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

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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.

Ethische beoordeling	Positief advies
Status	Anders
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON20783

Bron
NTR

Verkorte titel
BeATDeP65

Aandoening

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

Ondersteuning

Primaire sponsor: Pro Persona; RadboudUMC; Radboud Universiteit
Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

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

Toelichting onderzoek

Achtergrond van het onderzoek

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).

Doel van het onderzoek

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.

Onderzoeksopzet

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.

Onderzoeksproduct en/of interventie

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.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

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).

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Anders
(Verwachte) startdatum:	01-07-2016
Aantal proefpersonen:	200
Type:	Onbekend

Ethische beoordeling

Positief advies

Datum:	25-08-2016
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 47861
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

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

Resultaten

Samenvatting resultaten

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.

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.

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.

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.