

# Study of Integrated Dual Diagnosis Treatment in the Netherlands.

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Compared to treatment as usual implementing Integrated Double Diagnosis Treatment (IDDT) in mental health care teams for severe mental illness (SMI) outpatient will improve a. outcomes at psychiatric symptoms and drug or alcohol abuse, and b. will...

<b>Ethische beoordeling</b>	Niet van toepassing
<b>Status</b>	Werving nog niet gestart
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON23336

### Bron

NTR

### Aandoening

Patients with a Severe Mental Illness with co-occurring alcohol or drug abuse.

### Ondersteuning

**Primaire sponsor:** Arkin,  
Vrije Universiteit Amsterdam

**Overige ondersteuning:** Arkin,

A funding application is currently under review at the Fonds Psychische Gezondheid

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

1. Type and severity of psychiatric symptoms (BPRS-E);<br>

2. Level of substance abuse (MATE).

## **Toelichting onderzoek**

### **Achtergrond van het onderzoek**

Background:

It is estimated that around 41% of patients in the Netherlands with severe mental illness (SMI) such as schizophrenia and bipolar disorder also suffer from alcohol and/or drug use disorders, also called Substance Use Disorder (SUD). Although a number of studies have sought to establish the outcome of various types of integrated interventions, the literature on efficacy is inconsistent. Positive effects were found with Integrated Double Diagnosis Treatment. This is in concordance with experts who advise to integrate psychiatric and substance abuse treatment. Despite the fact that the effectiveness of IDDT has not yet been studied in the Netherlands, several mental health care institutes already have, or want to implement IDDT.

Research Question:

In this study we want to examine the effectiveness of IDDT on clinical outcomes, and the effects of IDDT training on therapeutic skills, attitude, knowledge, and fidelity.

Methode/design:

As IDDT involves collective training of all team members, randomisation will be performed per team. This will also prevent contamination of conditions. Teams will be randomly allocated to condition 1, or to condition 2. In condition 1, IDDT will be implemented after baseline measurement. After 12 months, IDDT will also be implemented in condition 2. The follow up period of both teams will be 24 months. Measurements will be performed at baseline, and after 12 (T1), and 24 months (T2). At baseline, all patients will be screened. Patients who fulfil inclusion criteria will enter the study and followed-up.

Sample size calculation/data analysis:

Power analysis indicates that we need a total sample size of 80 patients if we want to detect a reduction of 20% in patients with DD (power=80%, alpha=0.05). Taken into account an estimated intracluster correlation coefficient of 0.005 (Murray & Blitstein, 2003), this sample

size needs to be increased to 96 patients (Murphy et al., 2006).

## **Doel van het onderzoek**

Compared to treatment as usual implementing Integrated Double Diagnosis Treatment (IDDT) in mental health care teams for severe mental illness (SMI) outpatient will improve a. outcomes at psychiatric symptoms and drug or alcohol abuse, and b. will improve therapeutic skills of professionals.

## **Onderzoeksopzet**

Baseline measurements will be conducted after randomization and follow-up measurements will be conducted at 12, and 24 months after the baseline measurement.

## **Onderzoeksproduct en/of interventie**

Treatment as usual:

Treatment as usual consists of regular outpatient care according to the principles of FACT.

IDDT:

In collaboration with the Trimbos Institute and Arkin, a comprehensive IDDT toolkit has been developed, based upon the IDDT program and adapted to the Dutch health care context. Further development of the toolkit is recently taken over by LeDD, who also provides the implementation of IDDT through training and supervision. The IDDT toolkit comprises several evidence based interventions, but in this study only the core components will be implemented.

In this study IDDT comprises a standardized assessment of substance abuse. Implementation of IDDT entails that all team members;

1. Have knowledge of substance abuse and addiction;
2. Are trained in standardized assessment of substance abuse;
3. Are familiar with the stages as defined by Prochaska and Diclemente;
4. Will be trained in motivational interviewing techniques.

In each team, one team member will be given the task to monitor, and support the execution of IDDT. Also, an addiction specialist, someone with over 2 years of experience in addiction

care, will be added to the team.

## Contactpersonen

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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All patients in Mental Health Care (MHC) outpatient teams with a SMI defined as:

1. A diagnosis of schizophrenia or major affective disorder;
2. With a duration of at least 2 years;
3. Severe disability in terms of role functioning;
4. A co-occurring Substance Use Disorder (SUD).

### Belangrijkste redenen om niet deel te kunnen nemen

## (Exclusiecriteria)

Patients will be excluded if they have inadequate mastery of the Dutch language.

## Onderzoeksopzet

### Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Cross-over
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

### Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-03-2012
Aantal proefpersonen:	150
Type:	Verwachte startdatum

## Ethische beoordeling

Niet van toepassing	
Soort:	Niet van toepassing

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

## Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

## In overige registers

Register	ID
NTR-new	NL3034
NTR-old	NTR3182
Ander register	:
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Resultaten

### Samenvatting resultaten

N/A