Online remote behavioural intervention for tics in 9- to 17-year-olds: the ORBIT RCT with embedded process and economic evaluation

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[†]**In memoriam:** The ORBIT team would like to acknowledge the contribution made by Elizabeth Murray and Rebecca Jones throughout the project. Both Elizabeth and Rebecca were highly valued colleagues of PRIMENT Clinical Trials Unit, University College London. Rebecca provided a significant contribution to ORBIT, including co-designing the statistical analysis plan and conducting the analysis. Elizabeth provided outstanding expertise in digital trials, which guided the project throughout. We are deeply saddened by their deaths, which occurred during the project.

Disclosure of interests

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at https://doi.org/10.3310/CPMS3211.

Primary conflicts of interest: Chris Hollis was Principal Investigator on a grant from the National Institute of Health Research (NIHR) Health Technology Assessment programme to conduct an Evidence Synthesis on the treatments for tics and Tourette syndrome in children and young people (HTA Project 10/142/01). Rebecca Jones reports NIHR HTA grant funding (NIHR131647). Sophie D Bennett reports the following: grants from NIHR PGfAR programme (RP-PG-0616-20007), Epilepsy Research UK and Beryl Alexander charity; book royalties from *Oxford Guide to Brief and Low Intensity Interventions for Children and Young People*; consultancy fees from Al-Ayn UK (My Story); and income from private practice at Mind and Body London. Isobel Heyman reports personal royalties for several books published with Jessica Kingsley Press on tic disorders. Joseph Kilgariff has received teaching honoraria from the British Association of Psychopharmacology. David Mataix-Cols reports personal fees from UpToDate, Inc., outside the submitted work. Tara Murphy reports royalties from several books published with Jessica Kingsley Press on tic disorders. Elizabeth Murray reports NIHR grant funding (NIHR132243). Cris Glazebrook reports receiving grants from URI and Action for A-T (Charity) and NIHR PGfAR programme (RP-PG-0618-20003). All authors received funding from NIHR to support their salaries and/or time as co-applicants during the conduct of the study.

Published October 2023
DOI: 10.3310/CPMS3211

Plain language summary

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Health Technology Assessment 2023; Vol. 27: No. 18
DOI: 10.3310/CPMS3211

NIHR Journals Library www.journalslibrary.nihr.ac.uk

Plain language summary

It can be difficult for children and young people with tics to access therapy. This is because there are not enough trained tic therapists. Online remote behavioural intervention for tics was a clinical trial to see whether an online platform that delivered two different types of interventions could help tics. One intervention focused on techniques to control tics; this type of therapy is called exposure and response prevention. The other intervention was psychoeducation, where participants learned about the nature of tics but not how to control them. The online remote behavioural intervention for tics interventions also involved help from a therapist and support from a parent.

Participants were aged 9–17 years with Tourette syndrome/chronic tic disorder and were recruited from 16 clinics, two study sites (Nottingham and London) or via online self-referral. All individuals who were eligible for the online remote behavioural intervention for tics trial were randomised in a 50/50 split by researchers who were unaware of which treatment was being given. Participants received either 10 weeks of online exposure and response prevention or 10 weeks of online psychoeducation.

A total of 224 children and young people participated: 112 allocated to exposure and response prevention and 112 to psychoeducation. Tics decreased more in the exposure and response prevention group (16% reduction) than in the psychoeducation group (6% reduction) 3 months after treatment. This difference is considered a clinically important difference in tic reduction. The treatment continued to have a positive effect on tic symptoms at 6, 12 and 18 months, showing that the effects are durable. This was achieved with minimal therapist involvement. The cost of online exposure and response prevention to treat young people with tics within this study was less when compared to the cost of face-to-face therapy.

The results show that exposure and response prevention is an effective behavioural therapy for tics in this specific patient group. Delivering exposure and response prevention online with minimal therapist contact can be a successful and cost-effective treatment to improve access to behavioural therapy.

Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.6

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 16/19/02. The contractual start date was in October 2017. The draft report began editorial review in July 2022 and was accepted for publication in December 2022. 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.

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