

Towards Improved Quality of Life in Late Stage Bipolar Disorder: Development of a Comparative Effectiveness Trial of Two Online Therapies

ORBIT Research Project Team

Today's talk

- ORBIT project: NHMRC-funded RCT comparing two online interventions for late stage BD
 - Recovery-focused in aims, development and delivery approach
 - Currently recruiting, participants blinded to primary hypothesis
- Design decisions
- Risk management approach
- Maximising engagement

Rationale

- Growing interest in 'staging' in bipolar disorder (Berk et al, 2007; Muneer, 2016)
- People in 'late stage' bipolar disorder may not benefit from current adjunctive psychological interventions (Scott et al, 2006)
- In this population, focus on relapse prevention may be less useful than focus on improving quality of life (Murray et al, 2015)

ORBIT

- Online, recovery-focused bipolar individualised tool
- Brief (5-week), adjunctive online self-help intervention with email coaching support
- RCT comparing two approaches to *maximising quality of life* in late stage bipolar disorder
 - Contrasting content
 - Identical engagement features
- Single-site (internet) study
 - International recruitment, ethical approval through Swinburne University HREC

Design decisions

- How to operationalise 'late stage'?
 - Subjective estimate of 10 or more episodes of any type
- Inclusion and exclusion criteria
 - Balancing generalisability goals with risk management imperative
 - Not in a diagnosable episode, not psychotic, not actively suicidal
 - Under the care of a nominated medical practitioner (seen at least once in last 12 months)
- Using broader DSM-IV criteria, explore narrower DSM-5

Risk management in an online self-help tool

- Extensive discussion with consumer experts, online BD experts, suicide experts
- Approach
 - Explicitly devolve risk management to participants and their local networks
 - Informed consent, messages on site, emergency numbers on site, coaching approach
 - No active tracking of risk
- Red flag procedure for managing risk that becomes apparent
 - Balancing safety with empowerment and confidentiality

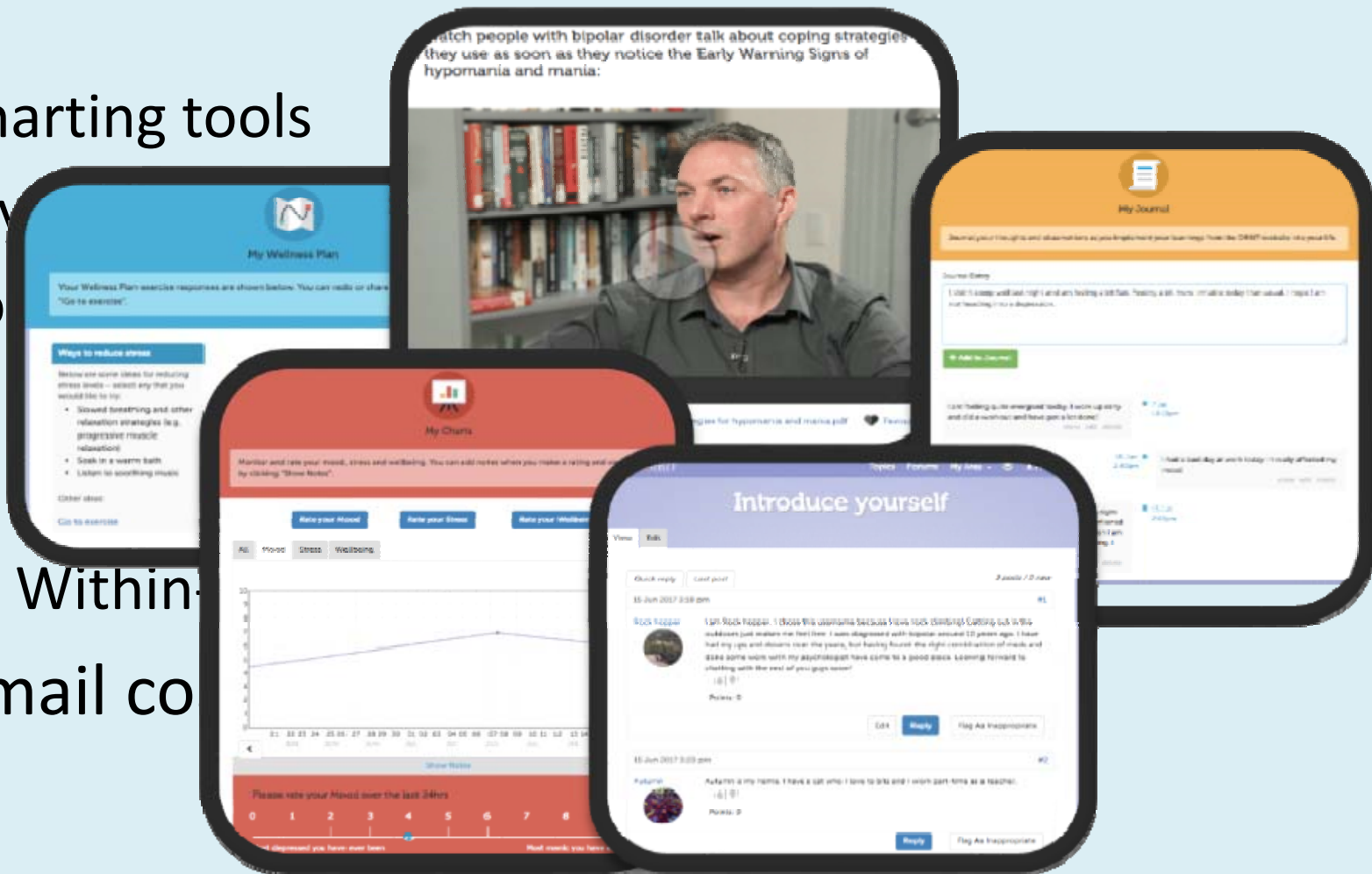
- Inclusion and exclusion criteria
 - Under medical care, not unwell at baseline
 - Exclude if participation compromises care
- Content
 - General alerts about potentially challenging content, specific alerts when activities introduced
 - Participant posts monitored for potentially triggering content (rules and suggestions provided)

Maximising engagement with online content

- *All content* presented by brief documentary-style videos with lived-experience experts and clinical experts
- Novel challenges for developing content
 - Develop intervention content
 - Write documentary questions
 - Film interview
 - Iterative content-process development
 - Review content in light of footage
 - Edit footage
 - Review content in light of footage
 - (Repeat for 6 months)

Persuasive system design

- Charting tools
- My
- So
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- Within
- Email co



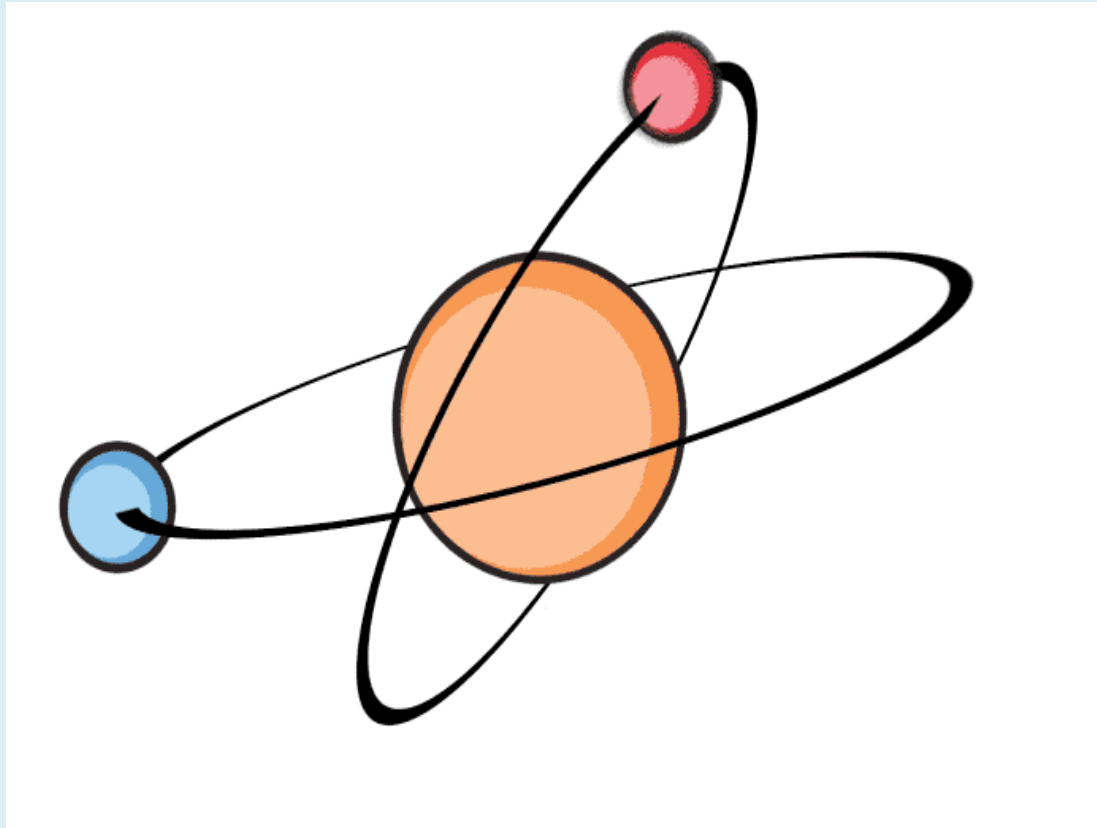
- Website: Email: swinorbitonline@gmail.com
- Taking action for depression

Conclusions

- Recovery encourages focus on treatment goals beyond symptoms
- May be particularly relevant for people who have not responded well to symptom management
- Remote delivery via internet must put person at the centre of the intervention
 - Engagement, safety challenges
 - Accessibility, benefits of community
- ORBIT: recovery-focused in aims, development and delivery approach

Currently recruiting!

Visit: www.orbitonline.org



ORBIT Research Project Team

Investigators

Greg Murray Swinburne
Erin Michalak UBC
Michael Kyrios ANU
Sheri Johnson UC Berkeley
Steven Jones Lancaster U
Neil Thomas Swinburne
Cathy Mihalopoulos Deakin
Michael Berk Deakin
Lesley Berk Deaking
Sara Lapsley UBC
Tania Perich UWS
Susan Cotton U of Melb
Steven Bowe Deakin

Project Manager

Fiona Foley

Research Staff

Kathryn Fletcher
Katrina Lindblom
Kerrie Salsbury
Summer Guo

Postgraduate Students

Hailey Tremain
Yan Yang
Nancy Georgie

Software Developers

Media Insights

Multimedia Developers

Rybazoid

Consumer Reference Group

Peer Educators

Forum Moderators

