

## GP Information Leaflet

### COBALT

#### **Cognitive Behavioural Therapy as an adjunct to pharmacotherapy for treatment resistant depression in primary care: a randomised controlled trial (ISRCTN38231611)**

#### **Background**

Antidepressants are often the first-line treatment for depression but only about one third of patients respond fully to pharmacotherapy. The reasons for this non-response are complex but include treatment resistance (where an adequate dose and duration of treatment has been given). Such treatment resistant depression (TRD) has a considerable impact on individuals, health services and society. Currently there is little high-quality evidence to guide the management of those patients who have not got better after 6 weeks of antidepressant treatment.

Cognitive behavioural therapy (CBT) is the most widely available structured psychotherapy for depression in specialist mental health services in the NHS. Most research into CBT has examined the effectiveness of CBT for previously untreated depressive episodes. However, in practice, CBT is often reserved for those who have not responded to pharmacotherapy in primary care (i.e. those who are treatment resistant). There are indications that psychological treatments may be effective in patients with TRD and an increasing literature on the use of combination therapy for depression suggests that there is a small benefit of combination therapy compared to medication alone in reducing depressive symptoms. However, this evidence is not specific to those with TRD. Given that many patients express a preference for “talking therapies” and the planned expansions in access to CBT, it is important and timely to examine the effectiveness of CBT as an adjunct to pharmacotherapy for patients with TRD.

#### **What is the aim of the study?**

To determine the effectiveness of CBT in addition to antidepressants in reducing depressive symptoms and improving quality of life over 12 months in patients with treatment resistant depression (TRD) in primary care. The trial will compare patients receiving antidepressants and CBT (the intervention group) with those receiving antidepressants and usual GP care (the control group). Patients defined as having TRD are those who have significant depressive symptoms following at least 6 weeks treatment with antidepressant medication at an adequate dose.

#### **Who is eligible to take part in the study?**

Eligible patients are those who:

- are aged 18 to 75 years
- are currently taking antidepressant medication
- have received this medication for six weeks or more at BNF recommended doses

Excluded are patients who:

- have bipolar disorder or psychosis
- have major alcohol or substance abuse problem(s)
- are not able to complete the study questionnaires
- are currently receiving CBT, other psychotherapy or secondary care for depression
- who have received CBT in the past 3 years

In addition, women who are pregnant at the time of recruitment would be excluded, although women who become pregnant during the trial will be able to continue to participate with your consent and approval.

## What is my role?

We need your help in identifying potential participants. There are two ways to identify patients who may be eligible for the trial.

- ***a search of your computerised records for patients who are currently taking antidepressants and have done so for at least 6 weeks.*** A member of the practice staff could do this or we would be happy to set up the search for you. We would reimburse your practice for any staff costs associated with conducting this record search. Alternatively, our own research staff holding honorary NHS contracts or UK Clinical Research Network (UKCRN) staff (from the Mental Health Research Network or Primary Care Research Network) could carry out the search for you. Potentially eligible patients who meet the above inclusion criteria would then be mailed an invitation letter, by your practice, asking for permission for the research team to contact them. Again, any associated costs would be reimbursed.
- ***patients who are receiving a repeat prescription for antidepressants may be identified during a consultation.*** We would ask you to introduce the study to patients and complete a very brief information sheet about their potential eligibility. If they give permission, we would ask you to fax their contact details to the research team at their local centre.

## When will patients enter the study?

Patients who agree to be contacted by the research team will be mailed a short screening questionnaire asking about their depression and their antidepressant medication. Patients who score 14 or more on the Beck Depression Inventory (BDI) and who report having complied with their medication will be identified on the basis of their responses to this questionnaire. These individuals will then be contacted and invited to meet with a researcher who will give them more information about the study and assess their eligibility to participate. This appointment can take place at your surgery, the patient's home, the University or other NHS premises, depending on convenience and availability. Those who also meet ICD-10 criteria for depression will be invited to participate in the trial. Those who are interested will be asked for their written informed consent and randomised to one of the two treatment groups.

We are also interested in understanding more about why people may not wish to take part in the trial and will therefore ask those who decline to participate in the trial whether they would be willing to be interviewed, so we can learn more about their reasons for declining. This is particularly important in terms of the potential utility of CBT as a treatment for this patient group.

## What is the study comparing?

Patients will be randomised to one of two treatment groups. At the point of randomisation, all patients will be taking antidepressants. Both groups will continue their antidepressants as directed by you.

In Group 1, subjects will be randomised to receive CBT in addition to usual care (including antidepressants). Patients will receive a course of 12 sessions of CBT, with (up to) a further 6 sessions if deemed clinically appropriate by the therapist. Each session will last 50 minutes. Therapy would take place at your surgery or local NHS premises, again depending on convenience and availability.

Those randomised to Group 2 would continue to receive their usual care (including antidepressants) with you as appropriate. We will provide you with a summary of the NICE guidelines, which should be followed. There will be no restrictions for the treatment options for patients randomised to usual care. You will therefore be able to refer those randomised to Group 2 for counselling or to secondary care (including for CBT) if this is clinically appropriate.

In addition, some patients will be asked to attend an interview to explore patient's views and experiences of CBT, including their reasons for completing or not completing therapy. Similarly, some of those randomised to Group 2 will also be asked to attend an interview in order to gather more information to enable us to describe "usual care" for this patient group.

### **What will be measured during the study?**

A variety of outcomes, including depressive symptoms, will be evaluated in both treatment groups at intervals of 3, 6, 9 and 12 months following randomisation.

### **Will I know which of my patients are taking part in the study?**

Yes, you will always be informed. We will let you know, in writing, if a patient is not eligible for the study and, with their consent, feed back the results of the screening questionnaire and/or assessment with the researcher. Once a patient has consented to participate, we will write again to inform you of this and of their treatment group allocation. Should we suspect, at any point during the trial, that there might be another medical condition of which you should be aware, we would notify you as soon as possible.

### **Who is organising and funding the research?**

The study is organised by the Department of Community Based Medicine at the University of Bristol, in collaboration with the Peninsula Medical School, the University of Exeter and the University of Glasgow. It is funded by a grant from the Health Technology Assessment Programme, which is part of the Department of Health. The study is also supported by the Mental Health Research Network (MHRN) for England, the Scottish MHRN, and the Primary Care Research Networks in both England (PCRN) and Scotland (SPCRN).

### **Who has reviewed the study?**

The study has been reviewed and approved by the West Midlands REC.

### **Who do I contact for further information?**

For further information, please contact the Trial Co-ordinator, at the University of Bristol on **0117 954 6660**, or your local **CoBaIT** team (see below or the 'Contact us' page for details).

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**Thank you for considering taking part in this research**