

Attention Control Training (ACT) in PTSD patients: a randomized controlled trial.

Gepubliceerd: 10-07-2019 Laatste bijgewerkt: 18-08-2022

Does a Attention Control Training in patients in the experimental group with a PTSD prior to the TAU lead to a better outcome than in patients in the control group with a PTSD who have received a sham (fake) training prior to the TAU ? This is also...

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

Samenvatting

ID

NL-OMON29598

Bron

Nationaal Trial Register

Verkorte titel

TBA

Aandoening

PTSD

Ondersteuning

Primaire sponsor: None.

Overige ondersteuning: None.

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The most important primary research variable is the decrease in PTSD symptomatology between the experimental group and the control group. We use the PCL-5 to measure this.

Toelichting onderzoek

Achtergrond van het onderzoek

During a traumatic experience there are two ways of information processing:

- 1) Conceptual processing
- 2) Data-driven processing (data-driven processing)

Ad 1) Conceptual processing means that the meaning of the traumatic experience is processed in an organized way and that the information is placed in a context by making connections with existing concepts, knowledge and views within the person.

Ad 2) Data-driven processing means that primarily the sensory aspects are processed, such as sensory, visual and auditory information, without the information having a clear context and being integrated into the autobiographical memory. When the information in the representation of the trauma in the memory consists mainly of sensory information and relatively less conceptual processing has taken place, the memory, when activated, triggers a sense of re-experience. When the traumatic experience leads to views that are very threatening (eg the world is dangerous) this complicates the integration of the trauma information into the autobiographical memory. The result is that the memory can be activated quickly and automatically by internal and external stimuli and is experienced in the here-and-now (also known as flash-backs).

For example, trauma victims more easily remember parts of the trauma that matches their interpretations of what happened. Corrective information is not noticed or processed as quickly and this creates a vicious circle.

In accordance with the vicious circle of distortions in the memory and the interpretation, people with a PTSD will also more quickly perceive trauma-related stimuli from the environment (perceptual priming), also known as attention distortion. For example, someone who has ever experienced a dangerous fire will be more likely to see an upcoming fire truck than someone without such an experience.

Against this light, I want to investigate whether an ACT, prior to the TAU (EMDR or imaginary exposure), leads to a better outcome.

Doel van het onderzoek

Does a Attention Control Training in patients in the experimental group with a PTSD prior to the TAU lead to a better outcome than in patients in the control group with a PTSD who have received a sham (fake) training prior to the TAU ? This is also the primary outcome measure to be measured by means of the PCL-5 (degree of PTSD symptomatology).

The secondary outcome measure is general well-being; measure aggression and quality of life through the PHQ-4 (health questionnaire); Buss-Perry aggression questionnaire and ORS quality of life questionnaire.

Onderzoeksopzet

Onderzoeksproduct en/of interventie

- 1) One group receives an ACT training: 12 sessions once a day for 5 minutes and another group receives a sham training: 12 sessions once a day for 5 minutes.
- 2) After the training, both groups receive a treatment as usual (TAU) consisting of EMDR or imaginary exposure (6 sessions)

Contactpersonen

Publiek

GGz Praktijk
Bas Schrijner

06-24238189

Wetenschappelijk

GGz Praktijk
Bas Schrijner

06-24238189

Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

Participants are admitted if PTSD has been determined in the intake with the help of the PCL-5 and LEC-5 and clinical judgment according to the DSM-5.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

The exclusion criteria are:

- 1) psychotic or bipolar disorder
- 2) nonfluent Dutch

- 3) inability to use a computer keyboard
- 4) current psychotherapy
- 5) use of psychotropic medication that started within the past year. Participants will be removed from the study if their medication has to be changed during the trial. They will be admitted if they have been taking a stable dose of medication for at least 1 year.

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Dubbelblind
Controle:	Placebo

Deelname

Nederland	
Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-11-2019
Aantal proefpersonen:	66
Type:	Verwachte startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Ja

Toelichting

no idea

Ethische beoordeling

Positief advies	
Datum:	10-07-2019
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	NL7936
Ander register	METC AMC : METC65710

Resultaten

Samenvatting resultaten

none