

# The role of evaluative learning in the development and persistence of posttraumatic stress disorder

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To examine the role of fear and disgust in acute and chronic PTSD symptoms. In study 1 we will investigate (1) whether the US-representation of burglary involves danger and disgust-related elements that contribute independently to PTSD symptoms and (...)

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Anxiety disorders and symptoms
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON34729

### Source

ToetsingOnline

### Brief title

Evaluative learning and posttraumatic stress

### Condition

- Anxiety disorders and symptoms

### Synonym

Posttraumatic Stress Disorder (PTSD); traumatic stress

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universiteit Utrecht

**Source(s) of monetary or material Support:** NWO;VIDI Vernieuwingsimpuls

## Intervention

**Keyword:** Disgust, Evaluative conditioning, Fear, Posttraumatic Stress Disorder

## Outcome measures

### Primary outcome

The main outcome is PTSD symptom severity assessed with a questionnaire.

### Secondary outcome

Secondary outcome variables in both study 1 and 2 are anxiety and depression symptoms assessed with questionnaires, and past and present DSM IV psychiatric disorders assessed with semi-structured interviews. Study 2 also uses rinsing behaviour after trauma-related imagery and physical intimacy as a secondary outcome variable. In both studies, independent variables include fear-related vulnerabilities (neuroticism, anxiety sensitivity), disgust-related trait vulnerabilities (disgust propensity and sensitivity, contamination sensitivity), disgust/fear-related associations, and affective priming.

## Study description

### Background summary

A minority of trauma-exposed individuals develops posttraumatic stress disorder (PTSD), and for about half of them the disorder becomes chronic. The crucial question is which abnormalities in the processing of trauma-related information are involved in the development and persistence of PTSD symptoms. Much is known about fear-related processes, but important aspects remain unclear. This proposal includes several studies of the role of disgust and evaluative learning in the onset/maintenance of PTSD symptoms. We will critically test the proposed hypotheses with laboratory experiments in a sample of (1) people recently exposed to burglary and (2) female assault victims with and without PTSD.

### Study objective

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To examine the role of fear and disgust in acute and chronic PTSD symptoms.

In study 1 we will investigate (1) whether the US-representation of burglary involves danger and disgust-related elements that contribute independently to PTSD symptoms and (2) whether disgust-related vulnerabilities are associated with the degree of PTSD symptoms, after controlling for fear-related vulnerabilities. It is hypothesized (I) that stronger implicit and explicit associations between the concept *\*own house\** and danger and *\*own house\** and repulsive predicts PTSD symptom severity, and (II) that the extent of the concept *\*own house\** being intrinsically aversive predicts PTSD symptom severity.

In study 2 we will investigate in female assault victims (1) whether danger and disgust-associations independently predict residual PTSD-symptoms after treatment, and (II) whether implicit and explicit fear and disgust associations are stronger in individuals with PTSD as compared to individuals without PTSD. It is hypothesized (I) that stronger implicit and explicit associations between the concept *\*men\** and danger and the concept *\*women\** and no danger (vs. *\*men\** + no danger, *\*women\** + danger) and the concept *\*men\** and repulsive and the concept *\*women\** and not repulsive (vs. *\*men\** + not repulsive and *\*women\** + repulsive), respectively, will differentiate assault victims with and without PTSD, (II) that stronger self-repulsive associations will be related to residual PTSD symptoms, (III) that implicit disgust associations predict rinsing behavior, (IV) that explicit disgust associations predict imagery-related disgust, and (V) that residual disgust associations after treatment strongly predict post-treatment prognosis.

## **Study design**

Study 1 is a longitudinal study among victims of burglary. Study 2 is a case-control study of female victims of assault with and without PTSD, with an observational part in which the PTSD group will be followed up after standard treatment. The first test session for participants with PTSD will take place before treatment.

## **Study burden and risks**

The burden involves time and effort to complete questionnaires that assess mood, thoughts, and PTSD symptoms, a brief interview about the burglary or assault, and experimental paradigms that measure fear and disgust-related variables. Study 1 includes one testing session of 2hrs15min at Utrecht University, and one testing session of about 20 min at home (i.e., completing a questionnaire). Study 2 includes two testing session for the PTSD group: (1) before treatment (1hr35min) and (2) after treatment (30 min) at the mental health care unit. For the healthy control group, Study 2 includes one testing session (2hr) at Utrecht University. All measures have been used in prior research. The questionnaires and interview may cause temporary distress.

Otherwise, there are no risks associated with these studies. All measures will be administered by clinical psychologists. People will receive financial compensation for their participation, but otherwise will not directly benefit. We feel that the potential clinical applications of the results outweigh the relatively mild burden associated with participation.

## Contacts

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### Scientific

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## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Study 1 (Danger and disgust-associations after burglary): 100 healthy participants; a) adult (\* 18 years); b) Dutch fluency; c) exposed to burglary in own home without confrontation; and d) burglary occurred not more than one month earlier.

Study 2 (Danger and disgust-associations after assault): 80 participants; a) adult (\* 18 years); b) Dutch fluency; c) having experienced sexual or physical assault by a male perpetrator at

least 3 months earlier and after the age of 14 (this age is typically used to distinguish childhood and adulthood in studies of abuse; see e.g., Linton et al., 1996), of whom 40 participant with d) PTSD diagnosis for PTSD group ( $N \leq 40$ ).

## Exclusion criteria

For study 1 (Danger and disgust-associations after burglary), there are no exclusion criteria. Exclusion criteria for study 2 (Danger and disgust-associations after assault) are: a) assault in childhood ( $< 14$  years), b) PTSD diagnosis for the non-PTSD group; c) comorbid psychosis/schizophrenia, organic disorder, or substance abuse (as assessed with the SCID, see outcome measures), d) ongoing trauma (e.g., abusive relationship); and e) suicidal ideation.

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 13-12-2010

Enrollment: 180

Type: Actual

## Ethics review

Approved WMO

Date: 30-08-2010

Application type: First submission

Review commission: METC Universitair Medisch Centrum Utrecht (Utrecht)

## 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
CCMO	NL31725.041.10