Feasibility randomised controlled trial of online group Acceptance and Commitment Therapy for Functional Cognitive Disorder (ACT4FCD)

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A brief online group acceptance and commitment therapy (ACT) intervention for functional cognitive disorder (FCD) has shown promise as a treatment and feasible to deliver as an RCT.

Participants showed high levels of engagement and satisfaction with ACT and demonstrated small to modest improvements on psychological functioning and quality of life.

The impact of the intervention appears to increase over time and is maintained at 6 months.

BACKGROUND

- FCD is an increasingly recognized subtype of functional neurological disorder.[1] We developed a brief psychological intervention delivered remotely in groups utilizing the principles of ACT.[2]
- The ACT intervention provided education about the condition (including the role of anxiety, hypervigilance, and metacognitive doubt), employed strategies to increase psychological flexibility, and supported living according to values-based goals.
- We obtained funding from the NIHR to study the feasibility of conducting a definitive randomized controlled trial of the intervention.

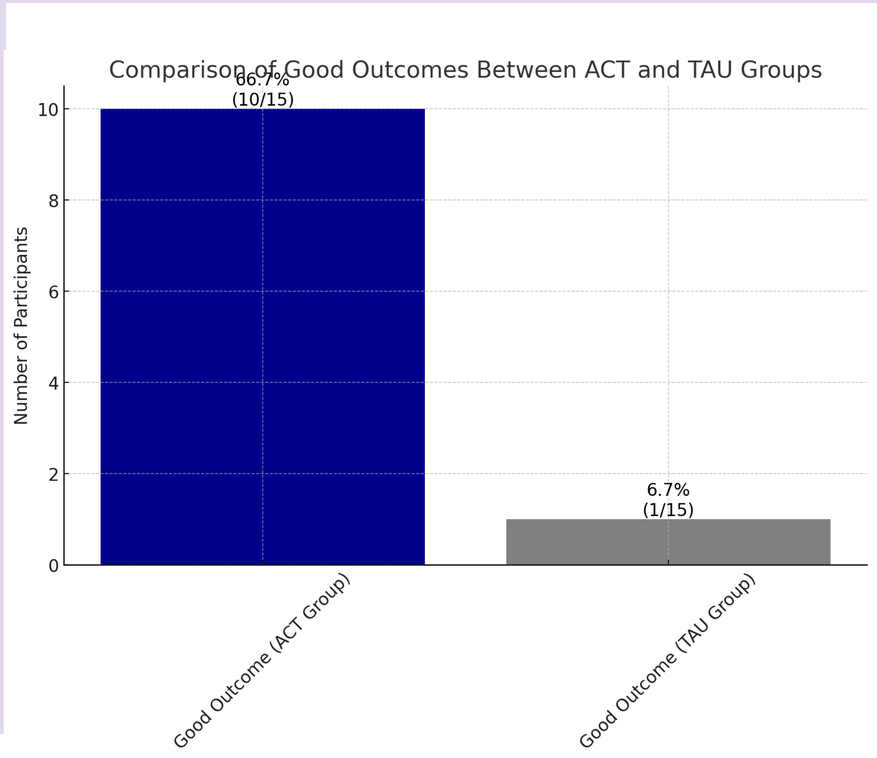
METHODS

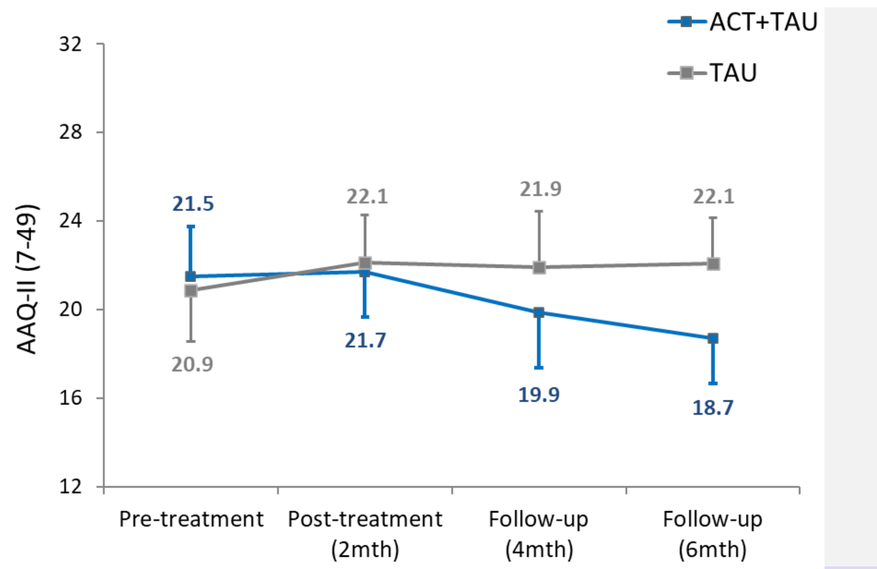
- 44 participants were randomized to ACT or TAU. Participants completed outcome measures at baseline, 2, 4, & 6 months. The measures assessed psychological flexibility (primary outcome measure) and secondary outcome measures including subjective cognitive symptoms, mood and anxiety, health-related quality of life and functioning, healthcare utilisation, satisfaction with care, and participant-rated improvement.

RESULTS

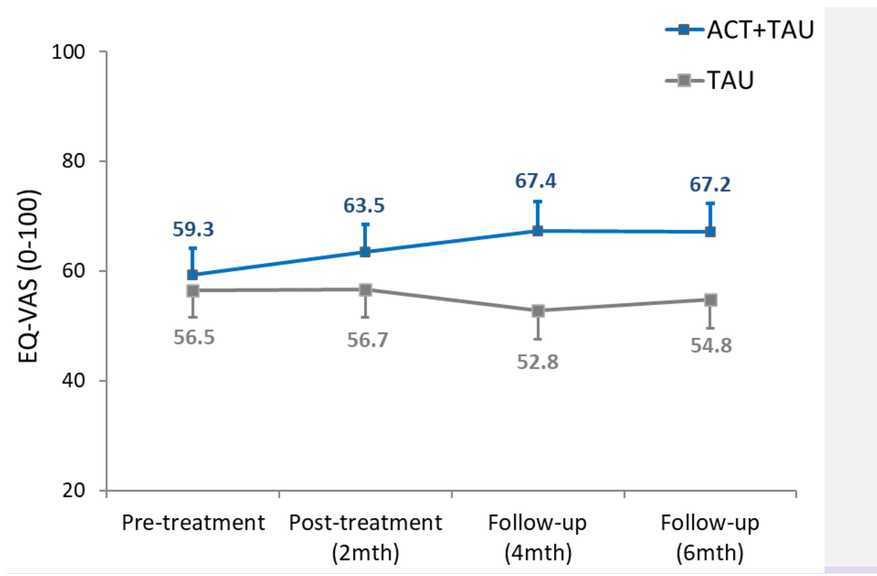
Criterion	Proposed threshold	Outcome
Recruitment rate	*70% or above agreeing to recruitment. **If 50-70% ways to increase the recruitment rate will be considered.	44 participants were randomised of 86 referred to the study 51.1% (CI = 40.8%, 61.5%)
Intervention adherence	*Feasibility will be demonstrated if above 75% complete 4 or more ACT sessions	18 of 22 participants attended 4 or more sessions 81.8% (CI = 61.5%, 92.7%)
Intervention acceptable	*Majority of participants rate the intervention satisfied/very satisfied on 5-point Likert scale	60% reported at 6-month follow-up that they were either satisfied (n=6) or very satisfied (n=3)
Signal of efficacy	AAQ-II score	Effect size at 26 weeks follow-up: 0.39 (-0.20,0.98)

- Secondary outcome measures demonstrated a trend of small to modest improvements in the ACT group at six months

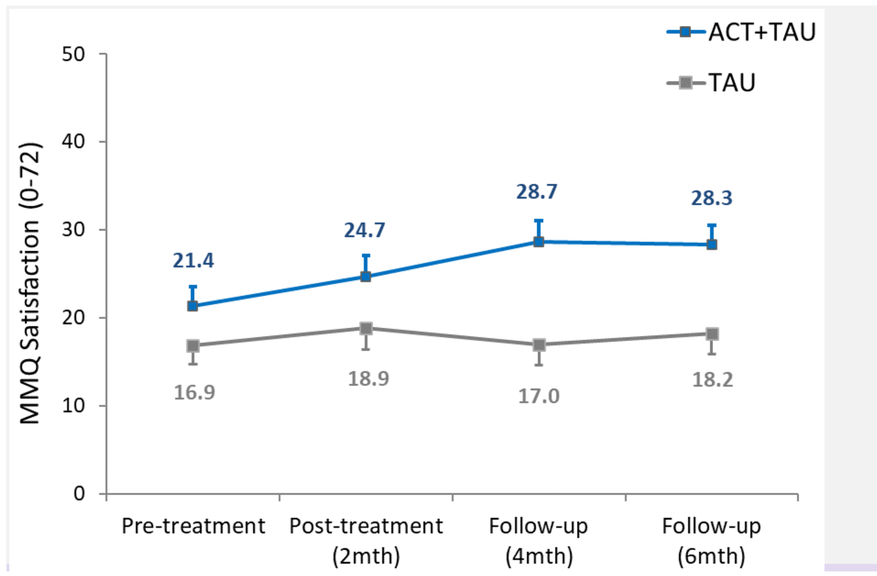




Primary outcome measure



Adjusted EQ-5D-5L VAS



MMQ-Satisfaction scores

South West London and St George's Mental Health NHS Trust

References

1. Ball HA, McWhirter L, Ballard C, *et al*. Functional cognitive disorder: dementia's blind spot. *Brain* 2020;143:2895–903.
2. Graham CD, Gouick J, Krahé C, *et al*. A systematic review of the use of acceptance and commitment therapy (act) in chronic disease and long-term conditions. *Clin Psychol Rev* 2016;46:46–58.

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Protocol

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