Therapist telephone-delivered CBT and web-based CBT compared with treatment as usual in refractory irritable bowel syndrome: the ACTIB three-arm RCT

Hazel Everitt,1* Sabine Landau,2 Paul Little,1 Felicity L Bishop,3 Gillian O’Reilly,1 Alice Sibelli,4 Rachel Holland,2 Stephanie Hughes,1 Sula Windgassen,4 Paul McCrone,5 Kim Goldsmith,2 Nicholas Coleman,6 Robert Logan,7 Trudie Chalder8 and Rona Moss-Morris4

1Primary Care and Population Sciences, University of Southampton, Southampton, UK
2Biostatistics, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, UK
3Centre for Applications of Health Psychology, University of Southampton, Southampton, UK
4Health Psychology Section, Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, UK
5Institute of Psychiatry, Psychology & Neuroscience, King’s College London, London, UK
6Department of Gastroenterology, Southampton University Hospital, Southampton, UK
7Department of Gastroenterology, King’s College Hospital, London, UK
8Academic Department of Psychological Medicine, King’s College London, London, UK

*Corresponding author hae1@soton.ac.uk

Declared competing interests of authors: Paul Little was Programme Director of the Programme Grants for Applied Research (PGfAR) programme, Editor-in-Chief for the PGfAR journal and a member of the National Institute for Health Research (NIHR) Journals Library Editorial Group and the NIHR PGfAR expressions of interest – Health Technology Assessment Projects Remit Meeting. Trudie Chalder reports grants from Guy’s and St Thomas’ Charity. She was a faculty member at the Third International Conference on Functional (Psychogenic) Neurological Disorders, September 2017, Edinburgh, UK; a member of the Improving Access to Psychological Therapies (IAPT) Education and Training Evidence Review Group (2016); a member of the IAPT Outcomes and Informatics Meeting (2016–present); and the president of the British Association for Behavioural and Cognitive Psychotherapies (2012–15), for which she did not receive payment. She delivered workshops on medically unexplained symptoms during the conduct of the study (money paid into King’s College London for future research). Trudie Chalder has a patent for the background intellectual property (IP) of the manuals that were developed prior to the trial starting. The Trial Steering Committee Chairperson, Peter White, was a colleague of Trudie Chalder in the past but he has recently retired. Rona Moss-Morris reports personal fees from training in irritable bowel syndrome interventions for Central and North West
London NHS Foundation Trust and the University of East Anglia outside the submitted work. The patient
manual is background IP developed by Rona Moss-Morris and Trudie Chalder in previous work. The
therapist manual was developed for the Assessing Cognitive–behavioural Therapy in Irritable Bowel
(ACTIB) trial. These manuals were made available only once the 12-month ACTIB follow-up was complete.
Sabine Landau reports support via the Biomedical Research Centre for Mental Health at South London and
Maudsley NHS Foundation Trust and King’s College London.

Published April 2019
DOI: 10.3310/hta23170

Plain English summary

The ACTIB three-arm RCT
Health Technology Assessment 2019; Vol. 23: No. 17
DOI: 10.3310/hta23170

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Plain English summary

Irritable bowel syndrome (IBS) is a common bowel disorder causing pain, bloating and diarrhoea or constipation, which can affect quality of life. Treatment relies on a positive diagnosis, reassurance, lifestyle advice and drug therapies. However, many patients suffer ongoing distressing symptoms. 

Guidelines recommend cognitive–behavioural therapy (CBT) for patients with ongoing IBS symptoms. However, access to therapy is limited because of cost and therapist availability. We previously developed web-based CBT (WCBT), which is more accessible, less expensive and requires less therapist time than traditional therapist telephone-delivered CBT (TCBT). The aim of the current trial was to assess the clinical effectiveness and cost-effectiveness of these two approaches. Participants were randomly assigned to TCBT, WCBT or treatment as usual (TAU).

The TCBT group received a CBT manual and six 1-hour telephone CBT sessions with trained therapists over 9 weeks and two booster sessions at 4 and 8 months. The WCBT group received access to the interactive CBT website with eight online sessions at home over 9 weeks, with similar content to the therapist CBT, and received three 30-minute therapist telephone-delivered CBT sessions and two boosters at 4 and 8 months.

There were 558 adults with ongoing IBS symptoms who took part from 74 general practice surgeries and three hospital clinics in London and the south of England. The main study outcomes were the IBS Symptom Severity Score and the Work and Social Adjustment Scale, which measures people’s ability to function and live their lives. The results of these were collected at the start of the study and at 3, 6 and 12 months.

Significant improvement in symptoms was found in the two therapy groups compared with TAU at 3, 6 and 12 months. Cost-effectiveness and wider benefits (e.g. ability to cope and mood) also showed positive results, indicating that sustained improvements in IBS symptoms are possible at an acceptable cost.
Health Technology Assessment

ISSN 1366-5278 (Print)
ISSN 2046-4924 (Online)
Impact factor: 4.513

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 11/69/02. The contractual start date was in September 2013. The draft report began editorial review in January 2018 and was accepted for publication in June 2018. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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