Northumberland, Tyne and Wear NHS Foundation Trust

Research Currently Recruiting in NTW

Useful Contacts

NTW Research delivery teams

Mental Health: Anna Massey 0191 208 1379

Dementia: Jill Davison 0191 246 7390

Neurology: Lindsay Duke 0191 287 5100

R&D

Simon Douglas: 0191 246 7224

Lyndsey Dixon: 0191 246 7221

Hazel Ingram: 0191 246 7228

Stuart Robertson: 0191 246 7228

Karol Adams: 0191 246 7222

Caring | Discovering | Growing | **Together**

EULAST

European Long-acting Antipsychotics in Schizophrenia Trial

Study Summary: RCT measuring all cause discontinuation rates for two medications (aripiprazole or paliperidone) in two formulations (oral or depot) over an 18 month period in patients with a diagnosis of schizophrenia across Europe

Inclusion criteria

Diagnosis of schizophrenia as defined by DSM-IV-R as determined by the M.I.N.I. plus
Age 18 or older.
The first psychosis occurred at least 6 months and no more than 7 years ago.*
If patients are using an antipsychotic drug, a medication switch is currently under consideration.
Capable of providing written informed consent.

** Time of first psychosis is defined as the first contact with a health care professional in relation to psychotic symptoms.*

Main Exclusion criteria

Intolerance / hypersensitivity to both* of the drugs (including active substances, metabolites and excipients) in this study including oral, paliperidone and aripiprazole and/or hypersensitivity to risperidone.
Pregnancy or lactation.
Patients who are currently using clozapine.
Patients with a documented history of intolerance to both* of the study medications and/or a documented history of non-response to a treatment with both* of the study drugs
Forensic patients.

**If intolerance/hypersensitivity or non-response in the past to one of the compounds is documented, the patient can still participate; however, randomization will take place by blocking that specific compound. This procedure of blocking one compound is also accepted for patients who have experienced too many side effects to one of the compounds in the past.*

Principal Investigator: Dr Patrick Keown,
Independent Doctor: Dr Arun Gupta
Sub Investigator: Dr Zak Noman

CRN contact for enquiries or referral:
Wendy Hall (Clinical Research Nurse) Wendy.Hall@ntw.nhs.uk , Tel: 0191 208 1381

Alleviating Specific Phobias Experienced by Children Trial

ASPECT aims & objectives

- **The ASPECT trial aims to;**
- Investigate the clinical effectiveness of OST for specific phobias in children when compared to CBT
- Examine the cost effectiveness of OST in comparison to CBT
- Understand the impact of OST and CBT on the quality of life and functioning and children and young people taking part in the trial
- Establish the acceptability of OST to the children and young people taking part, their families and the therapists delivering the treatment using qualitative interviews.

One Session Treatment (OST)

- One Session Treatment (OST) is **a variant of CBT** and uses similar treatment techniques
- Unlike CBT, OST does not require an extensive treatment period.
- Instead, a combination of treatment techniques are consolidated into **a single three-hour session**
- OST has been shown to be clinically effective in children with specific phobias following a number of randomized controlled trials.
- However, to date OST has;
- **NOT** been tested in the UK
- **NOT** been compared to CBT, the gold standard treatment.
- **NOT** been tested in a pragmatic setting (i.e. no effectiveness RCTs to date)

Contact: Joseph Horne; Joseph.Horne@ntw.nhs.uk; 07976639951

Lithium versus Quetiapine in Treatment Resistant Depression

The Lithium versus Quetiapine in Depression (LQD) study is trying to work out which of two medications (lithium or quetiapine) added to an antidepressant is best in helping people with TRD. These two treatments are not new and are currently both recommended by NICE (the National Institute for Health and Care Excellence). Patients in the LQD study will be given either lithium or quetiapine alongside their antidepressant. Which drug they will be given will be decided randomly, but the patient and their doctor will know which one they are on. Patients will be followed up over 12 months to establish which treatment is more likely to improve TRD.

Inclusion criteria

- Diagnosis of major depression
- Not responded to (or relapsed whilst taking) ≥2 antidepressants in the current episode
- On current antidepressant for at least 6 weeks
- Aged 18 or over
- Willing and able to consent
- Willing to complete self-assessment and attend study visits

Exclusion criteria

- Bipolar disorder
- Current psychosis
- Pregnant or lactating
- Use of lithium or quetiapine during current episode
- Known contraindications to either quetiapine or lithium

Contact for enquiries or referral:

Kimberley Nortey (Research Assistant) Kimberley.Nortey@ntw.nhs.uk Tel: 0191 208 1367
Or Wendy Hall (Clinical Research Nurse) Wendy.Hall@ntw.nhs.uk, Tel: 0191 208 1381

Bipolar Disorder, Pregnancy and Childbirth Research

BDRN is the largest network of individuals with bipolar disorder in the world. 6000 individuals in the UK have now taken part in their studies and in their current research they are hoping to find out more about the factors that make some women with bipolar disorder more or less likely to experience episodes of illness in relation to childbirth.

Inclusion criteria:

- Pregnant women with bipolar disorder
- Women with bipolar disorder who have experienced postpartum psychosis or any other mood episode featuring mania following childbirth that required hospital treatment
- Women without a bipolar diagnosis who have experienced postpartum psychosis or any other mood episode featuring mania following childbirth that required hospital treatment

Participation involves an interview with a researcher about experiences relating to mental health and childbirth, providing a blood sample, and completion of questionnaires. If pregnant then participation also includes a follow up contact after the birth.

Contact: Emily Clare: **Emily.clare@ntw.nhs.uk**

The Paediatric Autism Communication Trial - Generalised

What is the PACT-G study?

The study will run in 2017 and 2018 in the North West and North East of England and London. It will investigate whether PACT-G therapy improves the social communication of children with autism. All families who take part will receive comprehensive assessments. To make a fair test, half of the families in the study will be randomly chosen to receive the PACT-G therapy on top of their usual services, treatments and interventions. The other half will continue

Inclusion criteria for referral to PACT-G Pilot

Child between 2;0 years and 11;0 years (in primary school) with a diagnosis of autism.

Pre-school children will have above 12 months equivalent level in general (non language) development.

Primary school children will range in development from the beginning of intentional communication to social communication at a 5 year level, with communication difficulties associated with autism including limited communication initiation and conversation turn-taking.

All children The family will have spoken English at home which is adequate to allow them potentially to participate in this communication based intervention. Neither child or parent will have long term severe hearing or visual impairment that would limit participation in the intervention. There will be no current clinically severe psychiatric illness in parents.

Contact: Joseph Horne ***joseph.horne@ntw.nhs.uk*** Tel: 0191 2081381

The Adult Autism Spectrum Cohort-UK research study (ASC-UK)

Study Summary: a research project to learn much more about the life experiences of adults with an autism spectrum disorder and their relatives .

The study will collect information from adults on the autism spectrum and relatives regarding their life experiences. Participants will join the nationally recruited cohort and will be asked to update their information from time to time, to see how people's lives change over time. They will also be informed at regular intervals about the progress of the study.

Inclusion and Exclusion Criteria: Adults on the autism spectrum, aged 16 or over

Relatives can be involved in two ways: (1) **Relatives/carers of adults on the autism spectrum who are unable to consent for themselves can join the study as consultees on behalf of the adult lacking capacity** (2) **Relatives of adults on the autism spectrum can join the relatives cohort, and give information about themselves**

Contact: Jahnese Hamilton, Clinical Studies Officer, 0191 2081367, **jahnese.hamilton@ntw.nhs.uk**

Developing a New Measure for Voices: The Voice Impact Scale (VIS)

Despite the proliferation of psychological interventions for distressing voices there is a lack of consensus about primary outcome measurement. That is, different research trials use different ways of defining and measuring their primary outcome. Moreover, trials typically include measures of physical characteristics of voices (e.g. frequency, duration, loudness) which is in contrast to the primary aims of reducing distress and improving quality of life, the supposed aim of cognitive behaviour therapy for distressing voices (Birchwood & Trower, 2006).

The lack of consensus about outcome measurement and the fact that we are potentially measuring inappropriate outcomes has hampered attempts to assess the effectiveness of psychological interventions for distressing voices. The study team have developed a new measure that aims to be used to evaluate the effectiveness of psychological intervention for voices.

Participation will involve completing a brief package of questionnaires, including the new measure. These will be completed anonymously. This can be done on paper questionnaires or online.

Inclusion Criteria:

- Be aged 18 years or over
- Have been hearing voices for at least a year
- Meet diagnostic criteria (DSM 5) for a psychosis spectrum condition (schizophrenia, schizoaffective disorder, delusional disorder or psychosis not otherwise specified) as verified by a mental health practitioner

Be able to read in English

Study Team

NTW PI: Dr Priya Khanna

Emily Clare, Clinical Studies Officer emily.clare@ntw.nhs.uk. Please contact Emily if you would like a copy of the participant information sheet or to discuss referrerals.

Durham University

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Hearing Voices in Psychosis (VIP): How do they change over time?
New university study aimed at gaining a detailed understanding of voice-hearing experiences and how they change over time, seeks participants:

- Who **are** aged 18 – 65.
- Who **are** in their first 6 months of using EIP services.
- Who **have been** hearing voices at least once per week for a month.
- Who **are** fluent users of English.
- Who **do not have** a duration of untreated psychosis (DUP) longer than 5 years.

Do you know of any service users who fulfil these criteria and who might be interested in taking part?

The study includes an **interview session** and optional sessions involving a **cognitive assessment** and an **fMRI scan.**

All participants will have their taxi fares paid for if transport is required, but researchers can also travel to participants' homes if they prefer. Participants will be offered a £20 gift voucher as a token of appreciation for each session they attend.

To check eligibility or for more information, please contact:
Jahnese Hamilton, Clinical Studies Officer
Tel: 0191 2081367
Email: jahnese.hamilton@ntw.nhs.uk

Lifestyle Health and Wellbeing Survey

Study Summary:

The aim of this survey is to provide information about the health and wellbeing of people with Severe mental illness (SMI).

The Lifestyle Health and Wellbeing Survey has two main objectives:

1. To benchmark current health related behaviours of people with severe mental ill health.
2. To provide a platform for future research with this population.

Inclusion Criteria:

The inclusion criteria for this survey are broad to capture the views of a range of people with SMI.

- Aged 18 or over
- Have a recorded diagnosis of schizophrenia; bipolar or associated disorders.

Contact: Jamie Rea (Research Nurse): Jamie.rea@ntw.nhs.uk, Tel: 0191 208 1367

BLISS : Bipolar Lithium Imaging and Spectroscopy Study

Study Summary:

This study aims to find out if there are differences between responders and non-responders to lithium so that in the future, psychiatrists will have a better idea who should be offered lithium; patients will be able to make more informed choices.

Inclusion criteria

- Diagnosis of Bipolar Disorder
- Currently euthymic
- Able to have an MRI scan If prescribed, they should have been established on lithium for at least one year. We can always keep people in mind to invite at a later date, if they have been recently prescribed lithium.

Exclusion criteria

- Previously prescribed lithium but now on other medication
- Learning disability
- Harmful drug or alcohol use
- Co-morbid diagnosis
- Current detention
- History of stroke
  History of head injury

Contact: Jamie Rea (Research Nurse) jamie.rea@ntw.nhs.uk, Tel: 0191 208 1367

NHS
Northumberland, Tyne and Wear
NHS Foundation Trust

The **cap-mem** study
Exploring the **c**ause **a**nd **p**revalence of **mem**ory problems

We would like to invite you to take part in our research study if:

you are **over 16, have mental health, neurodevelopmental or neurodegenerative disorder** (such as schizophrenia, bipolar disorder, anxiety disorders, autism or dementia);

or

you are **over 16** and **do not have a mental health disorder** (your responses would be used in a comparison group).

The study involves completing a short questionnaire about **nervous system symptoms such as dizziness**. You may also be offered the chance to complete brief memory tests.

If would like to find out more about the study, contact: cap.mem@ncl.ac.uk

or

Magdalena Glod

e: magdalena.glod@ncl.ac.uk

Academic Psychiatry and Regional Affective Disorders Service
Newcastle University
Wolfson Research Centre
Campus for Ageing and Vitality
Newcastle upon Tyne
NE4 5PL, UK

Layla Nugent

e: Layla.Nugent@ntw.nhs.uk

Academic Psychiatry and Regional Affective Disorders Service
Newcastle University
Wolfson Research Centre
Campus for Ageing and Vitality
Newcastle upon Tyne
NE4 5PL, UK

Young SMILES

The NSPCC and Barnardo's are working with University researchers and healthcare professionals on 3-year research study, supported by the National Institute for Health Research (NIHR). They are looking for families to take part.

Young SMILES is a group intervention has been developed by speaking to children, parents and professionals called. It is for children aged 6-16 who have parents that are experiencing a serious mental illness.

It is hoped that it will help to improve the health and wellbeing of children and young people.

Young SMILES is an 8-session weekly group for children and adolescents. 5 Parent/carer group sessions are also offered.

60 families who are eligible and consent will be involved in the trial. They will receive Young SMILES or Usual Care. Members of the research team will meet with families to complete some questionnaires 2-4 times over 12 months.

If you and your family would be interested in hearing more about the study please speak to your health or social care professional or contact the research team.

Craig Callender, Research Assistant

07899 963942
Michael.callender@nhs.net
Wolfson Research Centre
Campus for Aging and Vitality
Westgate Road, Newcastle

Judith Gellatly, study co-ordinator

(0161) 306 7672
judith.l.gellatly@manchester.ac.uk
The University of Manchester
Room 6.318 Jean McFarlane Building
Oxford Road

PPiP2 Study

Prevalence of Pathogenic Autoantibodies in Psychosis

There is some evidence that points to the body's immune system being one of the causes of psychosis. Sometimes the immune system mistakenly attacks healthy parts of the body. If the immune system attacks the brain, it can become 'inflamed', leading to psychosis.

PPiP is a national study and is currently recruiting across NTW Trust. We are looking for people aged 18-70 with symptoms of psychosis for longer than two weeks but less than two years. The aim is to understand if some cases of psychiatric illness are caused by immune system problems in some people.

What will happen if your client takes part?

- A single blood test and brief assessment performed by the research team
- Participants will receive £10 to compensate for time and inconvenience

Do you know a patient with symptoms of psychosis who might be willing to take part in research?
If so, contact - Jamie Rea, Research Nurse, 0191 208 1367, Jamie.Rea@ntw.nhs.uk

Anti-NMDA : This study is testing patients to see if they have the autoantibody to the NMDA receptor. This autoantibody causes psychosis in a proportion of patients with psychosis. It is treatable. ***Contact for referral: Dr Stuart Watson: Stuart.watson@ncl.ac.uk***

- Anyone accepted by an EIP team within the last 6 months
- Inpatients with catatonic features

DNA Polymorphisms in Mental Illness (DPIM)

Study Summary

Working with patients who have been diagnosed with Alcohol Dependence, Schizophrenia, or Bipolar, the study seeks to address four aims, these are:

1. To investigate and fine map the genes connected with increased susceptibility to psychiatric illness
2. To test the hypothesis that there are genetic variations within specific genes that influence treatment response and prognosis, as well as being aetiological in psychiatric illness
3. To test the hypothesis that there are minor gene (epistatic) effects influencing the aetiology of psychiatric illness
4. To test the hypothesis that there are mutations in the coding and control regions of candidate genes, using DNA sequencing

Inclusion and Exclusion Criteria: participants over the age of 18, with white/Caucasian English/Irish/Scottish/Welsh ancestry, who have a current or historical diagnosis of either Alcohol dependence, Schizophrenia or Bipolar Disorder and current capacity to consent to research.

TRIANGLE

Transition of care in Anorexia Nervosa: Through guidance online from peer and carer experts (TRIANGLE)

TRIANGLE is a multicentre randomised controlled trial to examine whether the addition of a patient and carer skill sharing intervention improves long-term patient wellbeing following hospital treatment for Anorexia Nervosa.

Patients and carers will take part over 18 months, and the intervention will take place over a professionally supported website. Carers and patients receiving the intervention will have access to workbooks, videos and skill based resources; as well as having access to mediated chat forums and skype sessions.

Inclusion criteria:

- Consecutive admissions for in/day patient care (at least 4 days a week)
- Aged 17 or over
- DSM-5 diagnosis of Anorexia Nervosa or Atypical/subclinical Anorexia Nervosa and a BMI <18.5 kg/m2
- With a carer (family or friends) willing to participate and able to provide some aftercare support.
- Consent signed within 2 months from admission.
- Participant able to access an electronic device (e.g. mobile phone, computer, laptop, tablet) and internet access.

Contact: Wendy Hall (Research Nurse): wendy.hall@ntw.nhs.uk or Joe Swift (Research assistant): joe.swift@ntw.nhs.uk

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Family Based Positive Support (FabPos)

Recruiting from November 2016 for one year

Inclusion criteria:
Family members who care for a relative with a learning disability and behaviour described as challenging (who is living with them or living away from them) and who is over the age of 18 and has, or has had, a connection to NTW NHS Foundation Trust.

What will it involve?:
Family carers taking part in, and helping develop the effectiveness of, the Family Based Positive Support course (5 course sessions plus 1 research meeting). There is availability for 6-8 family carers on each course. The course will run three times over the next year with different groups of participants.

What is the Family Based Positive Support course?:
The Family Based Positive Support Course has been developed by Steve Noone (Consultant Clinical Psychologist, NTW NHS Foundation Trust) in collaboration with groups of parents and staff. The course aims to build resilience by using practical approaches for families to use to maintain their physical and mental wellbeing during periods when their caring role becomes overwhelming. The course is informed by positive behaviour support, mindfulness and acceptance and commitment based approaches.

Please contact:

Megan Thomson, Research Assistant, NTW, 07780684608, megan.thomson@ntw.nhs.uk **Or** Dr Tina Cook, Principal Investigator, Northumbria University, Newcastle, 07398276307, tina.cook@northumbria.ac.uk

Evaluation Of **P**arent **I**ntervention For **C**hallenging Behaviour In **C**hildren With **I**ntellectual **D**isabilities (**EPICC-ID)**

EPICC-ID is a trial of a parenting intervention for parents of children with intellectual disabilities and challenging behaviour. The study will include young children aged 30-59 months with moderate to severe intellectual disabilities. The study is a randomised controlled trial so that 60% of participants will receive the intervention and 40% treatment as usual.

Stepping Stones Triple P (SSTP) is an intervention for parents of children with intellectual disabilities and challenging behaviour. It provides parents with information and support about how to manage such behaviours in their child. Trained therapists follow a manual and deliver the intervention in groups of 5-7 parents for 5 weeks, followed by 3 individual sessions and a final group meeting.

One parent (the main caregiver for the child) will attend each of the groups.

Inclusion	Exclusion
• Parents 18 years and over • Child aged 30-59 months at identification • Child has moderate to severe intellectual disability (ABAS GAC 40-69; 37) as assessed during eligibility by RA • Written informed consent by parent/caregiver • Reports of challenging behaviour over a six month period, no less than two months	• Child has mild, profound or no LD/ID as identified by the ABAS. • Parent/carer has insufficient English Language to complete study questionnaires. • Another sibling is taking part in the study.

Study Team

Chief Investigator: Professor Angela Hassiotis, UCL

NTW Principal Investigator: Dr Adi Sharma

Research Assistant: Matthew Unwin

Research delivery team Support: Emily Clare, Clinical Studies Officer and Bryony Stokes, Research Assistant

Matthew Unwin is contactable on 0191 208 1394 if you would like to discuss referrals in more detail or request participant information leaflets or expression of interest forms.

Please direct expressions of interest to the email: epicc.id.ne@ncl.ac.uk or matthew.unwin@ntw.nhs.uk

Dementias and Neurodegeneration Case Register

To facilitate recruitment to studies we have a Case Register for people with all types of **dementia, mild cognitive impairment, Parkinson's disease, progressive supranuclear palsy and multiple system atrophy**. The Case Register holds information about patients interested in research. Members of the Case Register can be selected for suitable studies and asked if they would like to take part.

Patients throughout the region should have opportunities to take part in clinical research. For clinicians, referring to the Case Register can be a step on the way to research activity.

The Clinical Research Network:
North East and North Cumbria
can help you by:

- Promoting research in your clinics
- Signing your patients up to the Case Register
- Identifying suitable patients for your research studies
- Taking patient consent and providing information about studies and trials
- Carrying out research including study set-up
- Managing the Case Register
- Sending regular newsletters to Case Register members

Send the contact details of patients you have discussed research with to us.

Either write, copy us in to a clinic letter, telephone, or email. We will send out information and obtain consent.

How to refer patients

Please contact us at

Clinical Research Network
North East and North Cumbria Dementias and neurodegeneration (DeNDRoN),
St Nicholas Hospital
Jubilee Road, Gosforth
Newcastle upon Tyne, NE3 3XT

Copy us in to a clinic letter **Phone:** 0191 246 7388 or **Email:** dendron@ntw.nhs.uk

Data protection and confidentiality

- All data is stored securely on a restricted access, password protected database
- We maintain accuracy through biennial re-contact and sending out regular 'change of circumstances' forms
- The database is used by members of the Clinical Research Network only
- Patient information is only released with the patient's agreement
- We record clinical studies discussed with each patient in order to avoid overloading individuals with requests
- Patients are free to withdraw from the Case Register at any time; we inform you of their withdrawal or death and remove their details from the database

The SUPErB Study

^{123}I-MIBG Scintigraphy Utility as a biomarker for Prodromal DEmentia with Lewy BodieS

This study follows on from the **Lewypro Study** to **identify biomarkers and clinical predictors of DLB** in people with **MCI and symptoms of Lewy body disease**

Inclusion Criteria: We will recruit older adults (≥60 years) with prodromal DLB, that is people who have cognitive and non-cognitive symptoms consistent with Lewy body disease but are not severely impaired with regards to cognitions and ADL's (MMSE ≥20 and CDR 0 or 0.5).

Age ≥60	**Diagnosis of MCI/early dementia**	**No P.D.**
Stable medically	**At least 1 symptom of DLB**	**No Hx stroke**
MMSE ≥20	**Mental Capacity to consent**	**Able to lie flat**
CDR 0 or 0.5	**Preserved activities of daily living**	**No warfarin (may be on ChEI)**

Volunteers will have a baseline assessment and be seen on four further occasions:

Visit 1 Volunteers will be asked for their informed consent followed by psychometric testing lasting about 1.5 hours, usually at their home address.

Visit 2 Volunteers attend CARU for a brief physical examination, blood samples to be taken and ECG lasting approximately 2 hours in total.

Visit 3 Volunteers will have a MIBG scan at the RVI. Appointment takes approximately 5.5 hours (scan itself takes around 30 mins)

Visit 4 Volunteers will have a FP-CIT (DaTSCAN) at the RVI. Appointment takes approximately 5.5 hours (scan itself takes around 30 mins)

Visit 5 Volunteers attend CARU for a MRI scan, EEG and the ***option*** of having a lumbar puncture

Annual follow-up visits On completion of all baseline assessments, volunteers will be asked to attend for annual follow-up visits every year to 5 years following consent. Each annual review will consist of a brief clinical interview, a repeat of psychometric testing and a diagnostic assessment for the development of dementia. Once someone has a dementia subtype diagnosis they will end their involvement in the study. Volunteers who continue in the study will NOT repeat blood tests, ECG, EEG, imaging or lumbar puncture

If you have any suitable subjects who may be willing to take part please contact:

Dr Barbara Wilson via email: **barbara.wilson@ntw.nhs.uk** or telephone: **0191 2081337**

Alzheimer's Disease (AD) Genetics

Study summary:

This study is looking at the influence of genes in relation to the deterioration and presentation of early on-set AD. Participants are visited at a time and place convenient for them, usually in their own homes. It's a straightforward study with one visit: The blood samples, interviews and memory tests take less than 2 hours. The participant's partner, carer or family member will be interviewed at the same time.

Inclusion: People who are diagnosed with probable Alzheimer's disease over 65 years of age or have onset of symptoms prior to 65 years old.

Contacts: David.green@ntw.nhs.uk Victoria.hetherington@ntw.nhs.uk 0191 2081348

Gait-Dem

Study summary:

The GAITDEM study is investigating subtle changes in walking in people with MCI or dementia (all types). Problems with walking have been associated with memory decline in older people. Individuals may slow down, take smaller steps or become more unsteady on their feet. The study is particularly interested in walking patterns of people with memory problems, and how these patterns relate to symptoms affecting memory and thought processes.

Inclusion

- Recruiting people with a diagnosis of MCI, probable Alzheimer's Disease, probable or possible Vascular Dementia and Lewy Body Dementia.
- Age 60 and over
- Must be able to walk unaided
- MMSE 15 or over, capacity to consent to the study
- Spouse, close relative or well established carer to act as informant
- Medically stable

Contact: Victoria.hetherington@ntw.nhs.uk 0191 2081351

SHAPED

Study summary:

The overall aim of SHAPED is to change NHS practice and policy in relation to visual hallucinations, and release a set of guidelines for clinicians, patients and carers on the management of visual hallucinations at the end of the research programme.

Inclusion:

- Participants to be age 60 or over with Alzheimer's disease, vascular dementia, Lewy body dementia
- MMSE score 14 or over experiencing hallucinations
- Carer

Contact: kirsty.olsen@newcastle.ac.uk Tel 0191 2081344

BRAINS FOR DEMENTIA RESEARCH

Increasing knowledge - Finding a cure

A partnership between Alzheimer's Research UK and Alzheimer's Society
In association with the Medical Research Council

Web link: www.brainsfordementiaresearch.org.uk

Study Summary:

Patients can self-refer to the Brain Donor Register.

Inclusion Criteria:

- Any dementia and normal elderly controls, aged over 65.
- Dementia patients without mental capacity can be referred if their personal consultee feels it in their best interest and not contrary to their previously expressed opinions .

Contact for referral: dendron@ntw.nhs.uk **T**el. **0191 223 2740**