

Efficacy of Pain Treatment on Depression in Patients with Dementia. A Randomized Clinical Trial of Efficacy

<https://neurodegenerationresearch.eu/survey/efficacy-of-pain-treatment-on-depression-in-patients-with-dementia-a-randomized-clinical-trial-of-efficacy/>

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Research Abstract

Depression is common in older people and nursing home (NH) patients with dementia. Treatment with antidepressants is a clinical priority but the evidence base is sparse and studies demonstrate absence of benefit compared to placebo and increased risk of several adverse events in intervention groups. Depression is a common co-morbidity amongst people with chronic pain in form of interactive relationship. Our own research demonstrated efficacy of pain

treatment on agitation and aggression in patients with dementia. Secondary analyses suggest benefit of pain treatment also on depression. It is crucial to follow up these results: DEP.PAIN.DEM (Depression and Pain in Patients with Dementia) a 13 weeks, multicenter, parallel-group, double-blind RCT, aims to investigate the efficacy of pain treatment on depression in patients with dementia. Participant (N=266) will be included from 3 old-age psychiatry clinics and from 12 NHs (Bergen, Stavanger, Haugesund). Patients are eligible if they are >59 years, with probable or possible dementia (in accordance to NINCDS, ADRDA), coexisting depression (>3 weeks duration) that was assessed as needing antidepressants (CSDD>7), or despite ongoing treatment with antidepressant. Exclusion criteria: Advanced severe medical disease with expected survival <6 months, severe psychiatric disorder, and severe aggression. Patients will be randomized (1:1) to pain treatment with paracetamol or buprenorphine for 13 weeks, or placebo. Primary and secondary outcomes will be assessed at baseline, week 2, 4, 8, and 13 using: Cornell; NPI-NH; MOBID-2 Pain Scale; DEMQOL; UKU; MMSE; ADL, and adverse events. Statistics: Chi square-, Mann-Whitney U analyses between groups, ANCOVA, LOCF, ICC, p-values. Collaboration is established between UiB, Stavanger Univ. Hospital; Karolinska, Stockholm; Kings College, London; and EU-COST-ActionTD1005. We apply for a 4-year project leader (50%) and a PhD-candidate (100%). A comprehensive dissemination plan is available

Further information available at:

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