A tailored psychological intervention for anxiety and depression management in people with chronic obstructive pulmonary disease: TANDEM RCT and process evaluation

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Disclosure of interests

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Health NHS Trust (London, UK) provided some research capacity funding, which was used to bridge fund Dr Vari Wileman and this enabled her to contribute to the fidelity and process evaluation work on TANDEM (Tailored intervention for ANxiety and DEpression Management in COPD). She received funding from NIHR ARC North Thames to fund her time [5% whole time equivalent (WTE)] for work on multimorbidity. TANDEM was adopted as an ARC project by the NIHR ARC North Thames Multimorbidity Themes. She has various other NIHR grants as chief investigator and co-applicant: NIHR Public Health Research (PHR) 19/03, RP-PG-1016-10014, RP-PG-1016-10012, RP-PG-0616-20002, RP-PG-0216-20001, HSDR NIHR 19/103, NIHR AI_AWARD02204, 223501/Z/21/Z and 'PhD Programme for Primary Care Clinicians'. NIHR School for Primary Care Research pay 0.5 WTE of salary for the academic capacity development lead for the school. She was a member of HTA Clinical Evaluation and Trials Committee (2016–20) and is a member of NIHR Programme Grants for Applied Research Committee A (2021–present). She has a small number of AstraZeneca shares, representing < 3% of the value of her share portfolio.

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Plain language summary

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Plain language summary

People with long-standing lung problems, such as chronic obstructive pulmonary disease, often also have anxiety and depression, which further reduces their quality of life. Two existing treatments could help. Pulmonary rehabilitation (a programme of exercise and education) improves both the physical and mental health of people with chronic obstructive pulmonary disease. Cognitive-behavioural therapy (a talking therapy) may reduce anxiety and depression. The TANDEM [Tailored intervention for Anxiety and Depression Management in chronic obstructive pulmonary disease (COPD)] intervention linked these two treatments by providing talking therapy based on cognitive-behavioural therapy during the waiting time following referral for pulmonary rehabilitation.

The TANDEM treatment was delivered by respiratory healthcare professionals (e.g. nurses or physiotherapists) trained to deliver the talking therapy in six to eight weekly sessions. The sessions were conducted in the participant's home (or another convenient location), with brief telephone support during the pulmonary rehabilitation.

Of 423 participants recruited to the study, 242 participants received TANDEM talking therapy and 181 participants received usual care (including a referral to pulmonary rehabilitation). We measured mental health, quality of life, social life, attendance at pulmonary rehabilitation and healthcare use in both groups at 6 and 12 months. Forty-three carers joined the study and we assessed their mental well-being. We interviewed patients, carers and health professionals to find out their views and experience of the TANDEM treatment. We also examined whether or not the TANDEM treatment was good value for money.

The TANDEM treatment did not improve the mental or the physical health of people with chronic obstructive pulmonary disease. In addition, the TANDEM treatment cost the NHS an extra £770 per patient, which was not good value for money. The TANDEM treatment was well received, and many participants told us how it had helped them. Heath-care professionals noted how participants did not just have chronic obstructive pulmonary disease, but were coping with many physical, mental and social problems.

The TANDEM intervention was not effective and, therefore, other strategies will be needed to help people with chronic obstructive pulmonary disease and mental health problems live with their condition.

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This report

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