Comparison of behavioural activation with guided self-help for treatment of depression in adults with intellectual disabilities: a randomised controlled trial

Andrew Jahoda, Richard Hastings, Chris Hatton, Sally-Ann Cooper, Dave Dagnan, Ruqi Zhang, Alex McConnachie, Nicola McMeekin, Kim Appleton, Rob Jones, Katie Scott, Lauren Fulton, Rosie Knight, Dawn Knowles, Chris Williams, Andrew Briggs, Ken MacMahon, Helen Lynn, Ian Smith, Gail Thomas, Craig Melville

Summary

Background Psychological therapies are first-line interventions for depression, but existing provision is not accessible for many adults with intellectual disabilities. We investigated the clinical and cost-effectiveness of a behavioural activation intervention (BeatIt) for people with intellectual disabilities and depression. BeatIt was compared with a guided self-help intervention (StepUp).

Methods We did a multicentre, single-blind, randomised controlled trial with follow-up at 4 months and 12 months after randomisation. Participants aged 18 years or older, with mild to moderate intellectual disabilities and clinically significant depression were recruited from health and social care services in the UK. The primary outcome was the Glasgow Depression Scale for people with a Learning Disability (GDS-LD) score at 12 months. Analyses were done on an intention-to-treat basis. This trial is registered with ISRCTN, number ISRCTN09753005.

Findings Between Aug 8, 2013, and Sept 1, 2015, 161 participants were randomly assigned (84 to BeatIt; 77 to StepUp); 141 (88%) participants completed the trial. No group differences were found in the effects of BeatIt and StepUp based on GDS-LD scores at 12 months (12·03 [SD 7·99] GDS-LD points for BeatIt vs 12·43 [SD 7·64] GDS-LD points for StepUp; mean difference 0·36 [95% CI –0·21 to 0·94]; p=0·003). Within-group improvements in GDS-LD scores occurred in both groups at 12 months (BeatIt, mean change –4·2 GDS-LD points [95% CI –6·0 to –2·4], p<0·0001; StepUp, mean change –4·5 GDS-LD points [–6·2 to –2·7], p<0·0001), with large effect sizes (BeatIt, 0·590 [95% CI 0·337–0·844]; StepUp, 0·627 [0·380–0·873]). BeatIt was not cost-effective when compared with StepUp, although the economic analyses indicated substantial uncertainty. Treatment costs were only approximately 3·6–6·8% of participants' total support costs. No treatment-related or trial-related adverse events were reported.

Interpretation This study is, to our knowledge, the first large randomised controlled trial assessing individual psychological interventions for people with intellectual disabilities and mental health problems. These findings show that there is no evidence that BeatIt is more effective than StepUp; both are active and potentially effective interventions.

Funding National Institute for Health Research.

Introduction

Individuals with intellectual disabilities have higher rates of mental ill health than the general population, with a point prevalence of 40% for adults.1 The term intellectual disabilities refers to people who have substantial impairments of both intellectual and functional ability, with an age of onset before adulthood. Approximately 2% of adults and 3·5% of children have an intelligence quotient (IQ) of less than 70, although this figure might be rising because of increasing life expectancy, improving survival (IQ) of less than 70, although this figure might be rising because of increasing life expectancy, improving survival and healthcare provision.2

Depression is as common in adults with intellectual disabilities as in the general population, with a point prevalence of about 5%.3 The disorder is more enduring for these adults than for the general population, suggesting it is either a more severe condition or more poorly managed than in the general population. For example, a study with a British cohort found that adults with intellectual disabilities were four times more likely than the non-intellectually disabled population to meet criteria for chronic depression over a 28-year period.4 Although psychological therapies have become established first-line interventions for depression in the general population, this has not been the case for adults with intellectual disabilities, because of the additional complexities involved in making these interventions accessible to adults with cognitive and verbal communication impairments. Awareness of the inequity in provision of psychological therapies has grown, but substantial limitations remain in the existing evidence base and in its implementation. The available literature was reviewed for the National Institute for Health and Care Excellence (NICE) guideline5 on mental health problems in people with intellectual disabilities. A key recommendation was for modifications to and trials of psychological therapies.
psychological interventions to ensure they are accessible to adults with intellectual disabilities.

In behavioural activation, the focus of the intervention is on behaviour change rather than cognition, emphasising engagement with potential environmental reinforcers. In the general population, behavioural activation has been shown to be as effective as antidepressant medications, and superior or equivalent to cognitive behavioural therapy (CBT), pill-placebo, and treatment as usual among patients with more severe depression, with effects lasting as long as those for CBT following treatment termination. Non-specialist health-care workers can be trained to deliver behavioural activation. Although there have been promising developments in CBT approaches for people with intellectual disabilities, including a recent pilot randomised controlled trial of a computerised intervention, behavioural activation might be more accessible than CBT for people with intellectual disabilities, since it is less cognitively demanding. We therefore aimed to assess the effectiveness of behavioural activation for people with intellectual disabilities and depression. The study reported here was informed by a pilot open trial of behavioural activation alone in people with intellectual disabilities, done at one site. Outcomes from the pilot study showed evidence of a reduction in depressive symptoms for those able to self-report on the Glasgow Depression Scale for people with a Learning Disability (GDS-LD) before and after the intervention, and at a 3 month follow-up after the end of treatment.

Participant retention was 88%, and therapies were delivered with excellent fidelity to the manuals. Significant reductions in depression scores were apparent by the end of treatment for both BeatIt and StepUp, and were maintained at 12 months after randomisation. Neither treatment was better than the other. The long-term nature of the follow-up period (12 months after randomisation) and the health economic analysis of the psychological interventions also make important contributions to the existing scientific literature.

### Methods

#### Study design and participants

We did a multicentre, single-blind, randomised controlled trial comparing adapted behavioural activation (BeatIt) with guided self-help (StepUp). At the request of the funder, the comparator was not treatment as usual. We also did an accompanying health economic evaluation of the interventions. Nested qualitative studies exploring the experiences of participants, supporters, and therapists will be reported elsewhere.

An internal pilot phase was done in Scotland before opening additional study sites in England and Wales. Participants were recruited mostly from specialist intellectual disabilities health services (not specifically mental health services) and social care services, with some recruited from Improving Access to Psychological Therapy (IAPT) services in Lancashire. IAPT services provide first-line psychological interventions for all adults in England with mental health problems. Inclusion criteria were mild to moderate intellectual disabilities, measured by a score of 75 or less on the Weschler Abbreviated Scale of Intelligence; the ability to provide informed consent; age 18 years or older; and clinically significant depression as assessed by the Diagnostic Criteria for Psychiatric Disorders for use with Adults with Learning Disabilities. Participants also needed to have a supporter (a staff member, family member, or friend) who could provide support in therapy sessions. Participants who were actively suicidal or having difficulties that would prevent them from interacting with the therapist or retaining information...
دریافت فوری
متن کامل مقاله

امکان دانلود نسخه تمام متن مقالات انگلیسی
امکان دانلود نسخه ترجمه شده مقالات
پذیرش سفارش ترجمه تخصصی
امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
امکان دانلود رایگان ۲ صفحه اول هر مقاله
امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
دانلود فوری مقاله پس از پرداخت آنلاین
پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات