Characteristics of Voice Hearing in Dissociative Identity Disorders and Schizophrenia Spectrum Disorders with and without a Childhood Trauma History: A Daily Momentary Assessment with the Voices Research Smartphone Application.

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

Summary

ID

NL-OMON55034

Source
ToetsingOnline

Brief title
Project Voices

Condition

- Other condition
- Schizophrenia and other psychotic disorders

Synonym
'schizophrenia spectrum disorder' and 'psychotic disorder' / 'dissociative idenitity disorder'

Health condition

Ook bij psychische stoornissen: dissociatieve stoornissen

Research involving
Human

Sponsors and support

Primary sponsor: Rijksuniversiteit Groningen
Source(s) of monetary or material Support: Externe financiering uit onderzoeksfonds PVO

Intervention

Keyword: Auditory Hallucinations, Dissociative Identity Disorder, Schizophrenia Spectrum Disorder, Voice Hearing

Outcome measures

Primary outcome

The primary outcome are the characteristics of the voices.

Secondary outcome

To check suitability for the study and to assign the participant to a group:

- Diagnosis

- Presence/absence of a childhood trauma history

Other:

- Life events

- Psychotic symptoms

- Dissociative symptoms

- Insomnia symptoms

- Characteristics of the voices (via a retrospective questionnaire)

Optional (the participant can decide for himself if he wants to fill out this

questionnaire):

- Trauma content

- Content of most annoying voice

Study description

Background summary

The DSM-5 defines schizophrenia spectrum disorders (SSD) and dissociative disorders as distinct diagnostic categories. However, clinical practice does not reveal such a clear distinction on a symptom level. The symptom overlap makes differential diagnosis of SSD and dissociative disorders complex and causes misdiagnosis. More specifically, voice hearing (VH) is among the most reported symptoms in SSD and dissociative identity disorders (DID; i.e. one of the five dissociatieve disorders). The aim of the current study is to identify the phenomenological differences and similarities in voice characteristics between patients with trauma-related DID and patients with SSD. Previous studies found no specific voice characteristic to be exclusive for DID or SSD. However, for some characteristics differences between the disorders have been found (e.g. DID patients experience more child voices), while other characteristics appear to be similarly present in both disorders. Since few empirical studies have been done on the phenomenological differences and similarities in voice characteristics between DID and SSD, there is a need for replication of these results. Furthermore, more clarity is needed about inconsistent findings between the studies. Additionally, these previous studies used retrospective measurements while it might be informative to study the voices in the context and close to the moment they naturally occur. Therefore, the current study entails a momentary assessment of phenomenological characteristics of VH via a smartphone-app. Patients with and without a childhood trauma history will be included, because a (childhood) trauma history has been suggested to be related to VH in both SSD and DID.

Study objective

The objective of the study is to identify the phenomenological differences and similarities in characteristics of voices between patients with a dissociative identity disorder and patients with a schizophrenia spectrum disorder with and without a childhood trauma history.

Study design

This is a monocentre study with an ecological momentary assessment design.

Study burden and risks

The participant will be asked to visit the research location three times. During the first visit (the introductory meeting), the participant will receive extensive information about the study. Spread troughout the two test sessions, six questionnaires (one of which is optional) and three interviews will be assessed. The introductory meeting will take a maximum of 60 minutes, the test sessions will take a maximum of 120 minutes. Besides, the participant will fill in the momentary assessments, which will be assessed 5 times a day for 10 days in a row and will take the participant about 50 minutes a day (10 minutes for each assesment). Filling out the questionnaire about trauma history might cause some temporary emotional discomfort. The momentary assessments might cause the participant to become more aware of his voice hearing. However, we do not expect any ongoing negative effects of participation in the study.

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

- In order to be eligible to participate in this study, a patient must meet one of the following criteria:
o A diagnosis of Dissociative Identity Disorder (DID) (300.14)
o A diagnosis of Schizophrenia Spectrum and other Psychotic Disorders (SSD), more specifically one of the following diagnoses in this category: Brief Psychotic Disorder (298.8); Schizophreniform Disorder (295.40) or Schizophrenia (295.90) and persistent voice hearing
- Participants will be divided into groups in terms of their diagnosis and the presence/absence of a childhood trauma history (based on the outcome of the Childhood Trauma Questionnaire - Short Form).
o Participants with Dissociative Identity Disorder
o Participants with Schizophrenia Spectrum Disorder with a childhood trauma history
o Participants with Schizophrenia Spectrum Disorder without a childhood trauma history

Exclusion criteria

- Severe current substance abuse (e.g., the use of hallucinogens, cannabis, amphetamine-type stimulants and cocaine) that produces acute drug effects that are difficult to differentiate from the mental disorders and symptoms involving this study (e.g., dissociative feelings, hallucinations or paranoid ideation).
- The presence of a substance/medication-induced mental disorder that shares the phenomenology of schizophrenia spectrum disorders and dissociative disorders (e.g., cannabis or alcohol induced psychotic disorder).
- Severe brain damage, which prevents the participant from answering the questions and using the smartphone application properly.
- Lack of fluency in Dutch
- Severity of present disorders (e.g. too much anxiety or paranoid cognitive distortions), that disables the patient to contribute.
- Patients that meet both the diagnosis of dissociative identity disorder ánd schizophrenia spectrum disorder (true comorbidity) will be excluded.
- For ethical reasons, patients that are currently in crisis (i.e., immediate danger to oneself or others) will be excluded (e.g., acute high risk of suicide or severe self-injurious behavior, or severe aggression-control problems).

Study design

Design

Study type: Observational non invasive

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

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	15-12-2022
Enrollment:	93
Type:	Actual

Ethics review

Approved WMO

Date:	10-11-2021
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

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	NL74960.042.21
Other	NL9445 (Netherlands Trial Register)