Neurocognitive mechanisms of relapse prevention in depression, a fMRI-study

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

Samenvatting

ID

NL-OMON26793

Bron
NTR

Verkorte titel
NEW-PRIDE

Aandoening

Depression, Prevention,Relapse, fMRI
Depressie, preventie, terugval, fMRI

Ondersteuning

Primaire sponsor: UMCG
Overige ondersteuning: NWO VENI grant 016.156.077;
Hersenstichting Nederland (HS), Fellowship F2014(1)-21

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Testing whether preventive cognitive therapy in remitted patients results in increased

prefrontal control and whether this increased prefrontal control results in a decrease in attentional biases and increase in emotion regulation capacity.

Toelichting onderzoek

Achtergrond van het onderzoek

Major depressive disorder (MDD) is the most prevalent psychiatric disorder, characterized by at least one life disrupting depressive episode and high risk for relapse after recovery (40% within 2 years). Risk for relapse and chronic-MDD increases dramatically with the number of previous episodes. Therefore, preventing relapse in the remitted phase is a major, but largely overlooked opportunity in treating MDD. Preventive cognitive therapy (CT), a psychological therapy aiming at improving emotion regulation skills, in remitted-MDD has been successful in lowering relapse-risk, though not in all patients. Mechanisms underlying preventive-CT are unclear, hindering clinicians in predicting for whom preventive-CT is warranted. Reliable predictors of preventive-treatment success are currently lacking, yet urgently needed. Clearly, accurate prediction of preventive-success contributes to effective preventive-treatment allocation and lower relapse-rates. In this research, we hypothesize that the capacity of the brain's prefrontal cortex to regulate emotional information is crucial for understanding and predicting preventive-CT-success. The main objective of this study is to understand the neurocognitive mechanisms of preventive-CT by studying neurophysiological (i.e. brain responsivity as measured with functional Magnetic Resonance Imaging and autonomic nervous system reactivity as measured from pupil dilation) and cognitive processes associated with attentional processing and regulation of emotional information. Secondarily, this study aims to identify neurophysiological and neurocognitive predictors of individual preventive-CT success. As routinely performing neuroimaging investigations for predicting treatment-success is clinically not feasible, a third aim of this study is to validate the pupil dilation-response (an autonomic index previously linked to emotion regulation-success and associated brain activation) as reflector of brain-activation during emotion regulation in remitted-MDD, for use in innovative non-imaging, brain-informed prediction and monitoring of preventive-CT success.

Doel van het onderzoek

We hypothesize that the capacity of the brain's prefrontal cortex to regulate emotional information is crucial for understanding and predicting preventive-CT-success.

Onderzoeksopzet

Screening: with the SCID-I, the IDS-SR , the DART

First phase: Questionnaires, computer tasks, fMRI-scan

Second phase: Preventive cognitive therapy (8x 45 mins)

Third phase: 3 months after 1st phase, similar as 1st phase.

Fourth phase: questionnaires, 1,5 year after 1st phase,

Onderzoeksproduct en/of interventie

Protocolised Preventive Cognitive Therapy

Contactpersonen

Publiek

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

between 18 - 60 years of age

current remission (>2 months; according to criteria in DSM IV)

>2 major depressive episodesin past 5 years

recency of last episode < 2years

currently not using any anti-depressant medication (>4 weeks)

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

current major depressive episode

current use of anti-depressant medication

neurological problems

drug abuse

use of psychotropic medication other than frequent use of benzodiazepine
anu other current DSM IV Axis-I diagnosis, as objectified with the SCID-I

MRI contra indications

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Anders
Toewijzing:	N.v.t. / één studie arm
Blindering:	Enkelblind
Controle:	Geneesmiddel

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	01-08-2015
Aantal proefpersonen:	100
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:	19-08-2015
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 47768
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL5219
NTR-old	NTR5368
CCMO	NL53205.042.15
OMON	NL-OMON47768

Resultaten