

The effectiveness of internetbased therapy on female sexual dysfunctioning.

No registrations found.

Ethical review	Positive opinion
Status	Pending
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON21632

Source

Nationaal Trial Register

Brief title

The effectiveness of internetbased therapy on female sexual dysfunctioning

Health condition

effect
internetbased
sex
therapy

effect
internettherapie
seks
vrouwen

Sponsors and support

Primary sponsor: www.annazorg.nl

Source(s) of monetary or material Support: www.annazorg.nl

Intervention

Outcome measures

Primary outcome

Female sexual functioning (FSFI) and sexually related personal distress (FSDS) in women. Is there a better sexual function and less distress after treatment of the female subjects?

Secondary outcome

Coping, psychological complaints and (sexual) relationship satisfaction.

Is the way of dealing with difficult life events changing during treatment (UCL), are there less psychological problems (BSI) and is there more satisfaction about the partner relationship after treatment (MMQ).

Study description

Background summary

After two year practicing internet-based, sexual, cognitive behavioral therapy it is time to lay the theoretical foundations for an effective internettherapy. There are good results of internetbased therapy, but there is no research done on internettherapy for sexual dysfunctioning.

When we put internet sextherapy into practice we see a demand for working at problems via internet. The question is: "Do the effects of treatment last after a follow-up period of six months?"

The advances of internettherapy is that the client chooses their own safe environment and moments of doing exercises and reports. They have more control over their own process in this way in comparison with a regular face-to-face therapy.

Second is that in internettherapy the main means of communication is writing instead of talking.

The main question of this study is:

Is there a difference in effectiveness between internettherapy, regular face-to-face treatment and a control-/waiting listgroup without treatment.

Study objective

1. The effect of cognitive behavioral therapy in internettherapy and face-to-face therapy is

larger than without therapy on women with a sexual dysfunction;

2. The impact of Internet therapy is just as large as the impact of treatment-as-usual (face-to-face Cognitive Behavioral Therapy).

Study design

1. Baseline (0 weeks);
2. Process (10 weeks);
3. End (20 weeks);
4. Follow-up (40 weeks).

Intervention

The test persons become randomly assigned to several groups. The therapy lasts maximum 20 weeks. During the internet- and the face-to-face-treatment, the test person gets a personal coach and the opportunity to talk to this therapist or personal coach by telephone. There exists the possibility extra of calling in aid of a doctor/seksuoloog and fysiotherapist, during the treatment.

Internet therapy (GROUP 1):

The ppn. to get a cognitive behaviour therapy for sexual problems in the form of online treatment with personal accompaniment.

The instructions and exercises are structured in a protocol. The personal supervisor or coach (psychologist/seksuoloog) becomes supervised and has a weekly intervention. A psychiatrist, relation- and psychotherapist, doctor/seksuoloog and fysiotherapeut are involved in the treatment if necessary. The coach gives feedback on the exercises and accompany the pp. by means of internet one time in a week and monthly a telephone evaluation. On average the pp has two exercises in a week and one report of approximately a half hour.

The coach and the pp. to remain involved motivation mails. Both get reported, if the treatment passes through not well. At insufficiently pass through the pp become approached telephonically.

The Internet therapy offers the ppn. their own Internet portal, My Anna, in which they have a library with information on sexuality, sexual problems and relation. They receive homework tasks, which are part of behaviour therapy, for example the cognitive behavioral reports and sensate focus tasks. After the report of the exercise by the ppn., the coach gets the possibility of giving feedback. Feedback reads the pp. in My Anna to continue with a new exercise. The treatment has been built from modules. A module consists of three interventions and a telephone evaluation.

After three modules, respectively aimed at the conscience of the complaint, body perception and relation, the pp goes by to a more intensive form of treatment, in which the emphasis is

laid on skills.

Face-to-facetherapie (GROUP 2):

The ppn. to get standard face-to-face state-of-the-art cognitive behaviour therapy (Hengeveld & Brewaeys, 2002, Brewaeys, 2003). The treatment exists from maximum ten conversations with the same contents, as the Internet therapy.

Waiting list (GROUP 3):

The waiting list period lasts 12 weeks. After each treatment the participants themselves choose for the Internet therapy or face-to-face-therapie.

Contacts

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Eligibility criteria

Inclusion criteria

Heterosexual women with sexual problems, with or without partner, calling for sextherapy on the internet or with a medical referral for sextherapy. The women are at least three months complaining about the sexual dysfunction. It is possible that they already had help for sexual dysfunctioning. Subjects can use a contraceptive pill.

Exclusion criteria

Contra-indicators are primary psychiatric problems on ax 1 or 2 of the DSM-IV-RT, the cause of the dysfunction is found in a disease, use of medication, physical defect, pregnancy or severe relationship problems (score > 30 on the relationship satisfaction scale of the MMQ).

Study design

Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Pending
Start date (anticipated):	01-11-2009
Enrollment:	150
Type:	Anticipated

Ethics review

Positive opinion	
Date:	30-06-2009
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL1779
NTR-old	NTR1889
Other	ABR-nummer : 24345
ISRCTN	ISRCTN wordt niet meer aangevraagd.

Study results

Summary results

N/A