

S1: Chronische vermoeidheid: onderzoek naar kwetsbaarheid

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S1: Chronische vermoeidheid: onderzoek naar kwetsbaarheid

Chronische vermoeidheid:
voorbeschikkende rol van jeugdtrauma
en het effect ervan op de behandeling

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Rol van jeugdtrauma

OVERZICHTSARTIKEL

Het verband tussen traumatische gebeurtenissen in de kindertijd en angst, depressie en middelenmisbruik in de volwassenheid; een systematisch literatuuroverzicht

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Rol van jeugdtrauma

- Vrouwen meer slachtoffer van ACE's
- Kindermisbruik, middelenmisbruik ouder, uiteengaan/scheiding ouders veelvoorkomend
- Seksueel, fysiek, emotioneel kindermisbruik ---> depressie
- Seksueel kindermisbruik, familiegeweld ---> angst
- Fysieke verwaarlozing, familiegeweld ---> middelenmisbruik
- Dosis-respons relatie!



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Rol van jeugdtrauma

- Jeugdtrauma belangrijke rol in aetiologie CVS
- Stress in de kindertijd \approx vermoeidheid, functionele beperkingen, slechtere perceptie fysiek welzijn of gezondheid in de volwassenheid



Rol van jeugdtrauma?

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Differential effects of childhood trauma subtypes on fatigue and physical functioning in chronic fatigue syndrome

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Abstract

Objective: There is wide consensus that childhood trauma plays an important role in the aetiology of chronic fatigue syndrome (CFS). The current study examines the differential effects of childhood trauma subtypes on fatigue and physical functioning in individuals suffering from CFS.

Methods: Participants were 155 well-documented adult, predominantly female CFS patients receiving treatment at the outpatient treatment centre for CFS of the Antwerp University Hospital in Belgium. Stepwise regression analyses were conducted with outcomes of the total score of the Checklist Individual Strength (CIS) measuring fatigue and the scores on the physical functioning subscale of the Medical Outcomes Short Form 36 Health Status Survey (SF-36) as the dependent variables, and the scores on the five subscales of the Traumatic Experiences Checklist (TEC) as the independent variables.

Results: The patients' fatigue ($\beta = 1.38$; $p = 0.025$) and physical functioning scores ($\beta = -1.79$; $p = 0.034$) were significantly predicted by childhood sexual harassment. There were no significant effects of emotional neglect, emotional abuse, bodily threat, or sexual abuse during childhood.



Rol van jeugdtrauma?

Table 3
The CIS and SF-36 predicted by the five TEC subscales in the regression analyses (N = 155).

Dependent	Independent (TEC)	Coefficient	Standard error	t	p-Value
CIS total	Emotional neglect	0.01712	0.26996	0.63	0.94952
	Emotional abuse	0.41326	0.27859	1.48	0.14003
	Bodily threat total	0.22066	0.29726	0.74	0.45903
	Sexual Harassment	1.37888	0.61081	2.26	0.02540
	Sexual abuse	0.82730	0.64727	1.28	0.20314
SF-36 physical functioning	Emotional neglect	0.02449	0.37096	0.07	0.94746
	Emotional abuse	0.16479	0.38532	0.43	0.66949
	Bodily threat total	0.04397	0.40919	0.11	0.91457
	Sexual Harassment	-1.79389	0.84076	-2.13	0.03447
	Sexual abuse	-0.53231	0.89310	-0.60	0.55204




Rol van jeugdtrauma?

- Er is een differentieel effect volgens subtype van jeugdtrauma op vermoeidheid en fysiek functioneren bij CVS patiënten
- Seksuele intimidatie in de kindertijd
 - hogere vermoeidheidsniveaus in de volwassenheid
 - slechter fysiek functioneren in de volwassenheid






Behandeling CVS?

- ➔ Graduele oefentherapie (GET)
- ➔ Individuele cognitieve gedragstherapie (CBT)
- ➔ Cognitieve gedragstherapie in groep (GCBT)




CAVE complexiteit CVS!







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Effect op CGT voor CVS?



Journal of Psychosomatic Research






Childhood maltreatment and the response to cognitive behavior therapy for chronic fatigue syndrome

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<p>ARTICLE INFO</p> <p><small>Article history:</small> Received 10 February 2011 Received in revised form 27 April 2011 Accepted 10 May 2011</p> <p><small>Keywords:</small> Chronic fatigue syndrome Childhood maltreatment Cognitive behavior therapy Treatment outcome</p>	<p>ABSTRACT</p> <p><small>Objective:</small> To examine the relationship between a history of childhood maltreatment and the treatment response to cognitive behavior therapy for chronic fatigue syndrome (CFS).</p> <p><small>Methods:</small> A cohort study in a tertiary care clinic with a referred sample of 216 adult patients meeting the Centers for Disease Control and Prevention criteria for CFS, and starting cognitive behavior therapy. Main outcome measures changes between pre- and post therapy in fatigue (Checklist Individual Strength fatigue subscale), disabilities (Sickness Impact Profile total score), physical functioning (short form 36 health survey subscale) and psychological distress (Symptom checklist 90 total score).</p> <p><small>Results:</small> At baseline, patients with a history of childhood maltreatment had significantly more limitations and a higher level of psychological distress, but were not more severely fatigued. Change scores on the outcome measures after cognitive behavior therapy did not differ significantly between patients with or without a history of childhood maltreatment, or between the different types of childhood maltreatment. However, patients with a history of childhood maltreatment still experienced more limitations and a higher level of psychological distress after CBT.</p>
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Onderzoeksvraag?

Wat is het korte en langetermijneffect van jeugdtrauma op de behandeluitkomsten in vermoeidheid en fysiek functioneren na cognitieve gedragstherapie in groep bij CVS patiënten?



Methode

- 1 cohorte CVS-patiënten
- Vastgelegd groep CGT programma (9-12 maanden)
- Dataverzameling: - baseline
 - meteen na behandeling
 - 1 jaar na behandeling
- Onafhankelijke variabele: Traumatic Experiences Questionnaire
- Afhankelijke variabelen: - Checklist Individual Strength (CIS total score)
 - Medical Outcomes Short Form 36 Health Status Survey (physical functioning)



Resultaten

Table 1.
Demographic and clinical characteristics of the study group (N=81)

	N (%) or mean (SD)
Mean age in years (SD)	40.84 (±8.18)
Female	74 (91.4%)
Having children	58 (73.4%)
Educational level	
1 Primary education	4 (4.9%)
2 Lower secondary education	12 (14.8%)
3 Higher secondary education	40 (49.4%)
4 Advanced education / university	25 (30.9%)
Fibromyalgia	29 (37.7%)
Lifetime major depression or anxiety disorder (SCID-I)	44 (54.3%)
Lifetime major depression (SCID-1)	31 (46.3%)
Lifetime anxiety disorder (SCID-1)	29 (43.3%)
Any victimization	43 (53.1%)
Emotional neglect	25 (30.9%)
Emotional abuse	25 (30.9%)
Bodily threat	16 (19.8%)
Physical abuse	13 (16%)
Sexual harassment	16 (19.8%)
Sexual abuse	4 (4.9%)
Mean physical functioning score at baseline (SD)	45.80 (±17.28)
Mean fatigue score at baseline (SD)	114.32 (±14.84)



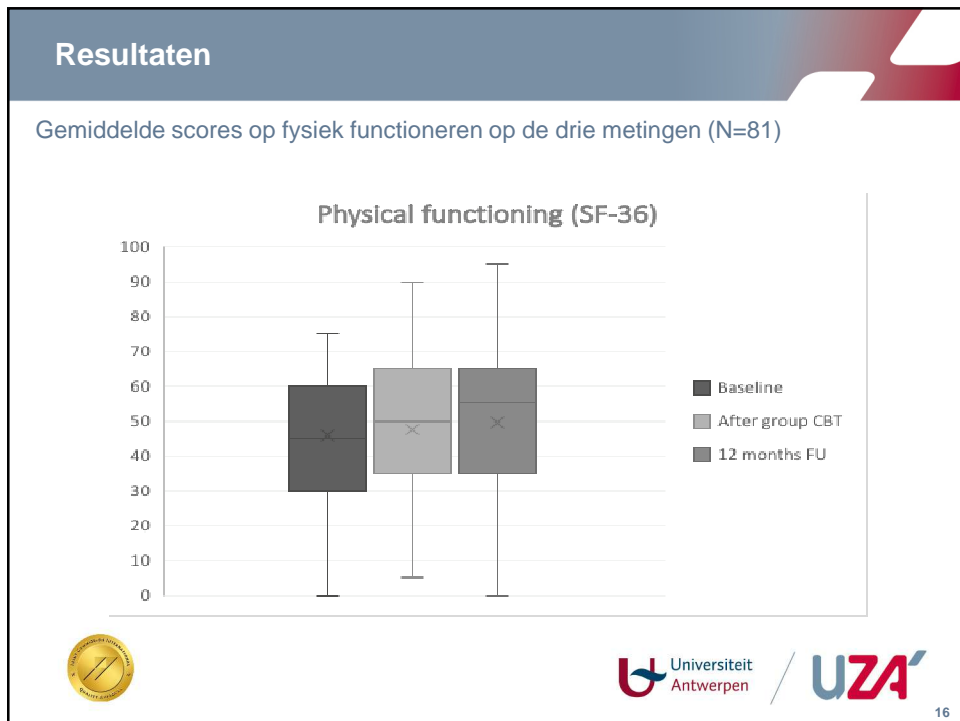
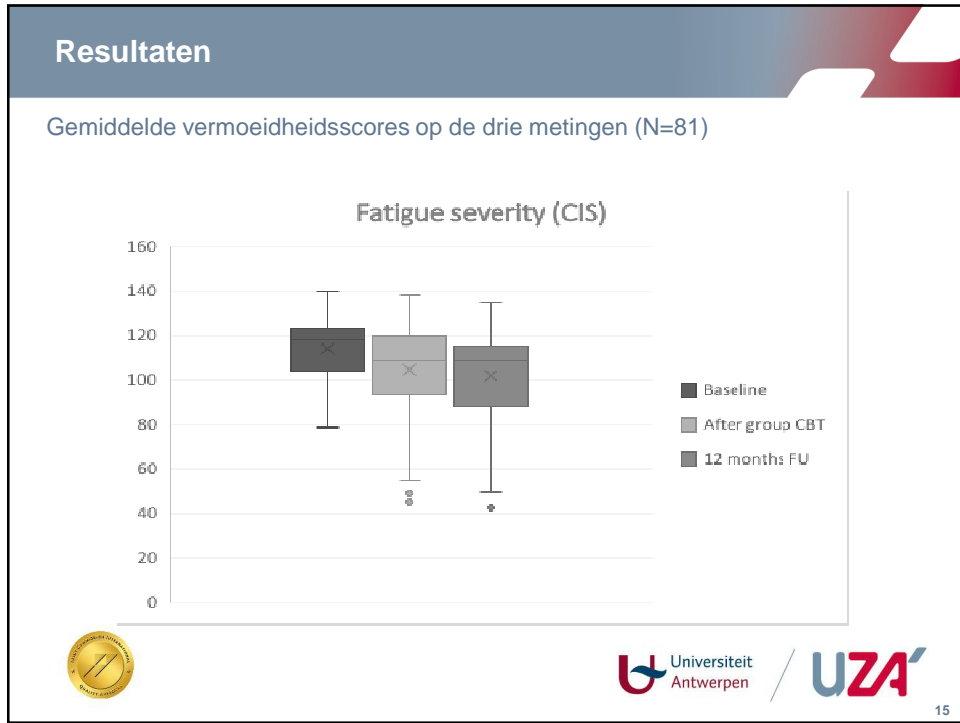
Resultaten

Table 2
Summary of the results of the general linear model analyses while controlling for baseline psychiatric status and fatigue

	Univariate models after GCBT		Multivariate models after GCBT		Univariate models up to 12-month FU		Multivariate models up to 12-month FU	
	β	SE	β	SE	β	SE	β	SE
Mean change in CIS total								
TEC	-.11	.19	-.06	.21	-.08	.19	-.10	.22
Psychiatric status	-2.20	5.17	-2.32	4.98	-2.28	5.33	-2.38	5.21
Fatigue at baseline	-.41**	.15	-.40*	.16	-.36*	.15	-.35*	.17
R ²			.10				.07	
Mean change in SF-36 physical functioning								
TEC	-.21	.18	-.08	17.36	-.37*	.17	-.30	.19
Psychiatric status	-7.23	4.76	-7.30	4.70	-3.95	4.45	-3.97	4.48
Fatigue at baseline	-.19	.15	-.25	.15	-.02	.14	-.06	.15
R ²			.08				.06	

*p<.05, **p<.01, ***p<.001





Hoofdbevindingen

- Geen effect van jeugdtrauma op de respons op GCGT voor CVS, ongeacht meting, outcome of grootte groep (cfr. Heins, Janse, Wiborg)
- Matig effect van GCGT op vermoeidheid, zowel op KT als LT (cfr. Janse)
- Klein effect van GCGT op fysiek functioneren, zowel op KT als LT (cfr. Janse)
- Gecontroleerd voor baseline vermoeidheid en psychiatrische status (D & A) (cfr. Prins)
- Hoe groter de vermoeidheid op baseline, hoe kleiner het effect van GCGT op vermoeidheid meteen na behandeling en na 9 à 12 maanden
- Geen relatie met psychiatrische status



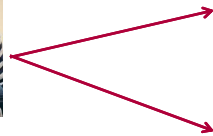
Beperkingen

- Slechts twee responsvariabelen
- Impact later trauma of andere negatieve levensgebeurtenissen?
- Retrospectieve zelfrapportering van jeugdtrauma



Conclusie

- Jeugdtrauma geen exclusie criterium voor individuele of groep CGT
- Verder onderzoek?
 - Invloed van geslacht?
 - Subtypes jeugdtrauma?
 - Effect op andere vormen van psychologische behandeling?
 - Beschermende factoren?



Bedankt voor het luisteren!



Zijn er nog vragen?

