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Research report

A web-based self-management intervention for Bipolar Disorder 'Living with Bipolar': A feasibility randomised controlled trial

Nicholas J. Todd [a,*], Steven H. Jones [a], Anna Hart [b], Fiona A. Lobban [a]

[a] Spectrum Centre for Mental Health Research, Division of Health Research, School of Health and Medicine, Lancaster University, Lancaster LA1 4YT, United Kingdom
[b] Combining Health Information, Computation & Statistics, Lancaster Medical School, Faculty of Health and Medicine, Lancaster University, Lancaster LA1 4YT, United Kingdom

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ABSTRACT

Background: Bipolar Disorder (BD) is a severe mental health problem. Psychological interventions are recommended by the National Institute for Health and Care Excellence (NICE) but patients experience severe inequalities in access. This study assessed the feasibility and potential effectiveness of a recovery informed web-based self-management intervention for people with BD.
Methods: An online randomised controlled trial ($n=122$) compared treatment as usual (TAU) plus the 'Living with Bipolar' (LWB) intervention with a waiting list control (WLC) group.
Results: The study recruited to target and the retention rates were high. Participants engaged with the approach. Compared with the WLC, those receiving LWB showed the most robust improvement in psychological and physical domains of quality of life, wellbeing and recovery at the end of the intervention.
Limitations: The trial was not definitive and requires further investigation.
Conclusions: There is preliminary evidence that a web-based treatment approach in BD is feasible and potentially effective. Such interventions could form part of the Improving Access to Psychological Therapy (IAPT) initiative in severe mental health.

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1. Introduction

Bipolar Disorder (BD) is characterised by recurrent periods of extreme mood including depression, mania and mixed affective states (Goodwin and Jamison, 2007). It has been identified in 2% of the population (Merikangas et al., 2007) and is estimated to cost England £5.2 billion per year (McCrone et al., 2008). Although BD is ranked by the World Health Organisation as one of the sixth most debilitating conditions (Murray and Lopez, 1997), outcome is highly variable and there are those who experience long periods of stability (Michalak et al., 2006).

Psychological interventions for BD, recommended by the National Institute for Health and Care Excellence (NICE) (NICE, 2006a) have been shown to be effective at reducing relapse and hospital admission and improving functioning (Morriss et al., 2007), but significant problems exist with overall delivery across the National Health Service (NHS) (Bird, 2006) and there is substantial inequality in access (Shapiro et al., 2003). Improving access to psychological intervention is a UK government priority currently recently extended into severe mental health (DOH, 2011), but this requires the development of new accessible interventions.

Web-based self-management interventions have the potential to improve equality of access in cost-effective ways (DOH, 2005). Such interventions offer round the clock access and are aimed at fostering existing coping skills and empowering people to take control of their own condition (DOH, 2001). Computerised interventions are recommended as an effective treatment in the NICE guidelines for mild to moderate anxiety and depression (NICE, 2006b). However, to date, only two trials have evaluated web based interventions for BD. 'Beating Bipolar' (Smith et al., 2011) and the 'Bipolar Education Programme' (Proudfoot et al., 2007) are web-based psycho-educational programmes. However, neither reported significant difference between active intervention and control groups (Smith et al., 2011; Proudfoot et al., 2012). Other approaches currently under development include 'Online Relapse Prevention' (Barnes et al., 2007); and 'Mood Swings' (Lauder and Castle, 2008).

The growing interest in this area reflects the potential utility of developing effective web based interventions, but more work is needed to design approaches that significantly improve outcome for service users. Current web based approaches have focussed on reducing symptoms and relapse, and have controlled access to

* Corresponding author.
E-mail address: nicholas.todd@nhs.net (N.J. Todd).

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modules directing service users through a prescribed programme. Here we describe the development of a new web based intervention 'Living with Bipolar' (LWB). In contrast to the emphasis of previous interventions on symptom reduction, LWB has a 'recovery' focus; defined as supporting people in a process of living fulfilling lives alongside symptoms (Anthony, 1993). Recovery' focussed outcomes are priorities for many service users (Mead and Copeland, 2000), and for people with Bipolar Disorder, include increased involvement in meaningful activity, improvement in self-efficacy, and reduced reliance on support networks, in addition to symptom management (Jones et al., 2010). Recovery-focussed treatment approaches have been hailed as one of the key priorities for the modernisation of UK mental health care, replacing previous approaches outlined in the National Service Framework for Mental Health – New Horizons (HM Goverment, 2009). Recovery focussed interventions show promising results in severe mental health populations (McGuire et al., 2014) including in Bipolar Disorder (Jones et al., 2012). The LWB intervention encourages service users to take responsibility for their treatment accessing, the intervention flexibly to meet their individual needs. There is an emphasis on peer support through an online discussion forum with professional support limited to moderation of this forum only.

This paper reports the results of a UK randomised controlled trial of a web-based self-management intervention 'Living with Bipolar', designed to evaluate the feasibility and potential effectiveness of this approach.

2. Method

2.1. Design

This was an exploratory online randomised controlled trial (registration number: ISRCTN64826171) in which participants were allocated to either receive LWB or a wait list control group (WLC). All participants continued to receive all other treatment as usual. A simple randomisation procedure was performed using a computer generated random number sequence (www.random.org), carried out by a postdoctoral researcher independent from the research team. Participants were randomised together at the end of the 12 month recruitment window prior to the delivery of baseline assessments. A detailed protocol has been published elsewhere (Todd et al., 2012b).

The primary aim of this trial was to assess the feasibility of delivering the LWB intervention; the secondary aim was to assess the potential clinical effectiveness, estimating effect sizes for a number of psychological outcomes.

2.2. Participants

2.2.1. Sample size

The sample size was not based on a formal power calculation as the main aim of this trial was to assess feasibility. We aimed to recruit 100 participants in total which would be sufficient to assess feasibility and estimate treatment effect sizes.

2.2.2. Recruitment

Participants were recruited via voluntary sector organisations and the internet, through verbal presentations and online advertisements. Participants were eligible if they were aged 18–65, resident in the UK, with a self-reported clinical diagnosis of Bipolar Disorder Type I or II, and scoring above a threshold sensitive to diagnostic criteria for Bipolar Disorder Type I and II on the Mood Disorders Questionnaire (MDQ) (Hirschfeld et al., 2000; Twiss et al., 2008). The sample was further described through the completion of a socio-demographic questionnaire, which was adapted by the authors from the Structured Clinical Interview (SCID) overview (APA, 2000). For the purposes of the intervention, participants needed to understand written English, have access to a computer, the internet, an email account and a printer. All participants gave informed consent. Ethical approval was obtained from the Lancaster University Faculty of Health & Medicine Ethics Committee (FHMREC1000005).

2.2.3. Procedure

The trial was delivered online with no face to face interaction between the researcher and the participants. The trial assessed short term outcomes and follow-up assessments were taken at three and six months post-randomisation. Participants in the treatment group were given access to the intervention for six months, to give participants enough time to fully engage with the material. Participants were informed of their group allocation by email and prompted to complete baseline and follow-up assessments by email and telephone. Missing data at baseline was minimised in the treatment group by requiring participants to have completed all measures before they were able to access the intervention. Participants in the WLC group were incentivised by being offered access to the intervention at the end of the trial if they completed the measures. Participants who dropped out without explanation were asked but did not have to provide a reason for discontinuation. Participants were given detailed information about the study design, highlighting the importance of not sharing log on details to prevent contamination between arms.

2.3. The 'Living with Bipolar' (LWB) intervention

LWB is an online interactive recovery informed self-management intervention, broadly based on the principles of Cognitive Behavioural Therapy (Lam et al., 2010) and psycho-education (Colom and Vieta, 2006).

The intervention aims to help people to: (1) learn more about bipolar experiences and how these affect their life; (2) increase their self-esteem and self-efficacy around managing bipolar; (3) increase their knowledge of specific self-management techniques to effectively manage their condition in order to pursue personally meaningful recovery goals, and; (4) increase their knowledge of practical and interpersonal skills to live a fulfilling life alongside their condition.

The content was the result of a systematic review (Todd et al., 2010) and extensive service user involvement at all stages of development via five face-to-face focus groups and an online service user consultancy group (Todd et al., 2012a, 2013).

Ten interactive modules were developed: (1) Recovery & Me; (2) Bipolar & Me; (3) Self-management & Me; (4) Medication & Me; (5) Getting to Know Your Mood Swings; (6) Staying well with Bipolar; (7) Depression & Me; (8) Hypomania & Me; (9) Talking about my diagnosis; and (10) Crisis & Me. Worksheets were used to enhance learning and personalise the content, and could be downloaded or printed out. Case studies and worked examples, written by service users were used extensively to reduce perceived isolation through shared experience. A mood checking tool was available for participants to help them identify major changes in their mood. Participants receive information about the most appropriate modules, given their mood symptoms. In line with the recovery agenda participants were given access to all aspects of the intervention and encouraged to use it as and when they felt appropriate.

2.3.1. Intervention support

The intervention can be defined as a human supported web-based intervention, which includes 'minimal provision of human

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