Mapping individual routes of risk and resilience

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1) Distinct symptom network characteristics will be differentially associated with need for care and illness course. 2) Dynamic networks based on multiple symptom domains will predict psychopathological development better than commonly used...

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

Samenvatting

ID

NL-OMON25975

Bron
NTR

Verkorte titel
MIRORR

Aandoening

Psychosis, Psychotic development, Psychopathology
Psychose, Psychose ontwikkeling, Psychopathologie

Ondersteuning

Primaire sponsor: University Medical Center Groningen
Overige ondersteuning: NWO, VENI nr: 016.156.019

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Network parameters will be compared (1) for individuals in different clinical stages, (2) for

individuals with different progression through clinical stages (i.e. who worsen or improve) and (3) within each individual when both diary assessments are completed. These parameters include the strength and directionality of symptom connections (see Figure 3) and centrality indices (information about the position of a symptom in the network). The symptoms that make up these networks are monitored from day to day by means of an electronic diary. They cover a broad range of feelings and experiences that are characteristic for (subclinical) psychotic experiences, depression, anxiety, mania, obsessive compulsive behaviour and anger. These disorders are known for the co-occurrence of psychotic symptoms and comorbidity.

Toelichting onderzoek

Achtergrond van het onderzoek

Rationale: Psychotic disorders are among the most severe mental disorders in terms of individual and societal impact. Our current ability to predict the course and outcome of early psychotic symptoms is limited; this hampers timely intervention and treatment. Research in this area to date relies heavily on diagnostic categories, group-level comparisons and assessment of static symptom levels. However, symptoms may wax, wane, change individually or cross diagnostic borders. To improve our understanding of the development of psychosis, we propose to re-conceptualize psychopathology as a dynamic system of fluctuating symptoms that impact on each other over time and across diagnostic boundaries, forming symptom networks. These networks can then be used to predict progression through subsequent stages of clinical severity. We hypothesize that 1) distinct symptom network characteristics will be differentially associated with need for care and illness course, and that 2) dynamic networks based on multiple symptom domains will predict psychopathological development better than commonly used predictors that are based on cross-sectional levels of early psychotic expressions.

Objective: The aim of this project is to determine the value of a dynamic network approach to predict illness course and outcome of early psychotic symptoms.

Study design: At baseline and at 1-year follow-up, participants will report their day-to-day symptoms, affective states and (stressful) experiences for three consecutive months. Symptomatology, functioning and need for care will be assessed every year by means of questionnaires.

Study population: The total sample comprises of 175 individuals between 18-35 years of age. After screening and a first selection, 100 participants enter the main study. These individuals

are divided over four subgroups (4x n=25), representing successive stages of clinical progression (i.e. with increasing psychopathological severity). Individuals in subgroup 1 will be recruited from the general population. First, 100 participants will be recruited, whereof the quartile with the highest levels of subclinical psychotic experiences will be included in the main study (n=25). Individuals in subgroups 2-4 will be recruited from various mental health care institutions in the North of the Netherlands in the context of an ongoing Early Detection of Psychosis program and will directly be included in the main study (3x n=25).

Main study parameters/endpoints: Network parameters of individuals in different clinical stages will be compared. These network parameters include the strength and directionality of symptom connections and centrality indices. Also, within-individual changes in these network parameters (from baseline to follow-up) will be linked to progression through clinical stages.

Doel van het onderzoek

1) Distinct symptom network characteristics will be differentially associated with need for care and illness course.

2) Dynamic networks based on multiple symptom domains will predict psychopathological development better than commonly used predictors that are based on cross-sectional levels of early psychotic expressions.

Onderzoeksopzet

Idiographic (within-person) and nomothetic (between-person) observational study designs will be combined. The nomothetic aspect of the study is captured by questionnaire and interview data; the idiographic aspect is captured by diary assessment.

During baseline (at start and finish of the diary period), as well as during three follow-up assessments (at one, two and three years after baseline), we will assess symptomatology, functioning and need for care by means of questionnaires. Data on coping, social support, bonding, objectively measured physical activity (protective factors), trauma, social cognition and stressful life events (risk factors) will also be collected at these assessments to investigate the role of stress-related risk and resilience factors in symptom networks.

At baseline, participants will have an intensive 3-month period of daily ambulatory assessment of symptoms, functioning and stress (T=90). These diary data are used to map symptom networks. Participants will record data using an "app" on their smartphone/tablet at

fixed times in their natural environment. Items will be presented in a semi-random order. At 1-year follow-up, participants are invited to participate in a second 3-month period of ambulatory assessments, similar to the assessments at baseline. Participants can also opt to keep continuing the questionnaire follow-ups, also if they do not wish to have a second diary period.

Onderzoeksproduct en/of interventie

Not applicable

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

All participants:

- Are aged between 18 and 35 years

- Read and speak Dutch fluently

- Should be capable of following the research procedures

- Provide Informed Consent

Subsample 1:

- Are currently (i.e. at moment of screening) not in clinical care for mental health (e.g. GGZ, POH-GGZ, Psychologist)

Subsample 2:

- Are currently in clinical care for mental health

- Have mild, non-psychotic psychopathology, as evidenced by a score below 6 on the Prodromal Questionnaire (PQ)

Subsample 3:

- Are currently in clinical care for mental health

- Have mild psychopathology including subclinical psychotic symptoms, as evidenced by a score of or above 6 on the PQ, but are not at Ultra high risk (UHR) for psychosis, as indexed by the Comprehensive Assessment of At Risk Mental State (CAARMS)

Subsample 4:

- Are currently in clinical care for mental health

- Are at UHR for psychosis, as indexed by the CAARMS

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

All participants:

- History of or current psychotic episode, according to the DSM-IV criteria

- Significant hearing or visual problems impairments

- Pregnancy, as stated on a general health questionnaire

- No internet connection at home or on mobile phone or tablet

Onderzoeksopzet

Opzet

Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland
Status:	Werving gestopt
(Verwachte) startdatum:	01-08-2015
Aantal proefpersonen:	175
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies
Datum:	27-10-2016
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 47218
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6058
NTR-old	NTR6205
CCMO	NL52974.042.15
OMON	NL-OMON47218

Resultaten

Samenvatting resultaten

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