Psychotic experiences in adolescents

Published: 17-05-2013 Last updated: 25-04-2024

Primary Objective:(i) To assess the course (persistence, remittance, onset) of auditory hallucinations (AH) in the case-control sample.(ii) To investigate associations of AH with psychic experiences, cannabis use, traumata, social functioning,...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Psychiatric and behavioural symptoms NEC
Study type	Observational non invasive

Summary

ID

NL-OMON40002

Source ToetsingOnline

Brief title PSYCHE

Condition

• Psychiatric and behavioural symptoms NEC

Synonym psychotic experiences

Research involving Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Groningen **Source(s) of monetary or material Support:** RGOc;Universiteit Maastricht;Bensdorp Fonds;Stichting tot Steun VCVGZ

Intervention

Keyword: adolescents, epidemiology, psychotic experiences

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Outcome measures

Primary outcome

Main study parameters are: the percentage of persistence, remittance or onset

of AH, and the association of AH with psychic experiences, anxiety and

depressive symptoms; is social functioning influenced by AH; do external

factors influence AH, such as cannabis use and experienced traumata; is social

cognition in voice hearers protective against delusional ideation?

Secondary outcome

none

Study description

Background summary

In 2002/2003 almost all 7 and 8 year old children in the province of Groningen were screened on auditory hallucinations. The assessments were carried out by well-trained research nurses of GGD Groningen, who were screening the children of this age yearly on acuity of vision and hearing. Before starting the project, a pilot was carried out, to make sure that the children very well understood the questions, whereas from literature it became clear that such young children can very well distinguish auditory hallucinations from imaginary companions.

Nine percent of the 3870 children screened indicated to have heard one or more voices in the past year, without anyone being around. Most of the children were not bothered by the voices, but in a small part of them, a considerable impact was found.

In order to investigate differences between children with and without auditory hallucinations, a case-control group was made, consisting of the 347 children with voices and an equal group of control children who were matched on age (7 or 8 years old), gender and urbanicity. This case-control sample thus comprised 694 children. Parental reported behavior problems did not occur more often in children with auditory hallucinations than in controls. However, according to the parents, these children had significantly more somatic complaints (Bartels-Velthuis et al 2010).

In wave 2, the 5-year follow-up in school year 2007/2008, the case-control

group was again interviewed. In total, 337 children could be included in this measurement. For the assessment, the children were visited at home by well-trained (female) interviewers. Twenty-five percent of the children with auditory hallucinations still heard voices in the past five years. Five-year incidence rate in the control group was 9%. Only children who were substantially suffering from their voices, showed more often behaviour problems (Bartels-Velthuis et al 2011). Children with auditory hallucinations had experienced more and more often traumatic and stressful life events, and this effect was stronger when these children also had delusional ideas (Bartels-Velthuis et al 2012).

A better social cognition appeared to be protective against the development of delusional ideation in children with voices (Bartels-Velthuis et al 2011).

Rationale

Because of the longitudinal design of this project, risk factors for auditory hallucinations can be investigated. The ultimate goal is to establish whether auditory hallucinations at the age of 7 or 8 years, will induce psychic problems in adulthood, which we intend to measure when the participants are 24 and 25 years old. The follow-up measurement at issue, at the age of 18/19 years, will offer the possibility to map out the course and incidence of auditory hallucinations even more precisely.

-In the first (5-year) follow-up of the case-control sample, it was shown that children with auditory hallucinations who had experienced many negative and stressful events, more often reported delusions. This result will be replicated in the intended third measurement (the second follow-up).

-Hearing voices may often lead to anxious and / or depressive feelings (Cotton et al 2012). However, also a reverse association has been shown: psychotic symptoms often co-occur with anxiety and depression (Krabbendam et al 2004; Wigman et al 2012). Thus, Wigman and colleagues consider psychopathology as a network, or as an overlapping and reinforcing dimensional vulnerability. Therefore, in the intended study both anxiety and depressive symptoms will be assessed.

-Research has shown that a diminished social functioning of adolescents may be a precursor of future psych(ot)ic problems (see also Salokangas & McGlashan 2008). Assessing level of social functioning is thus important.

-The association of trauma and psychic problems has been demonstrated in many studies (Morrison et al 2003; Read et al 2005). For that reason, also in this study traumatic events will be assessed.

-Many studies have shown the relationship between cannabis use and psychotic symptoms (Henquet et al 2005; Hides et al 2009; Rubino et al 2012), as well as between cannabis use and affective disorders (Barragan et al 2011; Rubino et al 2012). In the first (5-year) follow-up (when the participatns were 12/13 years of age), cannabis use hardly occurred (only in three children). It is to be expected that cannabis use will be reported more frequently in 18/19-year-old participants, so that associations with (onset of) auditory hallucinations can be examined.

-In the 5-year follow-up, the 12/13-year-olds with auditory hallucinations were

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found to be protected against delusional ideation by a better developed social cognition. A similar study had never been done in that age group before. Replication of this study is appropriate in adolescents.

Study objective

Primary Objective:

(i) To assess the course (persistence, remittance, onset) of auditory hallucinations (AH) in the case-control sample.

(ii) To investigate associations of AH with psychic experiences, cannabis use, traumata, social functioning, social cognition, and with anxiety and depression:

(1) Are AH associated with psychic experiences, like delusions, anxiety and depressive symptoms?

(2) Is social functioning influenced (negatively) by hearing voices?

(3) Do external factors influence course or onset of AH, like (i) negative life events or traumatic experiences and (ii) cannabis use?

(4) Is a better social cognition protective against the onset of delusional ideation in those who hear voices?

Secondary Objective(s):

To update our address file, in order to facilitate contact with the participants at the final, important, measurement, planned in 2018.

Study design

The design of the study is a cohort study, i.e. the second follow-up of the case-control sample of 7-and-8-year old children with auditory hallucinations. Duration of datacollection will amount to 4 months (September 2013 - January 2014).

Total duration of the study (data validation, analyses and publications) will amount to 16 months (September 2013 - January 2015).

The study setting is a web-based assessment.

First, subjects will be receive a link to the questionnaire by e-mail.

Completion of the questionnaire will be preceded by an informed consent procedure. The participants will receive information and a consent form by post (medio 2013) and are requested to send the completed and signed consent form in a postage paid envelope to the researcher. Besides, they will be requested to agree with being contacted about the final measurement (in 2018) and whether the researcher is allowed to look up their address in the municipal personal records database if necessary.

A link to the questionnaire will subsequently be sent between September 2013 and January 2014 to those who have returned the signed consent form.

Study burden and risks

Participants will complete questionnaires through the internet. In total, there is a considerable amount of questions, however, in view of the age group (18 and 19 years of age) we do not consider this to be a burden. Among these questionnaires, there are 2 about experienced traumatic events, but these are considered to be non-eliciting.

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

those who participated in the baseline study, part of them also in the 5-year follow-up study

Exclusion criteria

none

Study design

Design

Study type: Observational non invasive		
Masking:	Open (masking not used)	
Control:	Uncontrolled	
Primary purpose:	Prevention	

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	13-01-2014
Enrollment:	694
Туре:	Actual

Ethics review

Approved WMO	
Date:	17-05-2013
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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

ССМО

ID NL42619.042.12