Acceptance and Commitment Therapy vs. Cognitive Therapy for the treatment of Major Depressive Disorder

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(1) This study will examine the effectiveness of CT and ACT in a randomized controlled trial conducted in a clinical setting. (2) Apart from being interested in differential effectiveness of the two approaches, we are also interested in whether...

Ethical review	Approved WMO
Status	Pending
Health condition type	Mood disorders and disturbances NEC
Study type	Interventional

Summary

ID

NL-OMON34875

Source
ToetsingOnline

Brief title
ACT vs. CT

Condition

- Mood disorders and disturbances NEC

Synonym
Major depressive disorder; depression

Research involving
Human

Sponsors and support

Primary sponsor: Universiteit van Amsterdam
Source(s) of monetary or material Support: KNAW professorship to Paul MG Emmelkamp

Intervention

Keyword: ACT, CT, Depression

Outcome measures

Primary outcome

The main dependent variables are

1) Self-reported distress on the Beck Depression Inventory (BDI; Beck et al.,

1961), and

2) Clinicial rated distress on the Hamilton Rating Scale for Depression (HRSD;

Hamilton, 1960).

Secondary outcome

Additionele afhankelijke variabelen:

- Quality of life: Eurohis Quality of Life Scale (Eurohis; Power, 2003).

1. Proces measures for ACT

1a. Decentering subschale of the Experiences Questionnaire (EQ; Fresco et al.,

2007)

1b.Acceptance and Action Questionnaire (AAQ-II) (Hayes et al., unpublished;

Dutch version: Jacobs, Kleen, de Groot, A-Tjak, 2008).

2. Proces measures for CT

2a. Dysfunctional Attitude Scale-revised (DAS-17; de Graaf et al., 2009)

2b. Implicit Attitude Test (IAT; Greenwald et al., 1998) adjusted for

depression.

Other (moderator/mediator) variabeles:

• Credibility/Expectancy Questionnaire (CEQ; Devilly & Borkovec, 2000.

• Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) The Relationship

Scales Questionnaire (RSQ; Griffin, & Bartholomew, 1994).

• Cluster C personality traits will be assessed with the Personality Disorder

Beliefs Questionnaire (PBQ; Arntz et al., 2004).

Study description

Background summary

Of the psychological treatments for major depressive disorder (MDD), Cognitive Therapy (CT) is the most systematically researched treatment. Recently, a number of new *third-generation* behavioral and cognitive therapies have emerged one of these being acceptance and commitment therapy. ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility (Hayes, 2004). Although there are fewer randomized controlled trials with ACT than with traditional CBT, there is growing evidence that ACT is an effective approach in treating different psychiatric disorders, including MDD. The popularity of ACT has increased enormously in the last decade. Despite this, there is still lack of well-designed randomized and controlled trials comparing the efficacy of ACT with well-documented psychological treatments such as CT

Study objective

(1) This study will examine the effectiveness of CT and ACT in a randomized controlled trial conducted in a clinical setting.
(2) Apart from being interested in differential effectiveness of the two approaches, we are also interested in whether effects of each specific treatment approach are mediated by its proposed theoretical mechanism, and
(3) whether personality characteristics and attachment style are related to the effecs of these treatments
This study will examine the effectiveness of CT and ACT in a randomized controlled trial conducted at PsyQ outpatient clinics in Zaandam and Purmerend. More specifically, the hypothesis here is that CT is going to be more effective in treating MDD than ACT. Apart from being interested in differential effectiveness of the two approaches, we are also interested in whether effects of each specific treatment approach are mediated by its proposed theoretical

mechanism.

Study design

The study design is a randomized clinical trial, in which patients are randomly assigned to two treatments: (1) cognitive therapy and (2) Acceptance and Commitment Therapy. Dependent variables will be assessed at pre-treatment, , post-treatment, 6 months post-treatment and 12 months post-treatment.

Intervention

The study concerns two psychological treatments:
• 16-20 sessions of cognitive therapy
• 16-20 sessions of Acceptance en Commitment Therapy

Study burden and risks

In both conditions, participants will receive bona fide treatments for major depression. Content, intensity and duration of the treatment are comparable to usual clinical care for this group within PsyQ Zaandam/Purmerend. In order to study the effects of the treatment participants will be asked to fill in a number of questionnaires and complete interview before treatment, at mid-treatment, at post-treatment and at 6- and 12-months follow-up. The benefit for individual participants concerns the fact that they receive a bona fide treatment for their condition and that this treatment will be provided by experienced therapists who will receive additional supervision for the cases treated within the project. On a more general level, the study addresses a highly relevant topic, which has to date been under-researched. The study has the potential to greatly improve knowledge about the efficacy of psychological treatments for major depression.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1) Meeting DSM-IV criteria for MDD
2) between the ages of 18 and 65-years-old
3) having sufficient fluency in Dutch to complete treatment and research protocol
4) Participants using prescribed anti-depressant medication are required to be on a stable dose for at least 2 weeks before the beginning of treatment and remain on this dose throughout the treatment.

Exclusion criteria

1) DSM-IV criteria for bipolar disorder (past and/or present)
2) psychotic disorders
3) substance dependence disorders (current or within the past 6 months), or
4) organic brain syndrome.
5) borderline or antisocial personality disorder

Study design

Design

Study type:	Interventional
Intervention model:	Parallel

Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-05-2010
Enrollment:	98
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METC Amsterdam UMC

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
CCMO	NL31937.018.10