borderline Personality Disorder Severity Index;
3. Patients received care/treatment for more than 2 years;
4. Patients aged between 18-65.

## Exclusion criteria

1. Patients who participate in a structured psychotherapeutic program at the moment of the study;
2. Patients with insufficient command of the Dutch language for completing questionnaires;
3. Patients without informed consent statement.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-12-2010
Enrollment:	32
Type:	Actual

## Ethics review

Positive opinion

Date: 25-02-2011

Application type: First submission

## 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	NL2635
NTR-old	NTR2763
Other	METC VU University, Amsterdam : 2009/359
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

N/A