The influence of Eye Movement treatment on imagery in psychosis

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Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Schizophrenia and other psychotic disorders
Study type	Interventional

Summary

ID

NL-OMON40995

Source
ToetsingOnline

Brief title
EMIPS

Condition

- Schizophrenia and other psychotic disorders

Synonym
1. Psychotic disorders/ 2. Schizophrenia

Research involving
Human

Sponsors and support

Primary sponsor: Altrecht GGZ (Den Dolder)
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: - Eye movement Desensitization and Reprocessing, - Imagery, - Psychosis, - Treatment

Outcome measures

Primary outcome

Emotionality and vividness of the imagey are rated on VASs that run from

0 (not at all) to *10* (extremely).

Secondary outcome

Perceived effectiveness. For each treatment condition, patients will be rated

on 100 mm VASs the degree to which they think it will help them. VASs ranges

from *0* (will not be helpful at all) to *100* (will be extremely helpful).

Preference. Patients will indicate which of the three interventions they would

prefer in their continuing treatment.

Verbal elucidation of preference. Patients will be invited to elucidate their

preference in one or more sentences

Study description

Background summary

Older and more recent studies have suggested that visual representations (imagery) play an important role in causing and maintaining psychopathology, and even psychotic symptoms such as hallucinations and delusions. The greater the degree of emotionality and vividness of visual representations, the greater the severity of psychotic experiences could be. It is plausible that blurring the vividness and emotionality of imagery that maintain and induce psychotic experiences, could have an effect on the extent and duration of the

preoccupation with psychotic symptoms, the extent and duration of the level of distress and the severity of the impairments. It would be of clinical interest to develop en research methods which could fade imagery found in psychotic disorders. In this study, the intervention eye movement (part of an EMDR treatment) is researched on its effect on imagery in psychotic disorders.

Study objective

The objective of this study is to see wether the use of eye movement (EMDR) reduces the emotionality en vividness of imagery (mental images) above 'recall only'. This is a first study which may be the predecessor of a larger study, in which the effect of an EMDR intervention on imagery in psychotic disorders will be researched.

Study design

This is a randomized 'one session' cross over design

Intervention

During the preparation phase of EMDR, various targets for treatment will be identified, which involve crucial upsetting memories/images related to the psychosis (see protocol for defined explanation and procedure). There are four therapists in this study.Sessions will take up to one our and 30 minutes, due to the capabilities of the clients. The speed of EMs is I Hz, and will be presented by movement of the hand as described in the original protocol. Two interventions will be applied: Recall only -a- (only retrieving the mental image) and Recall + EMs -b- (retrieving the mental image while simultaniously undergoing eye movement).

Before treatment the patiets are randomized in two conditions. Condition A means that the session starts with EMs and followed by recall only. Condition B means the opposite. Each given intervention will take up from 5 to 10 min. The interventions will be repeated three times so that each patient has six recall episodes: three recall only and three recall + EMs. Half of the patients will receive a reverse condition order (either ab-ab-ab, or ba-ba-ba). Measurement are taken before and right after a given intervention. Thus, every endpoint is the starting point of the next initervention.
Before the first and after each following episode, patients will be asked to recall the target, and to rate its emotional intensity and vividness (see below). During each of the recall episodes, except for the first, the therapist will ask the patient, after consecutive periods of 40 seconds: *what comes up?*, *what is going through your mind?* or *what do you notice?* EMs will be discontinued during these questions. The answers will not be discussed but are followed with the suggestion: *concentrate on that, continue with that*, and de EMs will be continued. After the last recall episode, patients will score their

evaluation of the two treatments.

Study burden and risks

All cliënts undergo a psychological treatment. This usually results in an increase of psychological symptoms. The amount of stress that is induces by this principle is deminished by eye movements. Hereafter starts a phase of reprocessing, which van lead to new tension. In a EMDR treatment, these side effect can last up to to or three days. This tension can cause mild physical complaints like headache, muscular pain or other form of physical tensions or a temporary increase of psychotic symptoms. Emotional distress like anxiety, anger or sorrow can also be experienced. This phase is crucial to for the decrease of burden caused by the intitial complaint. It is af great importance that when the emotional distress increase to a high level, interventions are administered accordingly to the distress. This can be in form of medication, supporting counseling or other crisis interventions from the multidisciplinairy team or offering admission possibilities. The chance is slightly that these interventions will have to be initiated. Resuls from previous studies suggests that patients are well equiped to undrgo an EMDR treatment.

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

Outpatients with a diagnosis in the spectrum of psychotic disorders (Schizophrenia of Schizoaffective, delusional or other psychotic disorder), will participate. Patients are diagnosed by psychiatrists in the mental health institution Altrecht. Classification is rendered by standard psychiatric interview by DSM IV criteria, Patients are between the age of 18 and 60 years, have an IQ above 75 and have no problems with the Dutch language.

Exclusion criteria

People with severe or acute psychotic symptoms (with a PANNS score > 6) and people with dissociative disorders are also excluded. Patients with dissociative disorders are referred to a department for care for dissociative disorders. Dissociation in terms of PTSD are excluded from the trial by the therapist who performs the intake for the treatment. If PTSD is diagnosed, then a PTSD treatment is indicated and the patient is exlcluded from the study. All patients take antipsychotic medication, and there will be no policies of changing the medication in dose or sort during the study. IQ below 80 will be excluded. This is an overall estimation by the therapist who indicates for the study. In case of doubt the patient will not be included.

Study design

Design

Study type:	Interventional
Intervention model:	Crossover
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruitment stopped
Start date (anticipated):	16-07-2014
Enrollment:	20
Type:	Actual

Ethics review

Approved WMO

Date:	02-07-2014
Application type:	First submission
Review commission:	METC NedMec

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	NL48131.041.14

Study results

Date completed:	06-06-2016
Actual enrolment:	18