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| Host department: Exeter/UCL |
| Project Title: |
| Evaluating Augmented Depression Therapy (ADepT) for treatment resistant depression |
| Proposed supervisory team:  Josh Buckman (lecturer in clinical psychology, UCL)  Barney Dunn (professor of clinical psychology, Exeter) |
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| Potential for cross consortium networking and educational opportunities: |
| The research will be co-supervised by Joshua Buckman (UCL) and Barney Dunn (Exeter), with the applicant primarily based at whichever site best meets their individual needs. There are a range of additional potential collaborators in Exeter (John Campbell, Kim Wright), UCL (Steve Pilling) and elsewhere (including with a treatment resistant depression clinic being established in Ohio, US by Jay Fournier). Successful applicants will have the opportunity to develop their therapy skills by learning ADepT and also learn how to develop and evaluate novel psychological therapies using mixed-method approaches (including quantitative, qualitative and health economic methodologies). They may also be able to visit the treatment resistant depression clinic run in Ohio. |
| Project description:  Background  While many individuals suffering from depression benefit from existing frontline psychological therapies, a substantial minority do not fully respond and remain in episode at the end of treatment. In the UK context, psychological therapies for depression are delivered in primary care settings by Improving Access to Psychological Therapy (IAPT) services via a stepped care model (low intensity provision for milder cases; high intensity provision for more severe cases or those who have not benefitted from high intensity). If individuals are still in episode at the end of this care pathway, they are often discharged back to their GP with no additional therapeutic service, and often do not cross the threshold for access to secondary care mental health care services. There is a need to develop next stage treatments to offer clients who have not benefitted from IAPT. There is an increasing recognition that a key component of depression that predicts a poor future prognosis if not addressed is anhedonia – a loss of interest or pleasure in rewarding activities. Mainstream therapies like cognitive behavioural therapy (CBT) focus on reducing depressed mood but neglect anhedonia. Augmented Depression Therapy (ADepT) has been developed to target both depressed mood and anhedonia and has been shown to be effective in treating depression in an IAPT context as a frontline treatment. ADepT may also have potential as a next step treatment for clients who have not benefitted from high intensity CBT, but this has not yet been empirically evaluated.  Aims and objectives   1. To refine the Augmented Depression Therapy (ADepT) protocol to be suitable for treatment resistant depression 2. To assess feasibility and proof-of-concept of the revised protocol via a case series 3. To assess the feasibility of conducting a future definitive randomized controlled trial evaluating ADepT relative to normal care and to further establish proof of concept for ADepT.   Method(s)  Participants will be clinically depressed individuals who remain symptomatic having previously received an adequate dose of an evidence based, high intensity psychological therapy in IAPT (for example, CBT, BA, IAPT).  The existing ADepT protocol for depression will be reviewed and updated to target treatment resistant depression, via focus-groups with clinical experts and experts by lived experience. A multiple randomised baseline case series design will preliminarily evaluate the feasibility and acceptability of the revised ADepT protocol and assess evidence of efficacy via change over time in (PHQ-9) depression and (WEMWBS) wellbeing in 15 clients. Qualitative interviews will explore client and therapist views on the intervention. Assuming pre-specified continuation rules are met, a pilot randomised controlled trial will randomise 60 individuals to receive either treatment as usual (TAU) or ADepT + TAU, assessing follow up after acute-treatment and longer-term follow-up. We will assess the feasibility of conducting a larger scale clinical trial and also assess clinical and health economic proof of concept of ADepT (analysing within-arm changes over time and estimating the confidence interval of between group effect sizes). A mixed methods process evaluation will assess mechanism of change and contextual modifying factors.  Impact  The project would suit allied health professionals in the mental health field, ideally with familiarity with IAPT settings, a track record of working with non-responder cases, existing skills in the delivery of evidence-based psychological therapies for depression like CBT, and an emerging track record of involvement in therapy outcomes research. |

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| Training and development provision by host: |
| Formal training: The successful applicant will have access to taught modules in Health Services Research Methodologies (including qualitative methods, statistics, and trial design) at UCL and Exeter. If clinically qualified, they will be able to undergo a training course and supervised placement to learn how to deliver ADepT. |
| Informal training: The successful applicant will have the opportunity to learn about how to develop and evaluate novel interventions via working alongside the AccEPT clinic team (an NHS commissioned therapy R&D service in Exeter). This will involve learning the design, delivery, analysis, and write up of case series and clinical trials |
| PPIE: The ADepT research programme has an established expert by experience reference group. The successful applicant will have the opportunity to work with this group at all stages of the project, learning best practice around co-design of interventions and their evaluation. |