

changes reflect natural recovery, non-specific attention effects, or a specific therapeutic benefit of MIBI.

Conflict of interest:

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LT87 - CONFIRMING THE MECHANISM OF MOTIVATIONAL INTERVIEWING THERAPY AFTER STROKE: A MULTI-CENTRE RANDOMISED CONTROLLED TRIAL (COMMITTS)

Elizabeth Lightbody¹, Kulsum Patel¹, Valerio Benedetto¹, Audrey Bowen², Maree Hackett¹, Stephanie Jones¹, Chris Sutton¹, Shirley Thomas³, Svetlana Tishkovskaya¹, Caroline Watkins¹

¹The University of Lancashire, Preston, United Kingdom

²University of Manchester, Manchester, United Kingdom

³University of Nottingham, Nottingham, United Kingdom

Background and aims: Depression affects approximately one-third of stroke survivors and is associated with poorer recovery, increased morbidity and reduced quality of life. Evidence for early psychological interventions post-stroke remains limited. Motivational Interviewing-Based Intervention (MIBI) is a person-centred therapy with promising preliminary evidence. COMMITTS evaluated the clinical, and cost-effectiveness of MIBI in reducing depressive symptoms compared with attention control (AC) or usual care (UC).

Methods: COMMITTS was a multicentre, three-arm, parallel-group randomised controlled trial conducted across 16 UK stroke units. Adults within 12 weeks post-stroke, able to consent, with PHQ-9 \leq 14 and not receiving psychological therapy were randomised 1:1:1 to MIBI+UC:AC+UC:UC alone. Randomisation used stochastic minimisation over site, age, baseline mood and preferred session format (phone/on-line). MIBI and AC comprised four 45-minute sessions delivered remotely by trained staff. The primary outcome was PHQ-9 score at 3 months post-randomisation. Resource use and EQ-5D-5L were collected for economic evaluation. Outcomes were analysed as intention-to-treat using mixed-effects models with site and therapist as random effects and minimisation factors and baseline value of the outcome measure as fixed effects.

Results: Of 14,047 patients screened, 1,246 were randomised (MIBI+UC n=415; AC+UC n=415; UC n=416). Completion of all 4 sessions was high (MIBI 66.5%; AC 58.1%). Data collection is complete, and primary outcome were available for 65% of participants.

Conclusions: Clinical effectiveness and cost-effectiveness outcomes will be presented. COMMITTS will establish whether mood