Psychological trauma assessment in insurance medicine: An evaluation of the feasibility of short instruments

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Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON31370

Source
ToetsingOnline

Brief title
Trauma assessement in insurance medicine

Condition

- Other condition
- Personality disorders and disturbances in behaviour

Synonym
stress related disorders

Health condition

Meerdere psychische stoornissen, angststoornissen, stemmingsstoornisssen, stress gerelateerde stoornissen (PTSS, complexe PTSS), middelenmisbruik, persoonlijkheidsstoornissen

Research involving
Human

Sponsors and support

Primary sponsor: Vrije Universiteit Medisch Centrum
Source(s) of monetary or material Support: Stichting Instituut GAK en UWV

Intervention

Keyword: Assessment, Insurance Medicine, Psychological Trauma

Outcome measures

Primary outcome

Prevalence:

- Frequencies of trauma (STI);

- Frequencies of psychiatric disorders (CIDI)

Validation:

- STI as 'golden standard' (criterium) for validation of the CTQ;

- CIDI as 'golden standard' (criterium) for validation of the 4DKL, the Impact

of Events Scale and the AUDIT

Associations between PTSS and functional impairments: Patients with and without

PTSD (on the basis of the CIDI) are compared on their scores on:

1) Functional Capacity List;

2) Loneliness scale;

3) CIDI.

Secondary outcome

None

Study description

Background summary

In approximately one in every two to three people who become (partly) disabled to work, psychological problems play a major role in the disability. Severe stressfull experiences in childhood or later in life are risk factors for psychopathology. About 50% of all people report at least one traumatic event in their lives such as a car accident, a robbery, loss of a loved one, physical aggression or involuntary sexual experiences. Stress related symptoms and disorders often go undiagnosed. To recognize this stressfull background of functional impairments in occupational functioning good diagnostiscs are essential. Evidence based diagnostic methods in the field of occupational health medicine and insurance medicine are still lacking.

Study objective

Aim of the study is to examine the feasibility of existing methods to assess type and severity of psychological complaints and stressfull experiences in persons who are (partly) unable to work due to mental health problems. Furthermore, the study has to provide information on the functional impairments in daily living and in occupational functioning among individuals with stress related problems. To get a clear picture, patients with a range of stressfull experiences and psychological complaintes will be interviewed. This knowledge is relevant to positively influence the quality of and effectiveness of evaluation of (the degree of) disability in individuals who filed claims for disability benefits.

Study design

In a UWV region representative for the Netherlands, a sample of 500 subjects are invited to participate.

Data are gathered through self report questionnaires and a structurered interview. (All instruments are validated and have previously been positively rated by a METC):
- Childhood Trauma Questionnaire (CTQ; Bernstein e.a., 2003) - a screener;
- Structured Trauma Interview (STI; Draijer, 1989);
- Composite International Diagnostic Interview (CIDI) (Robins et al., 1988; Smeets & Dingemans, 1993), is a structured diagnostic interview developed by the World health organization for DSM-IV psychiatric disorders;
- Impact of Event Scale (Horowitz e.a., 1979);
- Alcohol Use Disorder Identification test (AUDIT; Babor, 1989) a screener developed by the World health organization (10 items) to identify alcoholproblems;

- 4-dimensional symptom list (4DKL: Terluin, 1998) is used as a standard by the Dutch Society of Work and Occupational medicine to assess work related psychological symptoms (50 items).
- Loneliness scale (De Jong-Gierveld & van Tilburg, 1992) is used as a standardscale to assess loneliness (17 items).

Interviews are conducted by trained and supervised interviewers.

Data from medical files are gathered (diagnosis; Functional Capacities Scale), if the participant has agreed to it.

Non-respons data (demographics, no diagnosis) are registered to get a global impression of the generalizability of the sample.

Stastical analysis see page 19 and 20 of the protocol.

Study burden and risks

The methods used to assess traumatic experiences are based on 25 years of experience with research in this area. Training and supervision sessions with interviewers are aimed to prevent and/or minimize potential distress for interviewees.
There are no risks of participating in the study.
Participants may report that they feel tired or sad after the assessment experience, or that they sleep less well than usual. A day after the interview a follow-up contact is made to check for unfavorable reactions and to 'contain' them.
In addition, participants often do not regret or negatively evaluate the overall experience, rather they report to feel relieved.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

A primary psychic diagnosis, sufficient command of the Dutch language, the absence of organic dysfunction or severe cognitive impairments, being able to have a personal conversation, currently living in the Netherlands, not in clinical treatment and not an emloyee of UWV.

Exclusion criteria

A primary diagnosis of organic psychosis, schizophrenia, schizoaffective disorder, or mental retardation, insufficient command of the Dutch language, not being able to have a personal conversation due to the presence of severe cognitive impairments (e.g., dementia) or deafness, currently living outside the Netherlands, currently in clinical treatment, and UWV employé.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Diagnostic

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	19-09-2007
Enrollment:	500
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METC Amsterdam UMC

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
CCMO	NL18397.029.07