Setting psychopathology in motion: a motor-cognitive-mental network perspective

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Objective:The aim of this project is to apply motor-cognitive-mental elements together for psychiatric diagnosis, treatment, and prevention. We will examine and quantify the diagnostic value of motor-cognitive-mental elements in predicting (a)…

Ethical review	Not approved
Status	Will not start
Health condition type	Movement disorders (incl parkinsonism)
Study type	Observational non invasive

Summary

ID

NL-OMON41027

Source
ToetsingOnline

Brief title
Psychiatry: personalised diagnostics with smart technique

Condition

- Movement disorders (incl parkinsonism)
- Psychiatric disorders NEC

Synonym
Mental disorder

Research involving
Human

Sponsors and support

Primary sponsor: GGZ Centraal (Amersfoort)
Source(s) of monetary or material Support: Nog geen bericht fonds ontvangen

Intervention

Keyword: cognition, diagnosis, mental, motor

Outcome measures

Primary outcome

Main study parameters/endpoints:

MSD-ESM makes it possible to collect synchronised momentary measures of motor

function, cognitive function and mental experience.

Nature and extent of the burden and risks associated with participation,

benefit and group relatedness:

The risk associated with the study is minimal. Subjects will be asked to invest

a total of 18 days. This figure will be the same for all subjects as the study

consists of a single group.

Secondary outcome

At baseline, and at 1 month and 3 months post-baseline

• Quality of life

• Prevalence and incidence of motor, cognitive, and mental signs and symptoms

Study description

Background summary

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Rationale:
The main function of diagnosis in medicine is to provide accurate information
to predict treatment needs (management) and treatment response (prognosis).
However, in psychiatry the predictive value of (DSM/ICD) *mental* signs and

symptoms is limited. Interestingly, alterations in motor and cognitive function represent more accurate predictors, likely because they are indicators of neurodevelopmental liability, and may dramatically enhance diagnostic usefulness. The critical question is: is it feasible and practicable to add areas of motor and cognitive function to standard diagnostic function in mental health care?

Keywords: motor, cognition, mental, diagnosis, personalised

Study objective

Objective:
The aim of this project is to apply motor-cognitive-mental elements together for psychiatric diagnosis, treatment, and prevention.

We will examine and quantify the diagnostic value of motor-cognitive-mental elements in predicting (a) treatment needs, and (b) 3-month treatment response. It is hypothesized that the diagnostic value of motor-cognitive-mental elements will yield early predictive parameters of treatment needs and treatment response, which display diagnostic value over and above traditional diagnostic formulations in psychiatry, and represent a highly useful personal diagnostic tool, complementing the standardised criteria in DSM/ICD.

Study design

Study design:
Ambulatory assessment methodology, i.e. in the flow of daily life, will be used to collect intensive time-sampling data of mutually impacting motor, cognitive and mental alterations. I will use Motor Sensor Devices (MSD) in combination with Experience Sampling Methodology (ESM) (together: MSD-ESM). MSD-ESM makes it possible to collect synchronised momentary measures of motor function, cognitive function, and mental experience. Data will be collected in the flow of daily life over 3 periods of 6 days at baseline, and at 1 month and 3 months post-baseline.

Study burden and risks

The risk associated with the study is minimal. Subjects will be asked to invest a total of 18 days. This figure will be the same for all subjects as the study consists of a single group.

Contacts

Public

GGZ Centraal (Amersfoort)

Utrechtseweg 266
Amersfoort 3818 EW
NL
Scientific
GGZ Centraal (Amersfoort)

Utrechtseweg 266
Amersfoort 3818 EW
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

Minimum age of 18 years, recent-onset affective/psychotic psychopathology, and sufficient command of the Dutch language.
Is mentally incompetent (wilsbekwaam) according the algorithm from the Royal Dutch Medical Association (KNMG) , i.e. the patient is able to make choices, understands medical information, can apply this to his/her own situation, and whether he/she is able to logically consider the choice. (Mental incompetence is a legally defined status - there is no straightforward relation between mental incompetence and the underlying diagnosis)

Exclusion criteria

A history of neurological disorder impacting motor/cognitive function.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Basic science

Recruitment

NL

Recruitment status:	Will not start
Enrollment:	90
Type:	Anticipated

Ethics review

Not approved

Date:	04-02-2015
Application type:	First submission
Review commission:	METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

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	NL49253.068.14