VGCT congres
Maar liefst 12 mensen van de polikliniek angst en dwang bezochten op kosten van de academische werkplaats het congres Back to Basics van de Vereniging voor Gedragstherapie en Cognitieve Therapie. Willemijn, Patricia, Karin & Neeltje verzorgden presentaties/workshops. Patricia van Oppen, Jenneke Wiersma & Anneke van Schaik kregen de ZonMw parel uitgereikt voor hun CBASP project en Anna Muntingh won de prijs voor de beste poster.

Onderzoeksnieuws
Er lopen momenteel 7 studies op de polikliniek angst. Zoals te zien zijn aanmeldingen voor de studies door jullie nog hard nodig! Op 7 januari start een psycho-educatie cursus voor mensen met OCS. Neem voor meer informatie contact op met Anna Muntingh.

Nieuwe publicaties

Stand van zaken onderzoek (november 2012)

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Onderzoeksnieuws


Ideeën voor onderzoek?
Heb je een klinische vraag die onderzoek behoeft, of wil je meer betrokken raken bij onderzoeks-activiteiten? Laat het weten!
Prevention of anxiety disorders in primary care: A feasibility study
Neeltje M Batelaan, Jan H Smit, Pim Cuijpers, Harm WJ van Marwijk, Berend Terluin and Anton JLM van Balkom

Background
Anxiety disorders are highly prevalent in primary care and cause a substantial burden of disease. Screening on risk status, followed by preventive interventions in those at risk may prevent the onset of anxiety disorders, and thereby reduce the disease burden. The willingness to participate in screening and interventions is crucial for the scope of preventive strategies, but unknown. This feasibility study, therefore, investigated participation rates of screening and preventive services for anxiety disorders in primary care, and explored reasons to refrain from screening.

Methods
In three general practices, screening was offered to individuals visiting their general practitioner (total n = 2454). To assess risk status, a 10-item questionnaire was followed by a telephone interview (including the CIDI) when scoring above a predefined threshold. Preventive services were offered to those at risk. Participation rates for screening and preventive services for anxiety disorders were assessed. Those not willing to be screened were asked for their main reason to refrain from screening.

Results
Of all individuals, 17.3% participated in initial screening, and of those with a possible risk status, 56.0% continued screening. In 30.1% of those assessed, a risk status to develop an anxiety disorder was verified. Of these, 22.6% already received some form of mental health treatment and 38.7% of them agreed to participate in a preventive intervention and were referred. The most frequently mentioned reasons to refrain from screening were the emotional burden associated with elevated risk status, the assumption not to be at risk, and a lack of motivation to act upon an elevated risk status by using preventive services.

Conclusions
Screening in general practice, followed by offering services to prevent anxiety disorders in those at risk did not appear to be a feasible strategy due to low participation rates. To enable the development of feasible and cost-effective preventive strategies, exploring the reasons of low participation rates, considering involving general practitioners in preventive strategies, and looking at preventive strategies in somatic health care with proven feasibility may be helpful.

Panic attacks as a dimension of psychopathology: evidence for associations with onset and course of mental disorders and level of functioning.
Batelaan NM, Rhebergen D, de Graaf R, Spijker J, Beekman AT, Penninx BW.

OBJECTIVE:
One of the proposed revisions for DSM-5 is to rate panic attacks as a separate dimension across all mental disorders. The idea is that panic attacks occurring outside panic disorder are a dimension predicting important clinical outcomes. The aim of this study was to validate the proposition for DSM-5 that panic attacks have predictive value for overall psychopathology onset, course, and functioning.

METHOD:
Data were derived from the Netherlands Mental Health Survey and Incidence Study (NEMESIS), a prospective population-based study. Using the Composite International Diagnostic Interview (with classifications based on DSM-III-R), 5,571 subjects were selected who had (1) no panic history, (2) a history of panic attacks (but no panic disorder), (3) current panic attacks, or (4) current panic disorder. The impact of panic status on the prevalence of anxiety, affective, alcohol, and any mental disorders; on the onset and persistence of these disorders during 3-year follow-up; and on levels of functioning during 3-year follow-up (as assessed with the 36-Item Short-Form Health Survey) was examined.

RESULTS:
Current panic attacks outside the realm of panic disorder were associated with increased prevalence of mental disorders ($\chi^2 = 490.6; P < .001$), increased onset of mental disorders (hazard ratio = 4.42; 95% CI, 2.88-6.80), persistence of mental disorders (odds ratio = 2.72; 95% CI, 1.53-4.82), and impaired functioning during 3-year follow-up ($F = 69.67; P < .001$). Although the impact was smaller than for panic disorder, the associations identified for panic attacks were consistent and significant and were, to a lesser extent, also found for a history of panic attacks.

CONCLUSIONS:
Given the consistent impact of panic attacks on various aspects of psychopathology, the proposition to dimensionally rate panic attacks across all mental disorders may be of great value for clinical care.
Recurrence of anxiety disorders and its predictors
Willemijn D. Scholten a,b,*, Neeltje M. Batelaan a,b, Anton J.L.M. van Balkom a,b, Brenda W.J.H. Penninx a,b,c,d,e, Johannes H. Smit a,b, Patricia van Oppen a,b

ABSTRACT

Background: The chronic course of anxiety disorders and its high burden of disease are partly due to the recurrence of anxiety disorders after remission. However, knowledge about recurrence rates and predictors of recurrence is scarce. This article reports on recurrence rates of anxiety disorders and investigates predictors of recurrence from a broad range of socio-demographic characteristics, illness-related and psychosocial putative predictors.

Methods: Baseline and 2-year follow-up data were derived from the Netherlands Study of Depression and Anxiety (NESDA). Participants who had at least one lifetime anxiety disorder (panic disorder with or without agoraphobia, agoraphobia alone, social phobia or generalized anxiety disorder), but were remitted at baseline (N=429) were included. Recurrence of anxiety disorders during the 2-year follow-up period was assessed using the Composite International Diagnostic Interview, version 2.1.

Results: Recurrence rates among pure and multiple anxiety disorders did not differ significantly and the overall recurrence rate of anxiety disorders was 23.5%. In those recurring, the incidence of a new anxiety disorder was common (32.7%). Disability and anxiety sensitivity remained predictive of recurrence of anxiety disorders in multivariable regression analysis.

Limitations: The included participants had more severe symptoms at baseline than the non-response group and lifetime anxiety diagnoses were assessed, retrospectively.

Conclusions: Recurrence of anxiety disorders is common and clinicians should be aware of the diagnostic instability within anxiety disorders. Disability and anxiety sensitivity are independent predictors of recurrence of anxiety disorders. Altering these predictors in regular cognitive behavioural therapy could contribute to the reduction of recurrence.

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De karakterisering van angststoornissen: stageren en profileren met gezond verstand

ACHTERGROND Kennis over stagering en profileren is van belang om patiënten met angststoornissen in verschillende fasen van ervaring in te delen. Deze inleiding bepaalt inhoud en vorm van de behandeling.

DOEL Beschrijven van mogelijkheden voor stagering en profileren bij angststoornissen.

METHODE Een literatuuronderzoek naar de stagering en profileren van angststoornissen. Resultaten Een wetenschappelijk overzicht van stagering en profileren van angststoornissen ontbreken vrijwel. Tijdens de clinic dagelijkse vormen van stagering toe te passen bij hun bevoegden om patiënten een bepaalde behandeling toe te wijzen en de duur van die behandeling te bepalen. De gereguleerde Nederlandse richtlijnen bevatten een globale vorm van stagering. Ze zijn namelijk niet aan de principes van steppled care aangepast op basis van consensusbepalingen van de richtlijncommissie.

CONCLUSIE De gereguleerde richtlijnen voor angststoornissen geven de clinici een handvat om stagering in de dagelijkse praktijk toe te passen. Vanwege het ontbreken van wetenschappelijke gegevens stellen wij een onderzoeksagenda voor.

Cognitive Therapy versus Fluvoxamine as a Second-Step Treatment in Obsessive-Compulsive Disorder Nonresponsive to First-Step Behavior Therapy
Anton J.L.M. van Balkom a, Paul M.G. Emmelkamp a, Merijn Eikelenboom a, Adriaan W. Hoogendoorn a, Johannes H. Smit a, Patricia van Oppen a

Abstract

Background: To compare the effectiveness of second-step treatment with cognitive therapy (CT) versus fluvoxamine in patients with obsessive-compulsive disorder (OCD) who are nonresponsive to exposure in vivo with response prevention (ERP).

Methods: A 12-week randomized controlled trial at an outpatient clinic in the Netherlands comparing CT with fluvoxamine in OCD. Of 118 subjects with OCD treated with 12 weeks of ERP, 48 appeared to be nonresponders (Y-BOCS improvement score of less than one third). These nonresponders were randomized to CT (n = 22) or fluvoxamine (n = 26). The main outcome measure was the Y-BOCS severity scale. Statistical analyses were conducted in the intention-to-treat sample (n = 45) on an 'as randomized' basis and in the per-protocol sample (n = 30). Due to selective dropout in the fluvoxamine group, two additional sensitivity analyses were performed.

Results: Complete data could be obtained from 45 subjects (94%) after 12 weeks. Fifty percent of the patients refused fluvoxamine after randomization compared to 13% who refused CT (χ²(1) = 7.10; p = 0.01). CT as a second-step treatment did not appear to be effective in this sample of nonresponders. Fluvoxamine was significantly superior to CT in the intention-to-treat sample, in the per-protocol sample and in the two separately defined subgroups in which the sensitivity analyses were performed.

Conclusions: OCD patients who are nonresponsive to ERP may benefit more from a switch to treatment with an antidepressant instead of switching to CT. In clinical practice, it may be important to motivate this subgroup of patients to undergo psychopharmacological treatment, as this may improve their outcome considerably.

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Determinants of salivary evening alpha-amylase in a large sample free of psychopathology.

Veen G, Giltay EJ, Vreeburg SA, Licht CM, Cobbaert CM, Zitman FG, Penninx BW.

Source
Department of Psychiatry, VU University Medical Center, Amsterdam, The Netherlands. G.Veen@ggzingeest.nl

Abstract

OBJECTIVE:
Recently, salivary alpha-amylase (sAA) has been proposed as a suitable index for sympathetic activity and dysregulation of the autonomic nervous system (ANS). Although determinants of sAA have been described, they have not been studied within the same study with a large sample size without potential disturbances of psychopathology. In this paper, we report about correlates of evening sAA in saliva.

METHODS:
In 487 participants (mean age=42.9 years, 59.8% female) without lifetime psychiatric disorders from the Netherlands Study of Depression and Anxiety (NESDA), sociodemographic, health and sampling determinants of sAA levels were examined using multivariable linear regression analysis. sAA was measured in two saliva samples that participants collected in the late evening, at 22:00h and 23:00h, after which these were averaged.

RESULTS:
In multivariate analysis, age (β=0.20, p<0.001) and daily alcohol intake (β=-0.13, p=0.01) were independent determinants of evening sAA levels. Gender, allergy or lung disease, and the use of oral contraceptives were univariate correlates, but no longer associated with sAA in the multivariate model.

CONCLUSIONS:
Age and alcohol use were identified as potential confounding factors that should be taken into account in epidemiologic studies that examine the ANS function using sAA.