Name of project	RANDOMISED CONTROLLED TRIAL OF MODIFIED COGNITIVE BEHAVIOUR THERAPY FOR NON-CARDAC CHEST PAIN				
Funding agency	National Institute for Health Research: Research for Patient Benefit Programme in the UK (NIHR RfPB)				
Research members	Peter Tyrer, Richard Morrisse, Yang Min, (Trial Statistician) etc.				
PI	Peter Tyrer	Duration	2011.7-2014.6	The amount of grants	£259,750
Abstract	Chest pain is one of the most common reasons for attending an Accident & Emergency Department. This is understandable as cardiac conditions often present with chest pain and many sufferers require emergency interventions to save life. However, only a minority of patients presenting with chest pain have a demonstrated physical cause for their conditions and the remainder are often inadequately managed, and who often receive a combination of support and reassurance that may reinforce rather than resolve the problems. We have developed a modification of cognitive behaviour therapy for chest pain (CBT-CP), administered mainly by trained general nurses, with preliminary evidence of efficacy, and need to test its value formally in a randomised controlled trial. This is a randomised parallel arm controlled trial of interventions for patients with non-cardiac chest pain. It has two arms, one of standard support and reassurance (control arm) and the other of either 1-2 or between 3 and 6 sessions, depending on the assessmen of the severity of the problem at first assessment, of an adapted form of cognitive behaviour therapy for non-cardiac chest pain administered by a trained medical team. Patients will be stratified by gender and be randomised using a minimisation procedure with equal allocation to the two arms of the trial. The aims of the project are three: (i) to carry out a two-arm parallel randomised controlled trial of either 1-2 or 3-6 sessions of cognitive behaviour therapy (CBT) or standard treatment (ST) in patients presenting with non-cardiac chest pain (who have presented at least once before in the previous year), and who have not had sufficient physical pathology to explain their symptoms, at cardiology settings at one general hospital (KIngs Mill Hospital) (ii) to measure outcome both in terms of reduction of symptoms of health related anxiety, medically unexplained symptoms, social funtioning, generalised anxiety and depression, and quality of life at 6m and 12m (iii) to measure all health service related costs in the 6 months before randomisation and at 6 month intervals subsequently for 12months.				