

Cost-effectiveness of the Demands and Capacities Model based treatment compared to the Lidcombe Programme of early stuttering intervention: Randomised Trial.

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The Lidcombe Programme for early stuttering intervention is more cost-effective than the Demands and Capacities Model based treatment.

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON26802

Bron

Nationaal Trial Register

Aandoening

stuttering pre-schoolers

Ondersteuning

Primaire sponsor: Dr. Marie-Christine Franken (Erasmus MC, Rotterdam)

Overige ondersteuning: ZonMW

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. The percentage of recovered children at 18 months post randomization;
2. The costs for a recovered child.

Toelichting onderzoek

Achtergrond van het onderzoek

Stuttering is a frequent problem in three to six year olds: about 5% of children begin to stutter (Bloodstein 1995). The recovery rate four years after onset without intervention is 74% (Yairi & Ambrose 2005). The consensus is that all stuttering children should be treated in the preschool years (Jones et al 2005), because of a higher chance on succesful treatment outcome, presumably so because neural plasticity decreases with age. Also, it is nog yet possible to predict for an individual case who will or will not recover from stuttering. In the Netherlands, the Demands and Capacities Model based treatment is the standard (DCM, Starkweather et al 1990). This treatment uses an indirect approach. The Lidcombe Programme (LP) is the Australian standard for treating pre-school children who stutter. This is a direct treatment, because it aims to increase fluent and decrease stuttered speech. Evidence suggests that both treatments are effective. A RCT with the LP showed that at 9 months after randomization, children who were treated with the LP were stuttering less than children in the no treatment arm (Jones et al 2005). Efficacy of the DCM has been shown in a randomized pilot trial in which the effects of DCM and LP treatment after 12 weeks were compared to each other (Franken et al 2005). To improve the evidence basis underlying stuttertherapies, a cost-effective evaluation of stuttering therapy is relevant. The objective of this study is to determine the relative effectiveness, cost-effectiveness and cost-utility of the Dutch standard for treating stuttering in pre-school children (DCM) compared to the Australian standard (LP).

Outcomes will be analyzed at baseline and at 3, 6, 12 and 18 months post randomization.

Doel van het onderzoek

The Lidcombe Programme for early stuttering intervention is more cost-effective than the Demands and Capacities Model based treatment.

Onderzoeksproduct en/of interventie

Demands and Capacities Model based treatment versus Lidcombe Programme

Contactpersonen

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

1. Age 3.0-6.3;
2. Frequency of stuttering at least 3%;
3. Parent and one therapist agree the child stutters;
4. Parent rating of stuttering severity on an 8-point scale of at least 2;
5. Proficiency in Dutch for children and parents.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Onset of stuttering within 6 months before recruitment;
2. Treatment for stuttering during the previous 12 months;
3. Diagnosed language disorder;
4. Neurologic, emotional, cognitive, behavioral or autism spectrum disorder.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Blinding:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-08-2007
Aantal proefpersonen:	196
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	23-07-2007
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL995
NTR-old	NTR1024
Ander register	:
ISRCTN	ISRCTN24362190

Resultaten

Samenvatting resultaten

Franken, M.C.J., Kielstra-van der Schalk, C.J. & Boelens, H. (2005). Experimental treatment of early stuttering: a preliminary study. *Journal of Fluency Disorders*, 30 (3), 189-199.

Jones, M., Onslow, M. Packman, A., Williams, S., Ormond, T., Schwarz, I., Gebski, V. (2005). Randomised controlled trial of the Lidcombe programme of early stuttering intervention. *British Medical Journal*, 331, 659-661.

Gottwald, S.R. & Starkweather, C.W. (1999). Stuttering prevention and early intervention: a multiprocess approach. in; M. Onslow & A. Packman (eds.) *The handbook of early stuttering intervention*, 53-82. San Diego/London: Singular Publishing Group.