

Screening for risk of posttraumatic stress disorder in children and parents after an accident.

Gepubliceerd: 12-05-2011 Laatste bijgewerkt: 18-08-2022

Develop a screening tool to identify children at risk of posttraumatic stress disorder after an accident.

Ethische beoordeling	Positief advies
Status	Werving gestopt
Type aandoening	-
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON23622

Bron

NTR

Verkorte titel

STEPP

Aandoening

Posttraumatic Stress Disorder (PTSD), children, adolescents, accidents, psychotrauma
PTSS, kinderen, adolescenten, psychotrauma, ongelukken

Ondersteuning

Primaire sponsor: AMC/de Bascule traumacentrum

Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Presence/absence of PTSD.

Toelichting onderzoek

Achtergrond van het onderzoek

Yearly many children are involved in accidents and medically treated in the shockroom of the emergency department. As a result, 70% of the children develop posttraumatic stress symptoms. In the majority of the children the symptoms resolve themselves spontaneously. However, 10 to 15% of the children develop chronic posttraumatic stress disorder (PTSD), a debilitating psychiatric disorder, causing serious problems for the children and their family. The problems lead to a decrease in school performance and the development of comorbid disorders. Moreover, PTSD delays the physical recovery. If we could identify the children and parents at risk, we would be able to prevent the development of chronic PTSD. Because of the influence of parental stress on children, it is also important to monitor parental stress reactions. In the USA the STEPP (Screening Tool for Early Predictors of PTSD) appeared to be an efficient screening tool.

The purpose of this study is to validate the STEPP-tool for the Netherlands, to develop a short and userfriendly screening tool to identify children and parents at risk for posttraumatic stress disorder.

150 children from 8 to 18 years will be included within one week after an accident. Three months after the accident PTSD is assessed with a semistructured interview (ADIS-C) and screened with a self-report questionnaire (CRIES). Parents are screened on posttraumatic symptoms with SVL. Comorbid anxiety, behaviour and mood disorders are assessed with ADIS-C, RCADS and SDQ, and Quality of Life with Kidscreen 52. The study is conducted in AMC and VUmc in Amsterdam.

Doel van het onderzoek

Develop a screening tool to identify children at risk of posttraumatic stress disorder after an accident.

Onderzoeksopzet

Three months after the accident PTSD is assessed with a semistructured interview (ADIS-C) and screened with a self-report questionnaire (CRIES). Parents are screened on posttraumatic symptoms with SVL. Comorbid anxiety, behaviour and mood disorders are assessed with ADIS-C, RCADS and SDQ, and Quality of Life with Kidscreen 52.

Onderzoeksproduct en/of interventie

Screening instrument STEPP.

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Children 8-18 after an accident and treatment in shockroom emergency care and one of the parents.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Younger than 8;
2. Severe brain injury;
3. More than one week IC-dept;
4. IQ < 80.

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Factorieel
Toewijzing:	N.v.t. / één studie arm
Controle:	N.v.t. / onbekend

Deelname

Nederland	
Status:	Werving gestopt
(Verwachte) startdatum:	01-03-2008
Aantal proefpersonen:	150
Type:	Werkelijke startdatum

Ethische beoordeling

Positief advies	
Datum:	12-05-2011
Soort:	Eerste indiening

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	NL2760
NTR-old	NTR2899
Ander register	ZonMw : 15700.1014
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Resultaten

Samenvatting resultaten

N/A