

# Molecular basis of Body Integrity Identity Disorder

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1. To make a phenomenological profile of BIID individuals using a standardized questionnaire.2. To perform whole exome analyses in four phenomenological identical BIID individuals.3. To perform molecular analyses in a series of other BIID...

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Pending
<b>Health condition type</b>	Psychiatric disorders NEC
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON36710

### Source

ToetsingOnline

### Brief title

Molecular basis of BIID

### Condition

- Psychiatric disorders NEC

### Synonym

"people who'd like to be amputated", Apotemnophilia

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Academisch Medisch Centrum

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Body Identity Integrity Disorder, Genetics

## Outcome measures

### Primary outcome

Gene(s) involved in BIID

### Secondary outcome

Phenomenological Profile of BIID individuals

## Study description

### Background summary

Body Identity Integrity Disorder (BIID) is a person's intense and longstanding desire to have one of several amputations of their limb(s). The main motivation for amputation is not feeling complete with four limbs. BIID is an infrequently described condition, is not included in DSM-IV-TR, and often not known to surgeons, neurologist and psychiatrists. The etiology of the BIID remains unclear, no genetic research to BIID has been done so far.

### Study objective

1. To make a phenomenological profile of BIID individuals using a standardized questionnaire.
2. To perform whole exome analyses in four phenomenological identical BIID individuals.
3. To perform molecular analyses in a series of other BIID individuals in case a causative gene can be found by the total exome sequencing.

### Study design

#### Questionnaire

After enrolment in the study the participants will be send a questionnaire in order to gather all relevant information on their phenotype (Appendix 3). Topics of the questions will be general demographics, medical history, family history, BIID features and DSM-axis I screening. Questionnaires can be returned either by ordinary mail or via a secured internet connection. Results of the questionnaire will be computerized and statistically analyzed.

## Blood sampling

Participants that have indicated to be willing to participate in the molecular study will be sent a packet with materials and an instruction letter for blood drawing. The blood can be drawn locally by their general physician or local hospital. The instruction letter will not mention the term BIID. Materials needed to return the samples by mail to Amsterdam for free will be added.

## Molecular studies

Total exome sequencing using the 454 or Solid Genome Analyzer will be performed in 4 BIID individuals. The choice of the participants will be made based on the data from the questionnaire in order to ensure the highest possible homogeneity within the group. The sequence capture technology from Nimblegen/Roche will be used for the exome sequencing. DNA from the participants will be sheared, hybridized to a set of oligonucleotides covering all exons of the human genome. Eluted DNA will be sequenced on a massive parallel sequencer (454/Solid). Bio-informatic analyses of the sequence information will be matched to the human reference genome. The variations (sequence and structural) will be compared with databases of known variation and prediction tools (SIFT, Polyphen, splice site predictors) will be used to estimate the impact of the variants. Variants will be ranked on predicted impact. Mutations in the same gene in two or more participants will get the highest priority. Further total exome sequencing in one or more additional participants will be performed if no single gene can be detected. If the total exome sequencing leads to discovery of a gene or of genes that are likely to be causative for BIID, Sanger sequencing of these gene(s) will be repeated first in the four participants in whom total exome sequencing was performed, and, if findings are confirmed, in all other participants of whom DNA samples have become available for this study.

## Study burden and risks

The associated risks are restricted to blood draw in healthy individuals (apart from their BIID). Because individuals with BIID are highly secretive concerning their BIID, the main burden of participation in this study could be the disclosure of their BIID to the researchers.

With respect to the secretivity of the BIID individuals, the design of the research has been made to protect the participants' identity as much as possible. Communication and recruitment of the individuals will mainly be partake part through the internet, which will give the participants enough time to consider their participation.

## Contacts

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

**Age**

Adults (18-64 years)

Elderly (65 years and older)

### **Inclusion criteria**

- Diagnosed with BIID
- Participants have to be able to read and understand the written information
- 18 years of age or older

### **Exclusion criteria**

- History of any severe psychiatric disorder other than BIID
- History of neurological disease that affects the CNS

## **Study design**

## Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Basic science

## Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-12-2010

Enrollment: 10

Type: Anticipated

## Ethics review

Approved WMO

Application type: First submission

Review commission: METC Amsterdam UMC

## 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**

CCMO

**ID**

NL34740.018.10