Healthy Hearts Healthy Minds

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Background and Study Description
Mood disorders and heart disease often go hand in hand: heart disease is more common in patients with depression and other mood disorders; and depression is also caused by health problems and heart disease in particular. Exercise can help improve many aspects of health, and is particularly useful for patients with mood disorders and patients with heart disease or at risk for heart disease. It is often difficult, however, for patients to get themselves motivated to start exercising, especially when they have a mood disorder.

We are proposing to compare two ways of helping patients start exercising and become more physically active: Cognitive Behavioral Therapy and Mindfulness-Based Cognitive Therapy. These are both proven to be helpful, but it's unclear which is more effective for patients with mood disorders, and if there are some patients who will do better with one or the other. It is also unclear whether we can deliver these therapies to patients over the internet effectively. If we can, we will have a powerful intervention that could help millions of people. Our study will enroll patients with a history of a mood disorder, who are not currently exercising very much, and who have heart disease now or are overweight and therefore at higher risk of heart disease. We will give patients a Fitbit device, "randomize" them to either CBT or MBCT, and then see which works better at helping them become more active (Fitbit steps/day and self-reported activity), and which helps patients feel more empowered and satisfied with their exercise habits.

How this study meets Health eHeart Alliance criteria for sponsorship
1. Cardiovascular-related research.
Physical activity is important for cardiovascular health. The study will be recruiting patients with heart disease.

2. At least one Health eHeart Alliance member is participating as a patient-leader in a decision-making role and getting compensated for that role.
A patient stakeholder from Health eHeart Alliance will be a co-PI on this project. We will also seek ongoing input and feedback from the Alliance's Steering Committee.

3. Accountability reporting on study progress and results back to the Health eHeart Alliance Community and the Steering Committee.

We will prepare monthly reports on the study's progress for both the MoodNetwork and Alliance communities and Steering Committees. We will also have regular conference calls with a Steering Committees to give more detailed updates on the progress of the study to the patient leaders.

4. Co-authorship for at least one Alliance patient-leader on final results paper.
We will grant co-authorship to at least one Alliance patient-leader as well as others who assist on this project.

5. Acknowledgement of the Health eHeart Alliance in the final results paper.
We will acknowledge the Alliance in every publication from this study.

6. Adequate funding.
We are seeking funding through the PCORI PPRN Demonstration Project funding announcement. We expect the Patient Leaders of both Networks to approve the final budget.

Additional information can be found here:
[Add links]