Implicit processes in the treatment of titillomania

Published: 31-01-2013
Last updated: 26-04-2024

The objective of this study is to investigate whether adding either CBM training or CT to standard treatment can improve long-term treatment effects in patients suffering from TiTM. The second goal of this study is to investigate how several...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Impulse control disorders NEC
Study type	Interventional

Summary

ID

NL-OMON36954

Source
ToetsingOnline

Brief title
Titillomania and implicit processes

Condition

- Impulse control disorders NEC

Synonym
skin picking, titillomania

Research involving
Human

Sponsors and support

Primary sponsor: Radboud Universiteit Nijmegen
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Approach/avoidance, Implicit processes, Relapse prevention, Titillomania

Outcome measures

Primary outcome

- Severity, urge, and frequency of and resistance to skin picking

- Implicit action tendencies to skin picking-related stimuli

- Relapse

Secondary outcome

- Response inhibition

- Self-control cognitions

- Attentional biases towards skin picking-related stimuli

- Implicit evaluations of skin picking-related stimuli

Study description

Background summary

Titillomania (TiTM) is an impulse control disorder characterized by recurrent and excessive picking or scratching of the skin and skin irregularities, often resulting in severe tissue damage.

Behaviour therapy (BT) has shown to be effective, however, relapse rates after successful treatment are high in these disorders (see Keijsers et al., 2006). It seems that certain processes or conditions below the manifest behavioural level remain largely unaffected by treatment and maintain the likelihood of symptom reoccurrence.

Bargh (1990, 1997) proposed that these processes below the manifest behavioural level consisting of mental processes, such as the implicit effects of goal setting and implicit approach-avoidance tendencies, mediate the stimulus-response chain. Several studies have shown that these implicit processes are indeed related to unwanted bahaviour.

Interestingly, these implicit biases can be retrained by specific computer tasks, called cognitive bias modification (CBM) training. Another way to target these mediating mental processes is cognitive therapy (CT). Cognitive therapy is first designed to help people to identify and challenge automatic thoughts and second, to train the activation of helpful alternative beliefs and long-term goals.

In sum, there are different treatments suited to target underlying implicit mental processes that are believed to play a crucial role in habit disorders. Both CBM training and CT have been shown to be effective. We propose to add these treatments to standard BT to improve long-term treatment outcomes.

Study objective

The objective of this study is to investigate whether adding either CBM training or CT to standard treatment can improve long-term treatment effects in patients suffering from TiTM.

The second goal of this study is to investigate how several implicit processes are related and thus examine the mechanisms underlying the relatively high relapse rates in habit disorders such as TiTM. The acquired findings may help us improve the long-term results of psychological treatments.

Study design

This study is a randomized waiting-list controlled study.

Intervention

Patients receive either:

4 weeks waiting-list
4 weeks/sessions of computer training
4 weeks/sessions of cognitive therapy

after which they all receive manual-based behaviour therapy. After one and three months, follow-up sessions will take place.

Study burden and risks

Patients all receive the first choice of treatment for titillomania (4 sessions of approximately one hour). Patients in the cognitive therapy condition and cognitive bias modification condition receive additional treatment (4 additional sessions of approximately one hour) of which we expect positive outcomes. In our view there are no risks involved in participation.

Contacts

Public
Radboud Universiteit Nijmegen

Montessorilaan 3
Nijmegen 6525 HR
NL
Scientific
Radboud Universiteit Nijmegen

Montessorilaan 3
Nijmegen 6525 HR
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

The inclusion criteria are an age between 18 and 65 and a current primary diagnosis of titillomania.

Exclusion criteria

Current psychotic episode, substance abuse disorder, and an inability to speak Dutch,

Study design

Design

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Open (masking not used)

Control: Active

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 22-03-2013

Enrollment: 93

Type: Actual

Ethics review

Approved WMO

Date: 31-01-2013

Application type: First submission

Review commission: CMO regio Arnhem-Nijmegen (Nijmegen)

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	NL42178.091.12