Virtual Reality for psycho-education on depression

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON27752

Source
Nationaal Trial Register

Brief title
Virtual Reality for psycho-education on depression

Health condition

Depressive disorder

In Dutch: depressieve stoornis

Sponsors and support

Primary sponsor: Academisch Medisch Centrum Amsterdam
Source(s) of monetary or material Support: GGZ Delfland

Intervention

Outcome measures

Primary outcome

The main study parameter is the difference in feelings of self-stigma, as measured by the Internalized Stigma of Mental Illness scale, before and after psychoeducation, after 1 week and after 10 weeks.

Secondary outcome

Secondary parameters include perceived social support, loneliness and depressive symptoms for the patient and burden of care and quality of life for relatives.

Study description

Background summary

Rationale: Depression is a prevalent mental disorder, causing tremendous suffering for those affected and their relatives. Patients with depression often deal with stigma. We developed a virtual reality (VR) environment to experience a depression from the perspective of a patient and her relative (VR depression experience). We hypothesize that when patients and their relative experience the VR in a psychoeducation session, this will lead to less selfstigma, an increase in perceived social support, less loneliness and consequently less depressive symptoms for patients.
Objective: The main objective is to test whether our newly implemented VR psychoeducation protocol is more successful in reducing feelings of self-stigma than the standard psychoeducation protocol for depression. The secondary objectives are to investigate the effect of the VR depression experience on perceived social support, loneliness and depressive symptoms for the patient and burden of care and quality of life for the family.
Study design: We will conduct a randomized controlled trial at mental health care institution GGZ Delfland. Patients will be randomly assigned to one of the two conditions; the VR psychoeducation protocol or the standard psychoeducation protocol. In this study, we aim to show first evidence of the added benefit of the VR experience. The patients will fill in questionnaires before and after the psychoeducation session, after 1 week and after 10 weeks during their further psychological treatment.
Study population: In this study we assess 40 patients, with a relative of their choice, who will receive the VR psychoeducation protocol and 40 patients, also with a relative of their choice, who will receive the standard psychoeducation protocol. Patients will be male and female adults, aged 18 to 65 and diagnosed with a depression who are referred for psychotherapy for depressive disorder.

Study objective

We hypothesize that when patients and their relative experience the VR in a psychoeducation session, this will lead to less self-stigma, an increase in perceived social support, less loneliness and consequently less depressive symptoms for patients. We also hypothese that the VR experience will lead to a decrease in perceived burden of care, and an increase in quality of life of the relative.

Study design

Participants will fill in questionnaires before and after the psychoeducation session, after 1 week and after 10 weeks during their further psychological treatment.

Intervention

In both conditions, patients and their relative receive psychoeducation. This is manualized and consists of an explanation of the symptoms, possible causes, diagnosis and treatment of depression according to the Dutch CBT protocol book ‘Protocollaire behandelingen voor volwassenen’, section depressive disorder.
In addition to the above, in the VR psychoeducation condition, patients and relatives also watch the VR depression experience video. This consists of two 360º videos which summarize multiple fragments of a day in the life of a female depressive patient (1) from her perspective and (2) from the perspective of her male partner. The VR-experience includes getting up in the morning, having breakfast, interaction with the partner, sitting around in the afternoon not being able to undertake an activity and taking medication through the eyes of the patient whilst hearing her inner thoughts. The relative watches the video from the patient’s perspective, this takes 6 minutes. The study participant has the possibility to watch along on a screen. The study participant watches the VRexperience from the perspective of the partner, this experience takes 4 minutes in total. This experience includes mainly the same scenes; getting up in the morning, having breakfast, the evening after the partner returns from his job. This time, the study participant watches the scenes whilst hearing the inner thoughts of the partner, and the relative of the study participant has the possibility to watch along on a screen. After both the study participant and the relative have undergone the VR depression experience, the study participant and the relative will answer some questions related to the VR experience and the therapist will stimulate a mutual discussion about the content of the experience.

Contacts

Public
AMC
Nancy Kramer Freher - Schipper

not applicable
Scientific
AMC
Nancy Kramer Freher - Schipper

not applicable

Eligibility criteria

Inclusion criteria

• A principal diagnosis of depression (all severities), either a first or recurrent episode, as determined by a BIG registered psychologist (clinical or GZ) or psychiatrist
• Age between 18-65
• Willing to involve a relative (partner, friend, family member)
• Scheduled to start psychotherapy individually or in a group
• Written informed consent by both the patient and the relative to participate in the study

Exclusion criteria

• Intellectual disability in the history
• Severe comorbid psychiatric disorders including schizophrenia-like disorders, bipolar disorder or addictive disorders
• Abnormal hearing or uncorrected vision

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	09-08-2021
Enrollment:	160
Type:	Anticipated

IPD sharing statement

Plan to share IPD: Undecided

Plan description

N/A

Ethics review

Positive opinion
Date: 24-11-2020
Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

ID: 55901
Bron: ToetsingOnline
Titel:

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

No registrations found.

In other registers

Register	ID
NTR-new	NL9070
CCMO	NL74955.018.20
OMON	NL-OMON55901

Study results

Summary results
N/A