

Youth in transition

No registrations found.

Ethical review	Not applicable
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON22072

Source

Nationaal Trial Register

Brief title

NL65903.058.18

Health condition

Adolescents, Early detection, Substance use disorder, Longitudinal trajectories

Adolescenten, Vroegtijdige herkenning, Stoornis in het middelengebruik, Beloopstudie

Sponsors and support

Primary sponsor: Brijder Verslavingszorg (Parnassia Groep)

Source(s) of monetary or material Support: ZonMW

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Intervention

Outcome measures

Primary outcome

(1) The rate of persistent DSM-5 moderate to severe SUD: In the DSM-5, the severity of SUD

is judged on the number of SUD-criteria met by a patient: 2-3 criteria indicate mild SUD, 4-5 criteria moderate SUD, and 6 or more criteria severe SUD. Hence, youth with moderate to severe SUD represent those who meet 4 or more of the 11 SUD-criteria in DSM-5. To determine the rate of persistent DSM-5 moderate to severe SUD from adolescence to young adulthood among youth in addiction treatment, persistent moderate to severe SUD is defined as meeting the criteria of lifetime moderate to severe SUD for alcohol, cannabis, cocaine or amphetamines “collapsed across substances” at baseline (i.e., start of index treatment), as well as meeting the criteria of past-year moderate to severe SUD at both the 2-year and 4-year follow-up.

(2) Distinct longitudinal treatment outcome trajectories pertaining to SUD, comorbid mental health problems, and social functioning from adolescence to young adulthood among youth in addiction treatment.

(3) The prognostic value of a set of predictors of persistent DSM-5 moderate to severe SUD among youth in addiction treatment.

(4) Matches of youth with different risk profiles in addiction treatment and types of treatment interventions that are associated with a favorable long-term treatment outcome.

(5) Favorable long-term treatment outcome is defined in terms of a dichotomous, multidomain treatment response index, representing good or improved functioning in the areas of substance use, mental health and social functioning.

Secondary outcome

not applicable

Study description

Background summary

Substance use disorders (SUD) are prevalent in the population, tend to follow a chronic course, are linked to many problems, and often have their onset in adolescence. Hence, substance use and SUD among adolescents and young adults should be a primary target of mental health research. However, the literature regarding the development, persistence or desistance, and treatment of SUD in youth is sparse, and research in this area lags considerably behind research in adults. We will fill this gap by investigating the course of SUD and related problems in two – interrelated – studies. First, in Study 1, we will use existing data from the prospective Tracking Adolescents’ Individual Lives Survey (TRAILS) study (N=2230), in which the development of mental health was studied from preadolescence (age

11 years) to adulthood (up to age 26 years) in the Dutch general population. We will investigate the rate of persistent substance dependence (DSM-IV) from adolescence to young adulthood (up to age 26 years) in the general population, and examine which adolescent characteristics are most predictive for persistent substance dependence in the general population. Second, in Study 2, we will conduct a multi-center prospective cohort study in a representative sample of 420 youth who apply for treatment at eight addiction treatment organizations in the Netherlands. We will determine the rate of persistent DSM-5 moderate to severe SUD among these youth in addiction treatment from treatment-entry to 2 year and 4 year follow-up (i.e., from adolescence to young adulthood). Next, we will use the same set of predictors found among adolescents in the general population in Study 1, to predict persistent DSM-5 moderate to severe SUD among youth in addiction treatment in Study 2. We will subsequently optimize the predictive accuracy of this population-based set of predictors by adding patient-related predictors, collected at treatment-entry in our treatment sample, to the prediction model. These baseline patient-related predictors include phenotype, endophenotype (level of impulsive choice) as well as biological (hair cortisol) indicators. In addition, in Study 2 we will examine which distinct longitudinal outcome trajectories can be identified from adolescence to young adulthood, pertaining not only to SUD, but also to comorbid mental health problems and social functioning, using latent growth curve modeling. Lastly, we will examine which addiction treatment interventions (type, intensity, duration), for which youth, are associated with favorable or unfavorable long-term treatment outcomes in the areas of SUD, comorbid mental health problems and social functioning, to provide a more solid basis for the development of personalized treatment. Treatment will not be modeled or otherwise adapted for the purpose of this study, but will consist of the usual, 'real-world', treatment-offer provided by the addiction care organizations in the Netherlands to maximize ecological validity of the study outcomes. During the development of this study proposal, we organized several focus group meetings with youth in addiction treatment, to obtain their feedback about which outcome measures they considered to be relevant for this study, and to obtain their advice about the best ways to stay in touch with the participating youth and keep them interested in (continued) participation in the study. We used the outcomes of these focus group meetings to adapt and refine our study assessments, outcome measures, and procedures for re-contacting youth at the 2 year and 4 year follow-up. The studies proposed here will help us to better understand the course of SUD, its relation

with comorbid health problems and social functioning and their determinants and consequences among youth going from adolescence to young adulthood. The study results will provide vital, currently lacking, information for both policy makers and health professionals involved in prevention and treatment planning, with respect to the long-term outcomes of addiction treatment, early detection of youth at high risk for chronicity, and for the development of personalized treatment.

Study objective

The overall aim is to improve early detection of youth at high risk for chronicity, and to provide a more solid basis for the development of personalized treatment.

Primary research questions:

- (1) What is the rate of persistent DSM-5 moderate to severe SUD from adolescence to young adulthood among youth in addiction treatment?
- (2) What is the prognostic value of a general population-based set of predictors of persistent SUD from adolescence to young adulthood, derived from a secondary analysis of data from the Tracking Adolescents' Individual Lives Survey (TRAILS) study, for predicting persistent DSM-5 moderate to severe SUD among youth in addiction treatment?
- (3) Can we optimize the accuracy of predicting persistent DSM-5 moderate to severe SUD among youth in addiction treatment by extending or modifying the TRAILS general population-based set of predictors with baseline indicators from our treatment sample?
- (4) Which distinct longitudinal treatment outcome trajectories can be identified from adolescence to young adulthood pertaining to SUD, comorbid mental health problems, and social functioning among youth in addiction treatment?
- (5) Which treatment interventions - in terms of type, intensity and duration - are associated with favorable or unfavorable long-term outcomes, in terms of SUD, mental health problems and social functioning, for which youth in addiction treatment?

Study design

The assessments will be done at:

- Baseline (start of index treatment)
- End of treatment (i.e. the index treatment)
- 2 years after baseline
- 4 years after baseline

Contacts

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Eligibility criteria

Inclusion criteria

To be eligible for the present study, participants have to:

- Be aged between 16-22 years
- Report cannabis, alcohol, cocaine or amphetamines use as their primary substance problem
- Be able and willing to participate in the study
- Provide written informed consent

Exclusion criteria

Patients will be excluded in case of:

- Referral for a diagnostic evaluation only
- Insufficient understanding of the Dutch language

Study design

Design

Study type:	Observational non invasive
Intervention model:	Other
Allocation:	Non controlled trial
Masking:	Open (masking not used)

Control: N/A , unknown

Recruitment

NL

Recruitment status: Recruiting

Start date (anticipated): 17-01-2019

Enrollment: 420

Type: Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Ethics review

Not applicable

Application type: Not applicable

Study registrations

Followed up by the following (possibly more current) registration

ID: 50484

Bron: ToetsingOnline

Titel:

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

No registrations found.

In other registers

Register	ID
NTR-new	NL7928
CCMO	NL65903.058.18
OMON	NL-OMON50484

Study results