

[Simagery] Targeting repetitive intrusive suicidal images and thoughts: towards a new suicide prevention strategy.

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We hypothesize that a dual task (eye movements) during suicidal imagery retrieval will reduce the frequency of such imagery.

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

Samenvatting

ID

NL-OMON27251

Bron

Nationaal Trial Register

Verkorte titel

SIMAGERY

Aandoening

suicidal, mental problems, depressive symptoms,

Ondersteuning

Primaire sponsor: Vrije Universiteit Amsterdam

Overige ondersteuning: ZonMw

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Frequency of suicidal intrusions: Clinical Interview for Suicidal Intrusions [CISI], Suicidal

Toelichting onderzoek

Achtergrond van het onderzoek

Suicide is a major public health problem, and it remains unclear which processes link suicidal plans to the act of suicide. Growing evidence shows that the majority of suicidal patients diagnosed with major depression or bipolar disorder report repetitive suicide-related images and thoughts. According to cognitive psychology research, suicide-related images predict suicidality, and repetitive suicide-related images or flash-forwards are therefore an essential target for suicide prevention. There is extensive research evidence from experimental and clinical studies that vividness of negative as well as positive intrusive images may be reduced by Dual Task (e.g. eye movements) interventions taxing the working memory. We propose that the eye movements during image retrieval will also reduce intensity and frequency of suicidal imagery and may be crucial in preventing the transition from suicidal imagery to actual suicidal behaviour.

The primary objective of SIMAGERY is to assess the prevalence of intrusive suicidal imagery and thoughts, and to evaluate the effectiveness of an Eye Movement Dual Task (EMDT) add-on treatment targeting suicidal imagery in depressed patients.

Study participants include depressed adults (18 years and older) with suicidal ideation (>1 SIDAS) and suicidal intrusions. Participants in the intervention group will receive a maximum of six EMDT-sessions and care-as-usual (CAU). Participants in the comparison group will only receive CAU.

The main study parameter is the frequency and intrusiveness of suicidal imagery. Furthermore, the vividness, emotionality, and quality of the suicidal intrusions are evaluated (Intrusion Interview); Secondary parameters include: suicidal behavior and suicidal ideation (SIDAS, BSSI), severity of depression (BDI-II), Brief Symptom Inventory (BSI), rumination (RRS) and hopelessness (BHS).

Doel van het onderzoek

We hypothesize that a dual task (eye movements) during suicidal imagery retrieval will reduce the frequency of such imagery.

Onderzoeksopzet

Baseline

During treatment (max. 6 weeks)

Post-treatment

3 month follow up

6 month follow up

9 month follow up

12 month follow up

Onderzoeksproduct en/of interventie

There are two arms in this study:

1. comparison group: care as usual (CAU) only
2. intervention group: CAU with EMDT add-on treatment

Care as usual (CAU)

Care-as-Usual for depression within the participating mental health care institutions typically consists of (evidence-based) psychotherapy and/or antidepressant treatment. We will ensure that all patients will receive and continue CAU during the course of the study. After each assessment, the CAU mental health care provider will be updated on the patient (with consent of the patient).

EMDT add-on treatment

The treatment will be an add-on module that addresses intrusive suicidal images and can be added to regular treatment. It will consist of max. six sessions each of approximately 1 hour, delivered at the participants' mental health care center. Trained and supervised intervention psychologists from each participating center will carry out the EMDT sessions.

Each session will consist of the following steps:

1. Selection of intrusive suicidal flash-forward target images with related ideation.

2. Consecutive set of eye movements of 30 seconds by 10 second breaks. Between the sets, subjective units of distress scale (SUDS, scale 0-10) are administered to assess level of distress during imagery.
3. If the image still produces stress, the dual task procedure will be repeated for the target.
4. This procedure is repeated for all target images until all SUDS are at approximately 0, or the EMDT session is coming to an end.

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

- a. Have a minimum age of 18 years
- b. Score >20 on the Beck Depression Inventory

- c. Have suicidal ideation: score >1 on Suicidal Ideation Attributes Scale (SIDAS)
- d. Currently receiving treatment (Care-as-usual) at GGZ instelling
- e. Adequate proficiency in the Dutch language
- f. Have suicidal intrusions that are experienced as a burden

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- a. DSM-IV Psychotic disorder diagnosis
- b. DSM-IV Depression with psychotic features diagnosis
- c. DSM-IV Bipolar disorder diagnosis
- d. High dropout risk (i.e. poor response rate when trying to get in contact with potential participant)

In case their current therapist judges the overall complexity of trauma present, he or she can advise not to include despite the participant meeting the inclusion criteria.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	15-09-2018

Aantal proefpersonen: 90
Type: Verwachte startdatum

Ethische beoordeling

Positief advies
Datum: 17-10-2018
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	NL7355
NTR-old	NTR7563
Ander register	: METC protocol no. NL60318.028.17 (Phase 3)

Resultaten

Samenvatting resultaten

Holmes, E. A., Crane, C., Fennell, M. J., & Williams, J. M. (2007). Imagery about suicide in depression—"Flash-forwards"? Journal of Behavior Therapy and Experimental Psychiatry, 38(4), 423-434. doi:10.1016/j.jbtep.2007.10.004

Bentum, J., Sijbrandij, M., Huibers, M., Huisman, A., Arntz, A., Holmes, E., & Kerkhof, A. (2017). Treatment of Intrusive Suicidal Imagery Using Eye Movements. International Journal of Environmental Research and Public Health, 14(7), 714. MDPI AG. Retrieved from

<http://dx.doi.org/10.3390/ijerph14070714>