Screening for risk of posttraumatic stress disorder in young children following an accident

No registrations found.

Ethical review Positive opinion

Status Recruiting

Health condition type - **Study type** - Observational non invasive

Summary

ID

NL-OMON27179

Source

Nationaal Trial Register

Brief title

PEDS

Health condition

Posttraumatic stress disorder (PTSD), accidents, young children, preschoolers, infants.

Dutch: Posttraumatisch stress stoornis (PTSS), ongeluk, jonge kinderen.

Sponsors and support

Primary sponsor: Academic Medical Center (AMC), Amsterdam

Source(s) of monetary or material Support: Fund = initiator = sponsor

Intervention

Outcome measures

Primary outcome

Presence/absence of posttraumatic stress disorder in children and presence/absence of

1 - Screening for risk of posttraumatic stress disorder in young children following ... 27-05-2025

posttraumatic stress symptoms in parents.

Secondary outcome

Comorbid disorders in children: anxiety, behavior, mood and obsessive-compulsive disorders.

Study description

Background summary

Young children are very accident-prone. In comparison to older children, young children have a high risk of getting injured from accidents like near drowning, burns, poisoning, falls, suffocation and choking. Being involved in an accident is a potentially traumatic event, which places children at risk for posttraumatic stress symptoms (PTSS). The majority of children with unintentional injury are resilient or experience natural recovery in PTSS. However, a substantial number of the children do not recover and develop posttraumatic stress disorder (PTSD). PTSD is a debilitating psychiatric disorder. If remained untreated, PTSD can negatively influence the physical recovery, the psychosocial functioning and other domains of the development of children.

Studies on PTSD in young children exposed to accidental trauma show that about 10% of the children develop PTSD. In order to prevent the long-term negative consequences for these children, it is important to identify PTSD in an early stage. However, PTSD is often not recognized. If we could identify the children who are at risk of developing PTSD after the accident, we would be able to monitor these children and offer timely treatment. For children 8-18 years a screening tool for the risk of PTSD is available in the Netherlands. However, we lack such a screening tool for young children 0-7 years. In Switzerland the Pediatric Emotional Distress Scale - Early Screener (PEDS-ES) appeared to be a valid screening tool for young children who are involved in an accident. The aim of the current study is to validate the PEDS-ES for the Netherlands. Furthermore, additional risk factors for PTSD, derived from literature, will be examined. The aim is to explore if these risk factors improve the psychometric properties of the PEDS-ES.

Study objective

The aim of the study is to develop a screening tool to identify young children at risk of posttraumatic stress disorder following an accident.

Study design

- Within two weeks after the accident the PEDS-ES screening tool for the risk of PTSD in children and the STEPP screening tool for the risk of PTSD in parents is administered.
- Three months after the accident child PTSD and comorbid disorders are assessed with a semi-structured interview (Diagnostic Infant and Preschool Assessment; DIPA) and
 - 2 Screening for risk of posttraumatic stress disorder in young children following ... 27-05-2025

questionnaires (TSCYC, CBCL, CRIES for parents). Parents are screened for PTSD with self-report questionnaires (SVL, PCL-5).

- Six months after the accident parents fill in questionnaires on child and parental PTSD and on comorbid disorders in their children (TSCYC, CBCL, CRIES for parents, SVL, PCL-5).

Intervention

Not applicable.

Contacts

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Eligibility criteria

Inclusion criteria

- Children 0-7 years.
- Children involved in an accident and thereafter transported to the hospital by ambulance, and medically treated in a trauma (resuscitation) room at the emergency department.

Exclusion criteria

- Children 8 years and older
- Inadequate proficiency of the Dutch language by parents
 - 3 Screening for risk of posttraumatic stress disorder in young children following ... 27-05-2025

- Children who are injured due to child abuse

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): 13-10-2014

Enrollment: 150

Type: Anticipated

Ethics review

Positive opinion

Date: 06-08-2015

Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

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

No registrations found.

In other registers

Register ID

NTR-new NL5204 NTR-old NTR5352

Other METC AMC : W14 281

Study results

Summary results

N/A