

Early detection and treatment of sleep disorders in psychiatric patients

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Generally, we expect to observe a higher prevalence of sleep disorders in the psychiatric patient population than has previously been reported for the general population. Concerning the psychiatry-tailored sleep interventions, we expect that...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON26242

Bron

Nationaal Trial Register

Verkorte titel

STaP (Sleep Treatment and Psychiatry)

Aandoening

Psychiatric disorders:

- Depressive disorder,
- Bipolar disorder,
- Anxiety disorder,
- Post traumatic stress disorder (PTSD),
- Attention Deficit (Hyperactivity) Disorder (AD(H)D)
- Autism spectrum disorder (ASD)
- Schizophrenia spectrum disorder (SSD),
- Personality disorder

Groups of sleep disorders:

- Chronic insomnia,
- Parasomnia (e.g. frequent nightmares),
- Circadian rhythm sleep-wake disorders (e.g. delayed sleep phase syndrome (DSPS)),
- Hypersomnia,
- Sleep-related movement disorders (e.g. Restless Legs Syndrome (RLS)),
- Sleep-related breathing disorders (e.g. Obstructive Sleep Apnoea Syndrome (OSAS))

Ondersteuning

Primaire sponsor: GGZ Drenthe

Overige ondersteuning: ZonMW / Espria

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

1. The prevalence of different sleep disorders (HSDQ) in the study population,
2. The effect of early sleep interventions on general psychiatric symptoms (OQ45), specific psychopathology (QIDS, STAI-state, ASRM, PCL-5, ASRS-v1.1, AQ, or PHAMOUS-basis psychosesvragen), and on quality of life (I-ROC, MANSA).

Toelichting onderzoek

Achtergrond van het onderzoek

Background: Sleep is important for physical health, cognitive functioning and quality of life. Additionally, it has become clear that proper sleep is also crucial for mental health and recovery of psychiatric disorders. Therefore, early detection and adequate treatment of sleep disorders in psychiatric populations may be very relevant to improve the care of these patients. Unfortunately in psychiatric care sleep disorders are often overlooked and thus, treated late or not at all. In order to increase knowledge and improve care of patients with comorbid mental and sleep disorders in the proposed wait-list control study we will investigate the clinical relevance of early identification and treatment of sleep disorders in psychiatric patients. The two aims of the proposed project are 1) to determine the prevalence of sleep disorders in a psychiatric patient population, and 2) to investigate the contribution of early identification and adequate treatment of sleep disorders in people suffering from mental disorders.

Study design: The prevalence of sleep disorders will be assessed in the GGZ Drenthe population by means of a screening questionnaire (HSDQ). Those patients scoring above the cut-off criteria for at least one of the HSDQ subscales will be invited for diagnosis and treatment of their sleep disorder. The effect of sleep disorder treatment in addition to psychiatric treatment as usual (TAU) will be assessed on general and specific mental well-being and quality of life, using a randomized wait-list control design. To ensure a good fit with this complex psychiatric patient population adjustments will be made to standard sleep interventions.

Study population: Patients (≥ 18 yrs) newly referred to GGZ Drenthe during the 3-year inclusion period who are capable of filling out questionnaires in the Dutch language are

invited to participate in this study. Those patients screening positive for a sleep disorder will be invited to participate in the intervention part of the study.

Doel van het onderzoek

Generally, we expect to observe a higher prevalence of sleep disorders in the psychiatric patient population than has previously been reported for the general population.

Concerning the psychiatry-tailored sleep interventions, we expect that effective treatment of sleep disorders will improve mental well-being and quality of life in a large group of our patients. Specifically we hypothesize that:

- o The effect of sleep intervention(s) added to TAU on psychiatric symptoms will exceed those of TAU alone.
- o Added sleep intervention(s) will improve quality of life relative to TAU.
- o Early treatment of sleep disorders, within 6 months, will improve psychiatric symptoms and quality of life to a larger extent than sleep disorder treatment initiated after 6 months.

Onderzoeksopzet

- T0= Baseline
- T1= 6 months
- T2= 12 months

Onderzoeksproduct en/of interventie

Sleep disorder treatment

Contactpersonen

Publiek

Rijksuniversiteit Groningen / GGZ Drenthe
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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- Referred newly to GGZ Drenthe for psychiatric treatment
- Registered as a patient at GGZ Drenthe
- Written informed consent
- 18 years or older
- Proficient in the Dutch language

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- Inability to adequately read or speak Dutch
- Deemed unfit to fill out the questionnaires by their practitioner

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-09-2019
Aantal proefpersonen:	472
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Positief advies

Datum: 19-02-2020

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	NL8389
Ander register	METc UMCG : 60-63600-98-641

Resultaten