Trial Illness Management and Recovery (IMR)

Effects of IMR on patients with severe mental illness

No registrations found.

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON20008

Source
Nationaal Trial Register

Brief title
Trial IMR

Health condition

Serious and Persistent Psychiatric Illness / Chronic Psychiatric Problems
(Ernstige en Langdurige Psychiatrische Problematiek/ Chronische psychiatrische problematiek)

Sponsors and support

Primary sponsor: Parnassia Groep
Source(s) of monetary or material Support: Parnassia Groep

Intervention

Outcome measures

Primary outcome

Primary outcome measure is the score on the self-rated Illness management and recovery scale (Mueser et al. 2004)

Secondary outcome

- The IMR-scale clinician-rated version (Mueser et al 2004)
- The Brief Symptom Inventory (BSI) (Derogatis & Melisaratos 1983)
- The number of relapses (operationalized in the number of hospital admissions)
- The Social Functioning Scale (Birchwood et al.1990)
- The Mental Health Recovery Measure (MHRM, Young & Bullock, 2003)
- The Internal Stigma of Mental Illness (ISMI, Ritsher et al 2003)
- The Self-Esteem Rating Scale-Short Form (SERS-SF, Lecomte et al. 2006)

Study description

Background summary

Illness Management and Recovery (IMR) provides a structured psychosocial program which aims to contribute to manage the disabling effects of severe mental illnesses like schizophrenia and bipolar disorders.
The design of this study is a randomised multi-centre, single blinded, clinical trial of IMR compared with treatment as usual for 200 outpatients with a severe and persistent mental illness (SMI) getting care in two mental health centres.

The hypotheses are that "IMR + CAU", (IMR offered in group format), compared to “CAU only” leads to:
1. Better Illness Management:
2. Better recovery:
3. Improved cost-effectiveness.

Study objective

This study aims at demonstrating the effectiveness of IMR on the illness management skills and recovery of the patients.
The added value for participants on different areas of life is examined. The research can contribute to answering the question whether IMR should be a recommended intervention .

The hypotheses are that "IMR + CAU", (IMR offered in group format), compared to “CAU only” leads to:
1. Better Illness Management:

(Better scores on IMR-scales, less symptoms and relapses, better medication adherence, less alcohol & drugs use, more insight into their own problems, more social and coping skills, more social support).
2. Better recovery:
(Better general recovery, less self-perceived stigma, more self-esteem, achievement of more meaningful goals, more quality of life, more satisfaction, and better social functioning).
3. Improved cost-effectiveness.

Study design

We have planned three moments of measurement: before randomisation and 12 months and 18 months after randomisation.

Intervention

IMR can be described as a structured training course which includes eleven modules, practitioner guides and handouts for participants. In the participating institutes the IMR-training is given in a group format with weekly sessions for about one year.

Contacts

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Eligibility criteria

Inclusion criteria

- Patients with serious and persistent psychiatric illnesses. Most of them will be patients who have a psychotic disorder, schizoaffective disorders or bipolar disorders with or without comorbid disorders (such as substance abuse and personality disorders)
- The patient is treated on an outpatient basis
- Written informed consent

Exclusion criteria

- Having done an IMR-training
- Organic brain syndrome.
- Incompetence regarding the giving of informed consent.
- Patients with severe cognitive impairments who are unable to follow the training
- Insufficient knowledge of the Dutch language (they can not participate in the group)

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	25-10-2012
Enrollment:	200
Type:	Actual

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Positive opinion

Date:	13-01-2015
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

ID: 39268
Bron: ToetsingOnline
Titel:

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL4931
NTR-old	NTR5033
CCMO	NL38605.078.12
OMON	NL-OMON39268

Study results

Summary results

- Roosenschoon BJ., Mulder CL., Deen, ML and Weeghel J. van (2016), Effectiveness of illness management and recovery (IMR) in the Netherlands: a randomised clinical trial; study protocol, BMC Psychiatry 16:73 DOI 10.1186/s12888-016-0774-0
- Roosenschoon BJ., Weeghel J. van, Bogaards M., Deen, ML and Mulder CL. (2016), Illness Management & Recovery (IMR) in the Netherlands; a naturalistic pilot study to explore the feasibility of a randomized controlled trial, BMC Psychiatry 16:391 DOI 10.1186/s12888-016-1096-y
- Roosenschoon BJ, Kamperman AM, Deen ML, Weeghel JV, Mulder CL. (2019). Determinants of clinical, functional and personal recovery for people with schizophrenia and other severe mental illnesses: a cross-sectional analysis. PLoS ONE [Electronic Resource]. 14(9):e0222378,

https://dx.doi.org/10.1371/journal.pone.0222378