

Is schematherapie effectief voor angst, dwang en PTSS?

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The effectiveness of schema therapy for patients with anxiety disorders, OCD, or PTSD: A systematic review and research agenda

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Objectives. We reviewed the evidence regarding the effectiveness of schema therapy for anxiety disorders, obsessive-compulsive disorder (OCD), and posttraumatic stress disorder (PTSD).

Methods. This systematic review followed the recommendation of the PRISMA guidelines. A database search (PsycINFO, MEDLINE, EMBASE, WEB OF SCIENCE, and Academic Search Ultimate) was conducted to identify eligible studies up until 2 April 2021. The search included the keywords ('schema therap*' or 'schema group therap*' or 'schema mode therap*' or 'schema focused' or 'young's model') and ('anxiety disorder*' or 'anxiety-related disorder*' or 'agoraphobia' or 'health anxiety' or 'phobi*' or 'panic disorder' or 'obsessive compulsive disorder' or 'OCD' or 'posttraumatic stress' or 'posttraumatic stress' or 'PTSD' or 'hypochondria' or 'axis I'). Included studies were appraised on methodological quality according to the Psychotherapy Outcome study Methodology Rating Form.

Results. We identified 41 studies that were eligible based on the topic. However, only six (comprising 316 anxiety, OCD, and PTSD patients) could be included despite lenient methodological inclusion/exclusion criteria. Results showed that schema therapy can lead to beneficial effects in disorder-specific symptoms and early maladaptive schemas. Yet, we also uncovered substantial methodological limitations in most studies.

Open access (gratis te downloaden): <https://bpspsychhub.onlinelibrary.wiley.com/doi/pdf/10.1111/bjc.12324>



Angst, dwang en PTSS

- Lifetime prevalentie
 - Angststoornissen: 20-30%
 - Dwang (OCS): ~ 2%
 - PTSS: ~ 8%
- Goede richtlijnbehandelingen (CGT, EMDR, etc.) maar...
 - Niet effectief voor iedereen (~50%)
 - Drop-out (~25%)
- Bij chronische klachten mogelijke bijdrage persoonlijkheidstrekkens → ST?



Doel

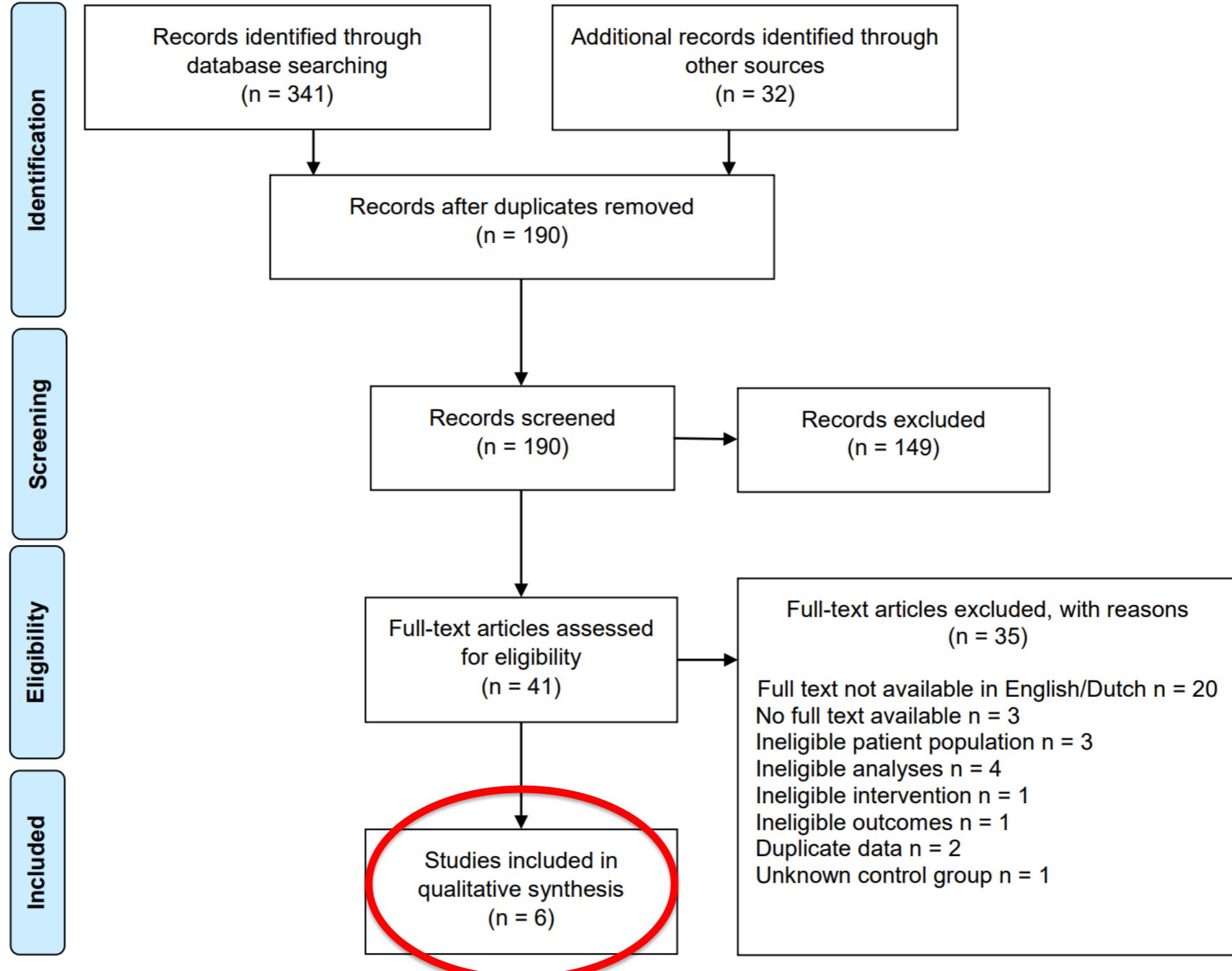
- Systematische review
 - Angst, dwang, en PTSS
 - ST (evt. in combinatie met richtlijnbehandeling)
 - Primair: symptomen
 - Secundair: EMS



Aanpak

- Databases (t/m 2 april)
 - PsycINFO, MEDLINE, EMBASE, WEB OF SCIENCE, Academic Search Ultimate
- Keywords:
 - ('schema therap*' or 'schema group therap*' or 'schema mode therap*' or 'schema focused' or 'Young's model') AND ('anxiety disorder*' or 'anxiety-related disorder*' or 'agoraphobia' or 'health anxiety' or 'phobi*' or 'panic disorder' or 'obsessive compulsive disorder' or 'OCD' or 'posttraumatic stress' or 'post traumatic stress' or 'PTSD' or 'hypochondria' or 'axis 1')
- COVIDENCE.org (niet: 'Confidence'....)





 = EMS gemeten

Table I. Characteristics of the included studies

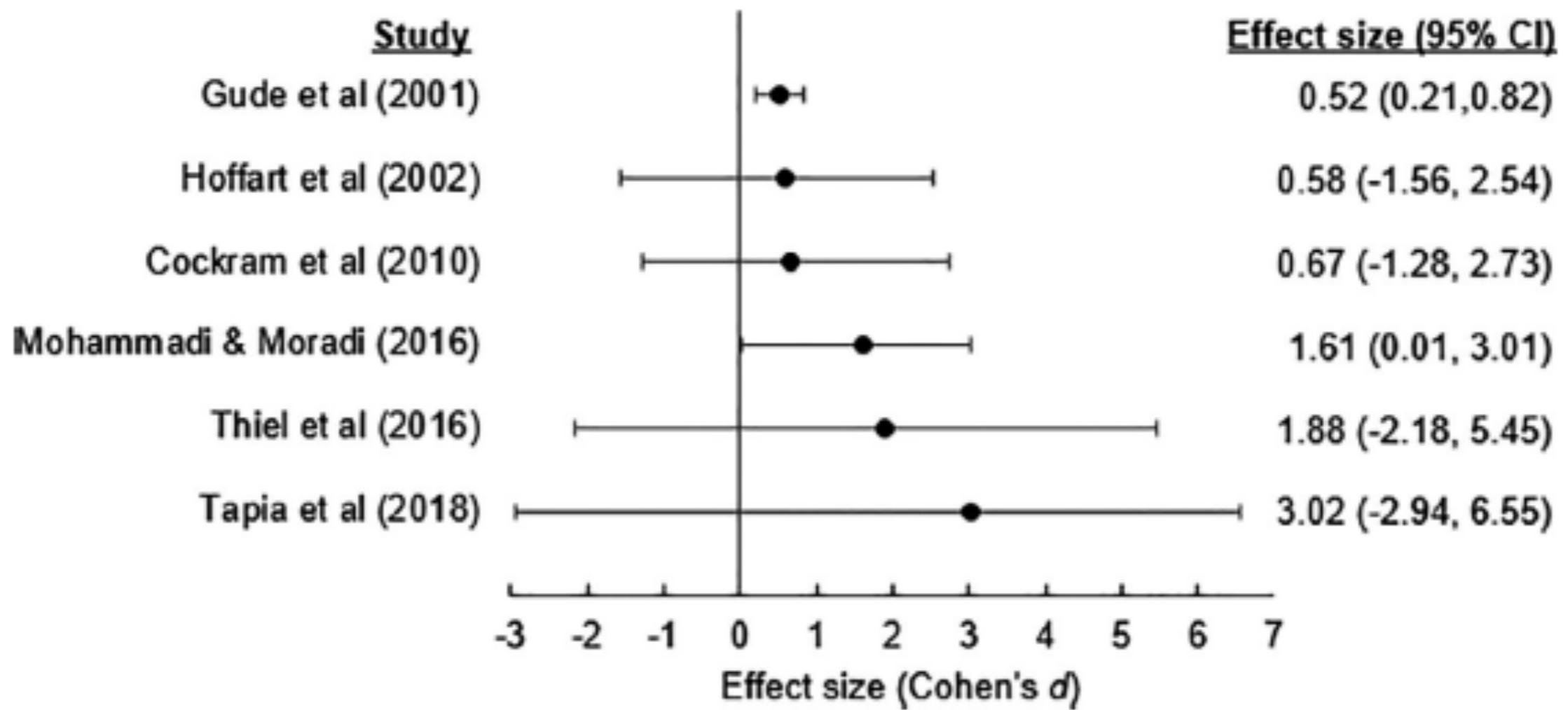
Study (country)	Disorder	n	Intervention	Control
Gude et al., (2001) (Norway)	Panic disorder and/or agoraphobia + Cluster C personality traits	45	Cognitive therapy + ST	N/A
Hoffart et al., (2002) (Norway)	Panic disorder and/or agoraphobia + Cluster C personality traits	35	Cognitive therapy + ST	N/A
Cockram et al., (2010) (Australia)	PTSD	I = 181 II = 54 C = 127	ST	TCBT
Mohammadi and Moradi (2016) (Iran)	GAD	30 II = 10 I2 = 10 C = 10	II = ST I2 = NLP	NT
Thiel et al., (2016) (Germany)	OCD	10	ST + ERP	N/A
Tapia et al., (2017) (France)	PTSD + SUD	15	TAU + ST + EMDR	N/A



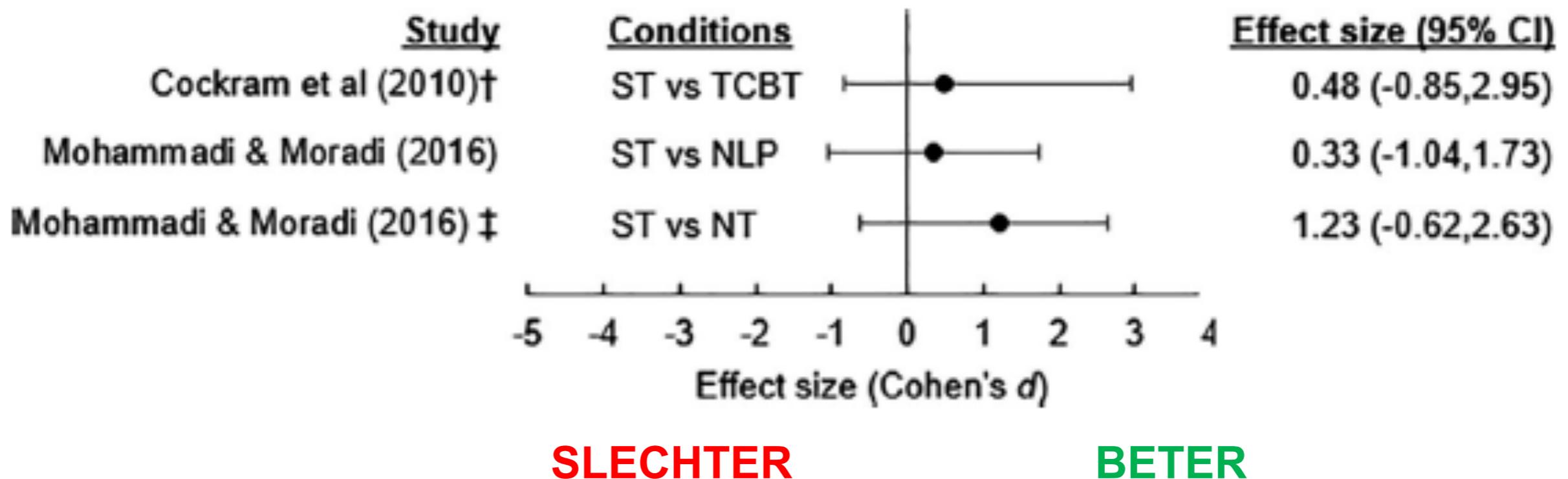
DOES IT SPARK JOY?



Alleen ST: Voor vs Na



ST vs controlegroep



En waar worden onderzoekers nou blij van?

- Goede controlegroep
- Valide en betrouwbare...
- Voldoende ...
- Duidelijke...
- Correcte...
- ...
- ...
- ...
- ...
- ...
- Etc.
- Etc.
- Etc.



Hm....

Study (country)	Disorder	n	Intervention	Control
Thiel et al. (2016) (Germany)	OCD	10	ST + ERP	N/A
Hoffart et al. (2002) (Norway)	Panic disorder and/or agoraphobia + Cluster C personality traits	35	Cognitive therapy + ST	N/A
Gude et al. (2001) (Norway)	Panic disorder and/or agoraphobia + Cluster C personality traits	45	Cognitive therapy + ST	N/A
Cockram et al. (2010) (Australia)	PTSD	I = 54 C = 127	ST	TCBT
Tapia et al. (2017) (France)	PTSD + SUD	15	TAU + ST + EMDR	N/A
Mohammadi & Moradi (2016) (Iran)	GAD	I1 = 10 I2 = 10 C = 10	I1 = ST I2 = NLP	NT

- 1 Ruim boven gemiddeld
- 1 Boven gemiddeld
- 3 Onder gemiddeld
- 1 Ruim onder gemiddeld

Max. = 40

$CGT_M = 27.8$

$3^e \text{ golf} = 19.6$

$ST = 14 (5 - 22)$



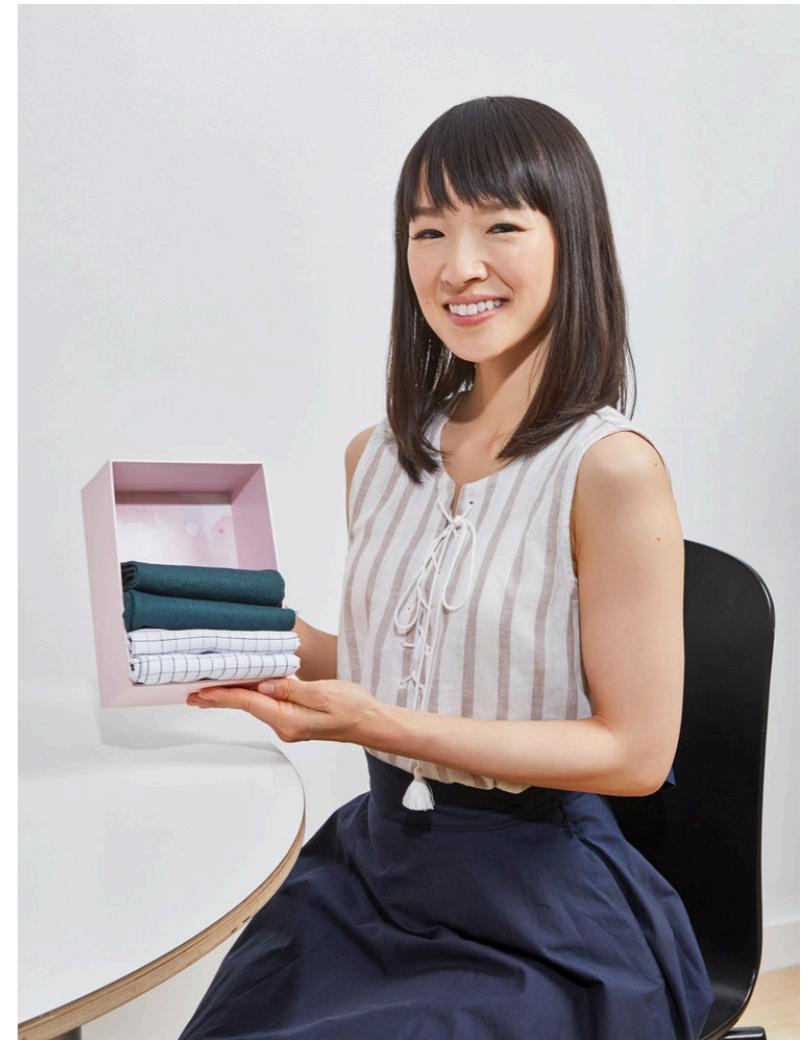
Does it spark joy? (Oftewel: conclusies)

Wetenschappelijk:

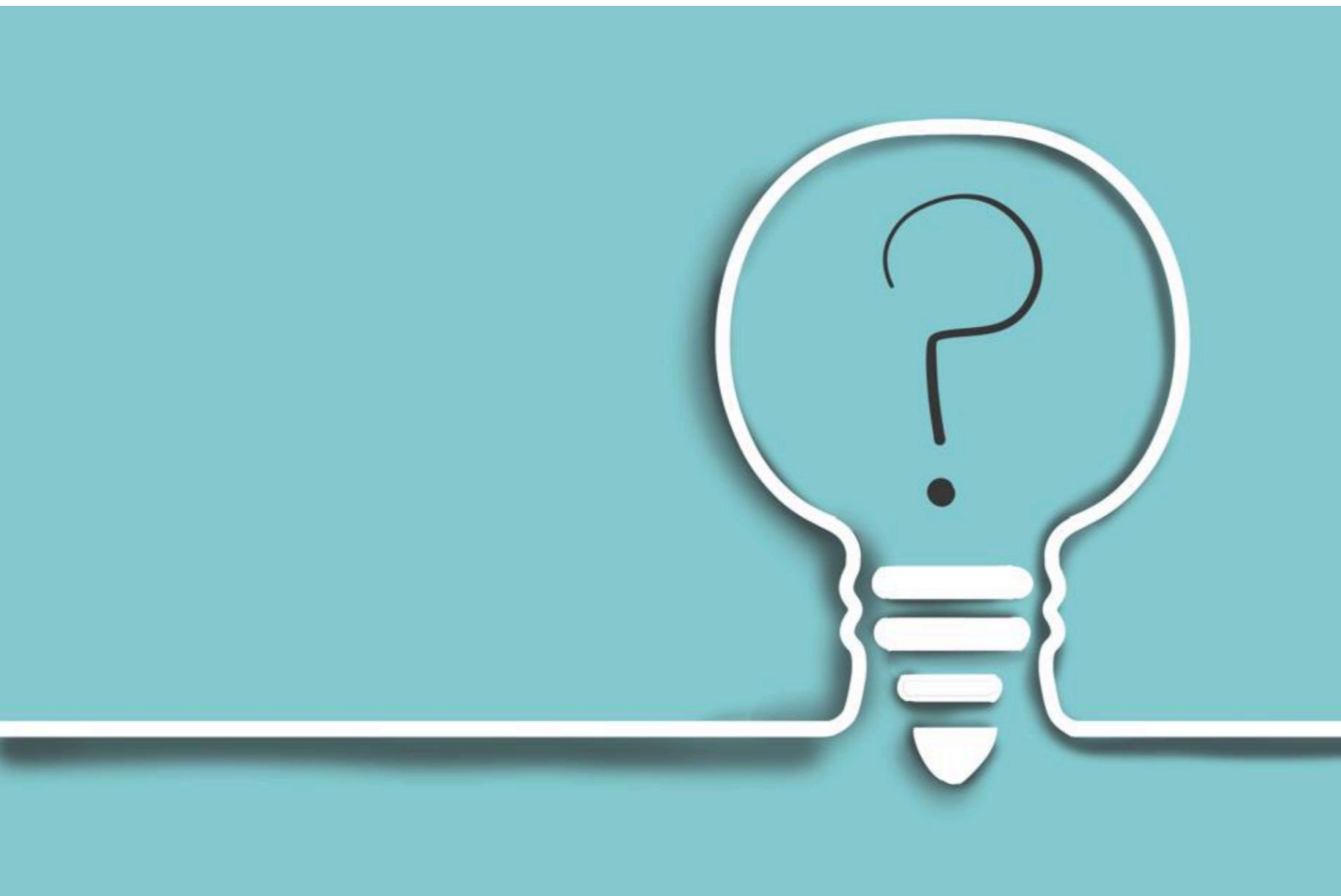
- Eerste resultaten zijn (relatief) bemoedigend! ☺
- Maar kwaliteit van de studies (nog) niet zo... ☹
- Formulering onderzoeksagenda ☺

Klinisch:

- Onderbouwde keuze bij gebrek aan richtlijn?
- Alleen bij chronische klachten?
- ST of ST+Exp?
- ...



Dank voor uw aandacht!



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	Gude et al. (2001)	Hoffart et al. (2002)	Cockram et al. (2010)	Mohammadi & Moradi (2016)	Thiel et al. (2016)	Tapia et al. (2017)
Clarity sample description	2	2	0	0	2	1
Representativeness sample	2	2	1	0	2	1
Reliability diagnosis in question	2	2	2	0	1	1
Specificity outcome measures	1	2	2	1	2	2
Reliability/validity outcome measures	2	2	2	2	2	2
Use of blind evaluators	0	0	0	0	2	0
Assignment to treatment	0	0	0	1	0	0
Design	0	0	2	1	0	0
Power analysis	0	0	0	0	0	0
Assessment points	2	2	1	0	1	2
Manualized, replicable, specific treatment programs	1	1	2	0	1	0
Number of therapists	0	1	0	0	1	0
Therapist training/experience	0	1	0	0	2	0
Checks treatment adherence	0	1	0	0	0	0
Checks therapist competence	0	1	0	0	1	0
Control concomitant treatments	0	1	0	0	1	0
Handling attrition	0	0	0	0	0	0
Statistical analyses / presentation results	1	2	2	0	2	1
Clinical significance	0	0	0	0	2	0
Equality therapy hours	N/A	N/A	0	0	N/A	N/A
Total POMRF score	13	20	14	5	22	10
(Rating)	(Below†)	(Abovet†)	(Below†)	(Well below†)	(Well above†)	(Below†)

Onderzoeksagenda

- (actieve) controlegroep in RCT / multiple baseline designs
- Valide en betrouwbare uitkomstmaten
- Meerdere meetmomenten (voor, na, 1+ jaar follow-up)
- Steekproefgrootte voldoende groot (powerberekening a priori)
- Adequate en helder beschreven analyses
- Goed getrainde therapeuten in studie
- Rapportage van methode en behandeling
- Componenten onderzoeken