Youth in transition: Addiction trajectories and profiles. A longitudinal study in a youth addiction treatment cohort

Published: 17-12-2018
Last updated: 18-07-2024

Primary research questions:(1) What is the rate of persistent DSM-5 moderate to severe SUD from adolescence to young adulthood among youth in addiction treatment?(2) What is the prognostic value of a general population-based set of predictors of...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON50484

Source
ToetsingOnline

Brief title
Youth in transition

Condition

- Other condition
- Psychiatric disorders NEC

Synonym
substance use disorder

Health condition

Stoornis in het middelengebruik

Research involving
Human

Sponsors and support

Intervention

Keyword: Adolescents, Early detection, Longitudinal trajectories, Substance use disorder

Outcome measures

Primary outcome

Primary outcomes are:

(1) The rate of persistent DSM-5 moderate to severe SUD

(2) Distinct longitudinal treatment outcome trajectories pertaining to SUD,

comorbid mental health problems, and social functioning from adolescence to

young adulthood among youth in addiction treatment.

(3) The prognostic value of a set of predictors of persistent DSM-5 moderate to

severe SUD among youth in addiction treatment.

(4) Matches of youth with different risk profiles in addiction treatment and

types of treatment interventions that are associated with a favorable long-term

treatment outcome.

(5) Favorable long-term treatment outcome is defined in terms of a dichotomous,

multidomain treatment response index, representing good or improved functioning

in the areas of substance use, mental health and social functioning. In

operational terms, favorable treatment outcome is defined as follows:

(a) Absence of DSM-5 moderate to severe SUD at both the 2-year and 4-year

follow-up, AND

(b) Absence of mental health problems (DASS-21) at both the 2-year and 4-year

follow-up, or - if present - at least 30% improvement in mental health,

compared with the baseline assessment, AND

(c) Absence of social dysfunction (WHODAS 2.0) at both the 2-year and 4-year

follow-up, or - if present - at least 30% improvement in social functioning,

compared with the baseline assessment.

Secondary outcome

Not applicable

Study description

Background summary

Substance use disorders (SUDs) are prevalent in the general population (De Graaf, 2010), tend to follow a chronic course, are associated with many individual and social problems, and - as most mental disorders - often have their onset in adolescence (Copeland, 2009).
While most substance use in adolescents remains experimental, irregular or modest, it tends to become more frequent, intensive and long-lasting, and, hence, increase the risk of developing SUD, when first consumption takes place in early adolescence and when the use of substances is part of multiple problem behavior including comorbidity with mental health problems, social dysfunction, and delinquency (Copeland, 2009; Hussong, 2004).

Our proposed study focuses on a subgroup that is particularly at risk for chronicity: adolescents in addiction treatment. Although research on treatment outcome of adolescents with SUD has expanded considerably in the past decade (Tanner-Smith, 2013), there are remarkably few studies that investigated the course of SUD in adolescents following addiction treatment prospectively for longer than one year. Overall, addiction treatment research in adolescents shows small to moderate effect-sizes of interventions aimed at reducing substance use, but importantly, information is lacking about which adolescents benefit most from which type(s) of treatment.
To conclude, the available data from prospective population surveys and treatment-outcome studies on the long-term course of SUD in adolescents are limited at best. Remission, continuation and progression rates are largely unknown, and so are the risk and protective factors involved. While nearly 6,000 youth aged 22 years or younger come into treatment for addiction problems annually in the Netherlands (Stichting IVZ, 2016), we have virtually no

information as to how these youth will fare moving from adolescence to early adulthood. Our study will further our understanding of (1) the course of SUD, (2) the relation of SUD with comorbid mental disorders and social functioning, and (3) their determinants and consequences during the transition from adolescence to young adulthood. In addition, we will investigate (4) the long-term outcome of youth addiction treatment in a naturalistic, *real world* treatment context, and (5) subgroups of treated youth at high risk for developing chronic SUD and related problems, who should be the target of more intensive or comprehensive interventions at an early stage. Finally, we will investigate (6) bio-psycho-social, cognitive and treatment-related predictors of long-term treatment response, thus providing a more solid basis for generating specific hypotheses for patient-treatment matching, and hence, for the development of personalized prevention and treatment of youth.

Study objective

Primary research questions:
(1) What is the rate of persistent DSM-5 moderate to severe SUD from adolescence to young adulthood among youth in addiction treatment?
(2) What is the prognostic value of a general population-based set of predictors of persistent SUD from adolescence to young adulthood, derived from a secondary analysis of data from the Tracking Adolescents' Individual Lives Survey (TRAILS) study, for predicting persistent DSM-5 moderate to severe SUD among youth in addiction treatment?
(3) Can we optimize the accuracy of predicting persistent DSM-5 moderate to severe SUD among youth in addiction treatment by extending or modifying the TRAILS general population-based set of predictors with baseline indicators from our treatment sample?
(4) Which distinct longitudinal treatment outcome trajectories can be identified from adolescence to young adulthood pertaining to SUD, comorbid mental health problems, and social functioning among youth in addiction treatment?
(5) Which treatment interventions - in terms of type, intensity and duration - are associated with favorable or unfavorable long-term outcomes, in terms of SUD, mental health problems and social functioning, for which youth in addiction treatment?

Study design

In the present study, we will use a naturalistic, multi-center prospective cohort design among youth in addiction treatment to investigate (a) the course of SUD, comorbid mental disorders and social functioning from adolescence to young adulthood; (b) the rate of persistent DSM-5 moderate to severe SUD and its predictors; and (c) which treatment interventions for which youth are associated with favorable or unfavorable long-term outcomes.
Youth aged 16 to 22 years (N=420) who enter addiction treatment at one of the

participating treatment organizations will be assessed on a range of measures related to substance use and SUD, comorbid mental health problems and social functioning at treatment-entry (baseline), and 2 and 4 years post-baseline.

Study burden and risks

There are no risks attached to participation in this study. The only burden that participants can experience is having an interview and filling in questionnaires, conducting a computer task, and submitting a hair sample at the beginning of the treatment and 2 and 4 years post-treatment-entry. Participants also have no direct benefits. Participation, however, will contribute to more knowledge about the prognosis of youth in addiction treatment, including knowledge about vulnerable subgroups of youth being at risk for persistent SUD.

Contacts

Public
Parnassia (Den Haag)

Zoutkeetsingel 40
Den Haag 2512HN
NL
Scientific
Parnassia (Den Haag)

Zoutkeetsingel 40
Den Haag 2512HN
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)

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

Inclusion criteria

To be eligible for the present study, participants have to:
- Be aged between 16-22 years
- Report cannabis, alcohol, cocaine or amphetamines use as their primary
substance problem
- Be able and willing to participate in the study
- Provide written informed consent

Exclusion criteria

Patients will be excluded in case of:
- Referral for a diagnostic evaluation only
- Insufficient understanding of the Dutch language

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):	22-01-2019
Enrollment:	420
Type:	Actual

Ethics review

Approved WMO

Date:	17-12-2018
Application type:	First submission
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

Approved WMO

Date:	27-02-2019
Application type:	Amendment
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

Approved WMO

Date:	15-05-2019
Application type:	Amendment
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

Approved WMO

Date:	12-02-2021
Application type:	Amendment
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

Approved WMO

Date:	18-09-2023
Application type:	Amendment
Review commission:	METC Leiden-Den Haag-Delft (Leiden)
	metc-ldd@lumc.nl

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

ID: 22072
Source: Nationaal Trial Register
Title:

In other registers

Register	ID
CCMO	NL65903.058.18