Functionele remediatie bij bipolaire stoornissen

24-09-2021 KenBis

Susan Zyto,

Klinisch neuropsycholoog

Buitenpromovenda Amsterdam UMC, loc. VUmc, afdeling psychiatrie

Inhoud

- Cognitieve beperkingen bij BD
- Oorzaken cognitieve beperkingen
- Functionele remediatie

Euthyme/stabiele fase

- 40 - 60% cognitieve stoornissen in euthyme fase (Burdick et al., 2014; Martino et al., 2014; Cullen et al., 2016)

Risicofactoren:

- Chroniciteit
- Ziekteduur
- Aantal doorgemaakte stemmingsepisoden
- Somatische comorbiditeit
- Psychose risico
- Familiaire belasting voor EPA
- Lager niveau premorbide IQ

Cognitieve stoornissen bij euthyme

- Geen volledig symptomatisch en functioneel herstel (Tohen et al. 2003)

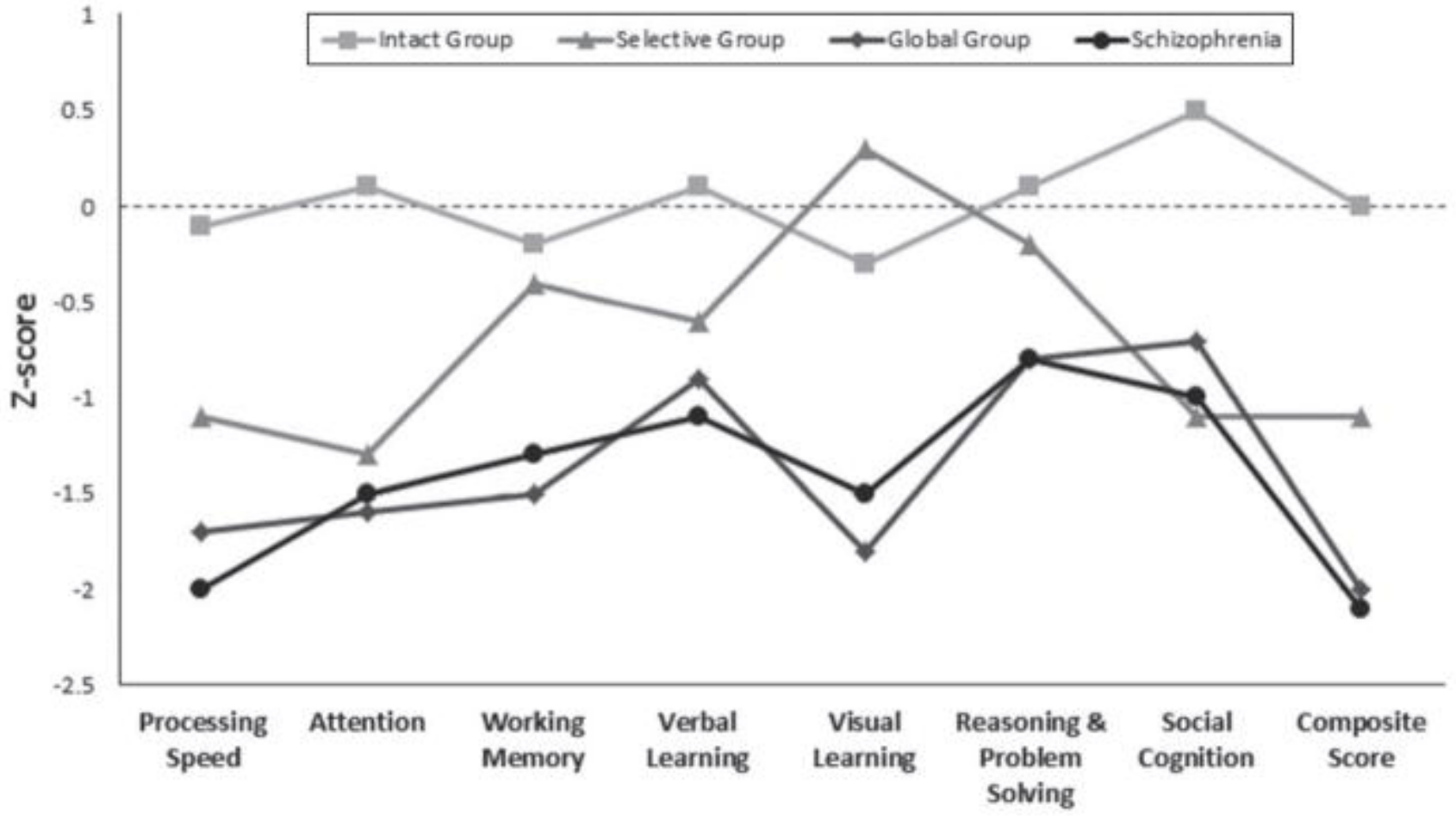
- Cognitieve beperkingen tijdens remissie voornamelijk in (Bora et al. 2009):
  - Aandacht
  - Verbaal leren
  - Executief functioneren
  - Tempo van informatieverwerking

  - -0,5-1 s.d *gemiddeld*

Invloed psychosociaal functioneren

- Symptomatologie en cognitieve dysfunctie hebben directe invloed op (Martinez-Aran et al. 2007; Bowie et al. 2010; Burdick et al. 2010; Depp et al. 2012):
  - Sociaal functioneren
  - Beroepsmatig functioneren
  - Zelfstandig functioneren

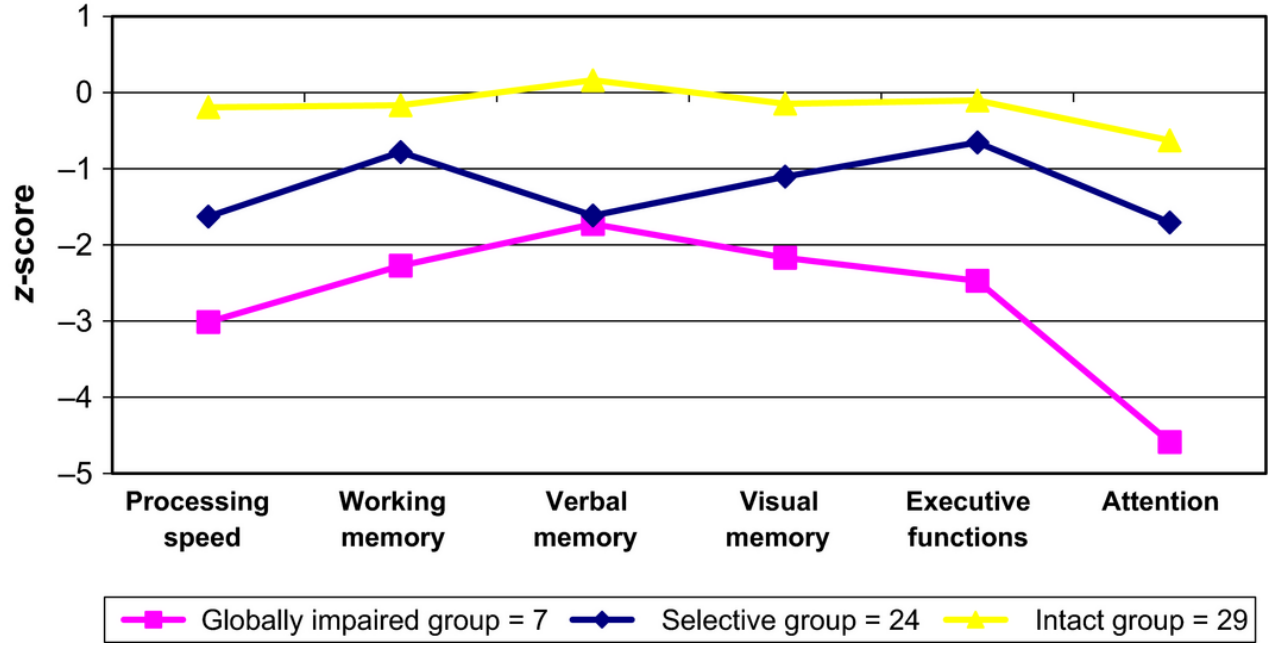
Subgroepen



(Burdick et al., 2014)

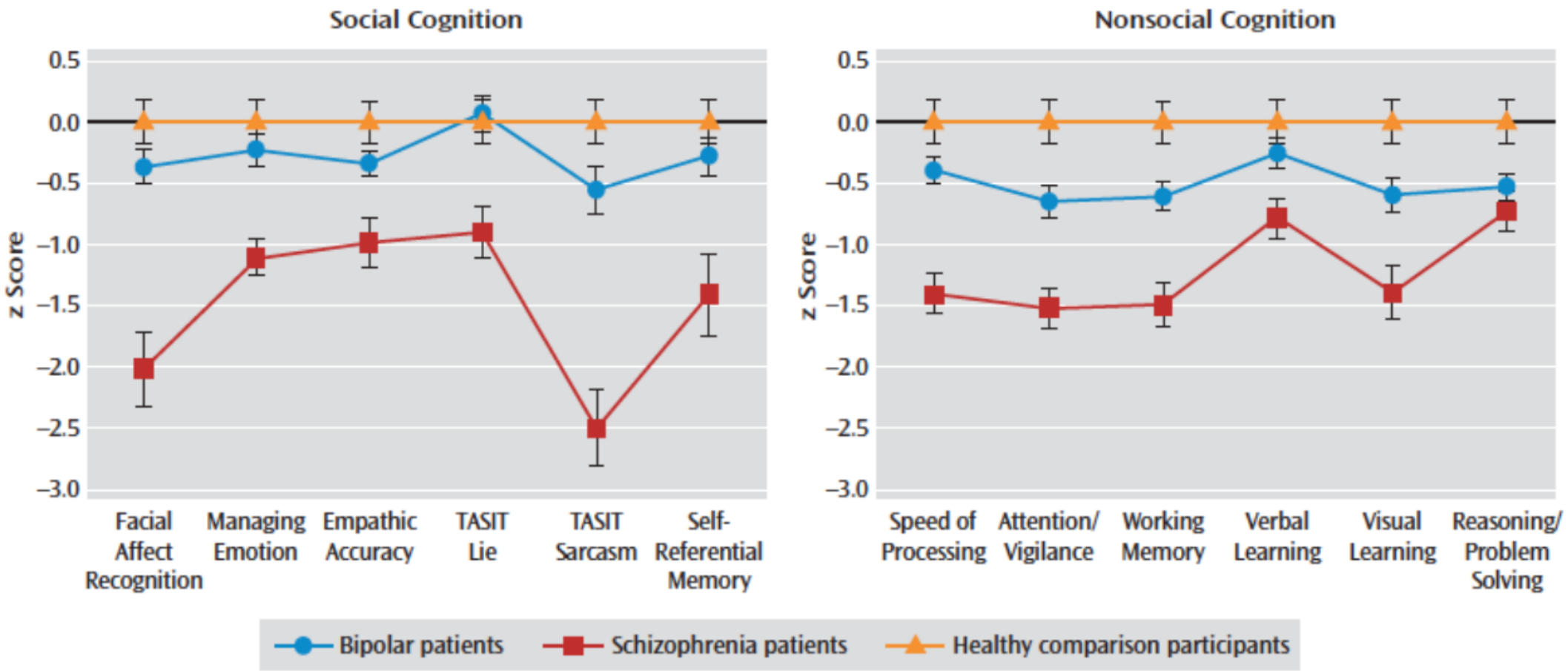
Verschillen BD I en BD II?

- Weinig verschillen in cognitieve status en psychosociaal functioneren
- Subgroepen:



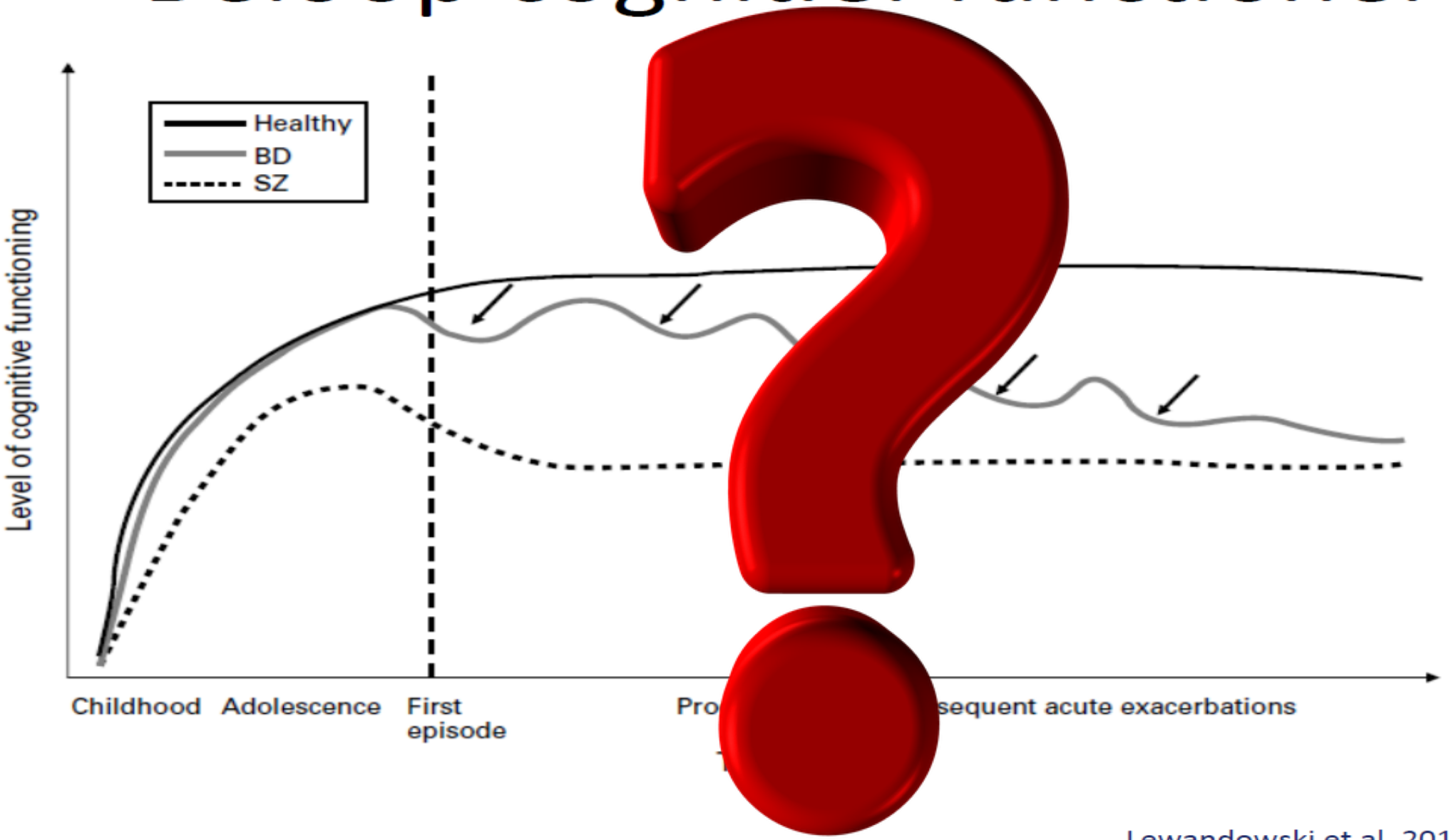
(Sole et al., 2016)

Social and nonsocial cognitive performance profiles



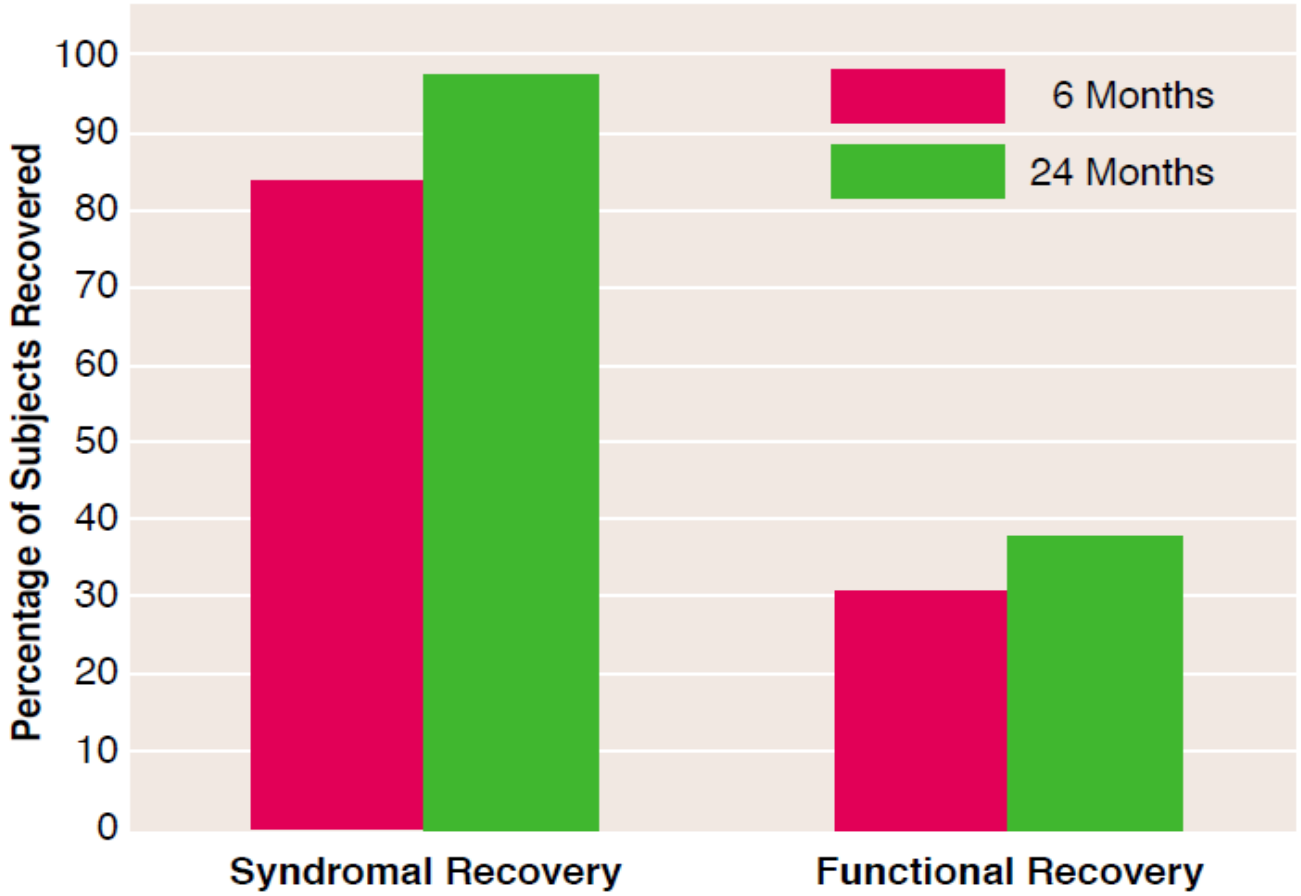
Lee 2013 AJP

Beloop cognitief functioneren



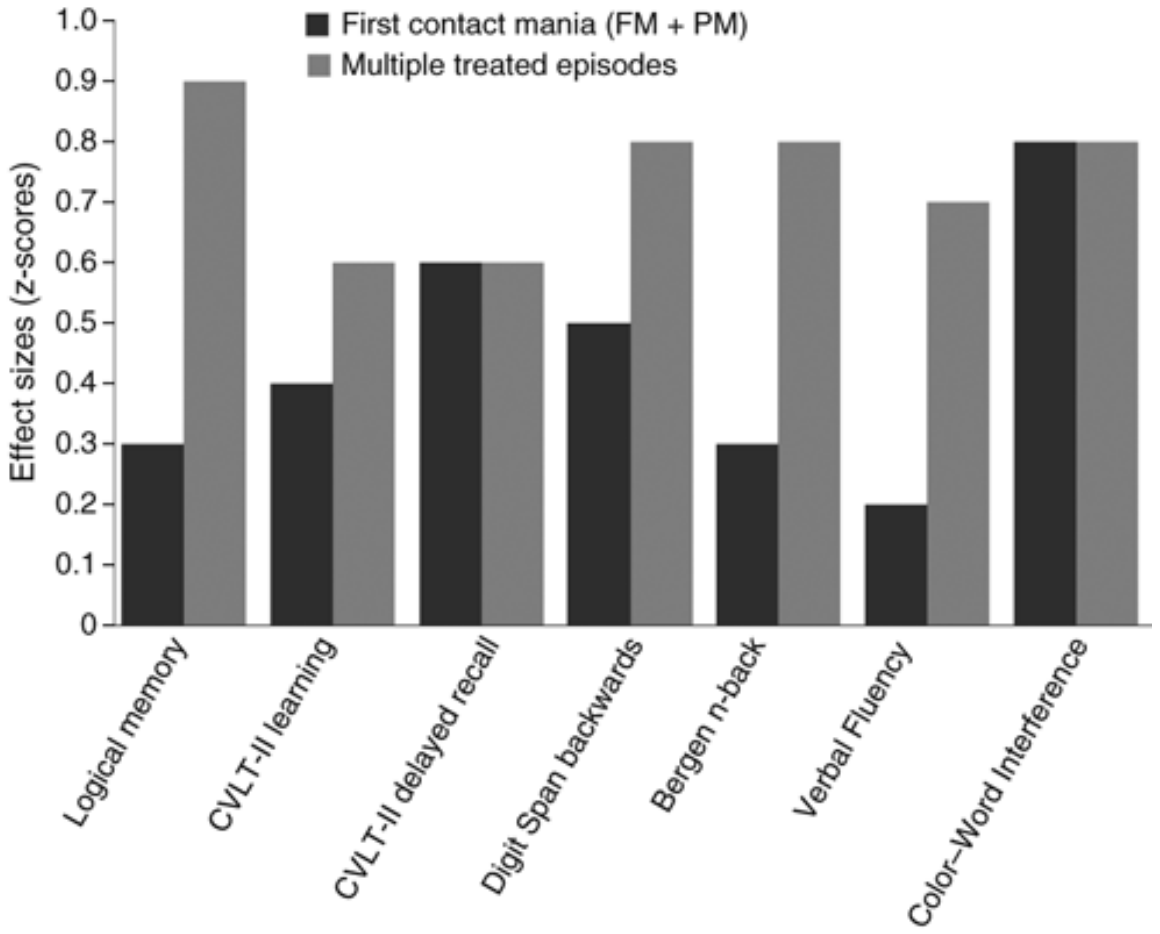
Lewandowski et al. 2011 Psychol Med

Herstel na eerste opname manie



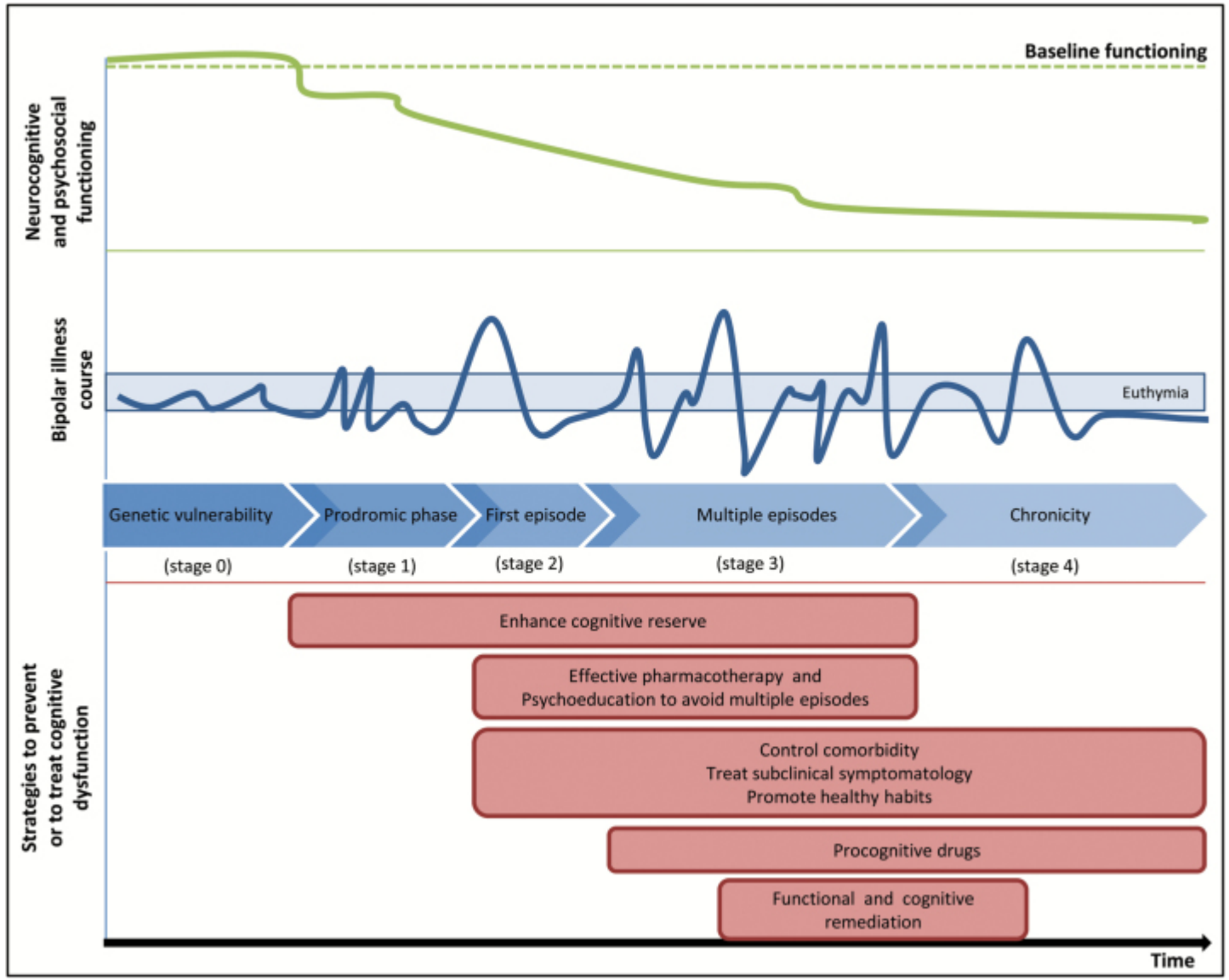
(Tohen et al., 2000)

Cognitief functioneren in relatie tot manische episodes



(Hellvin et al., 2012)

Neuroprogressie/stagering



(Sole et al., 2017)

Oorzaken I: Neuroprogressie

- Invloeden van voornamelijk manische episodes door oxidatieve stress en neuro-inflammatie (Hope, 2015; Kapczinski et al., 2014; van Rheneen 2020;Vieta et al., 2011)

- Versnelde veroudering

Oorzaken II: Omgekeerd verband

- Meer manische periodes gaat gepaard met meer cognitieve stoornissen…maar...Ernstigere cognitieve stoornissen kunnen de oorzaak zijn voor meer manische episodes.

- Longitudinale studies (tot 6 jaar):
  - Cognitieve stoornissen zijn stabiel (Samamé et al., 2014;Martino et al., 2018)
  - Maar al behoorlijk veel episodes achter de rug
  - Neuroprogressie in een subgroep, geen regel (Passos et al., 2016)
  - Stabiel tot 5 jaar (Ryan et al. 2017)

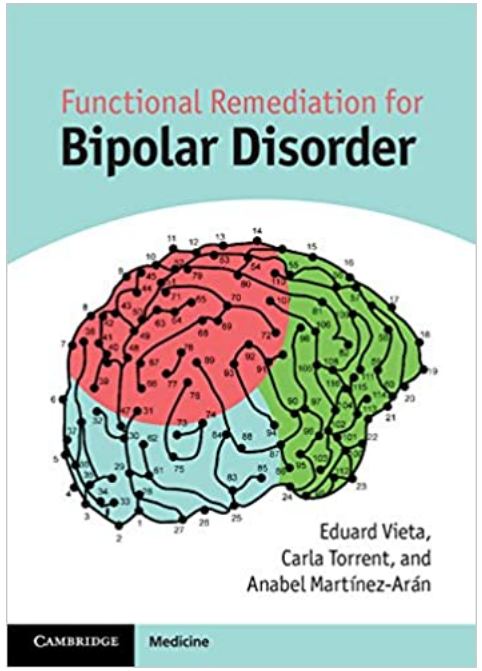
Oorzaken III: Endofenotype

- Cognitieve stoornissen als uitdrukking van genetische kwetsbaarheid voor BD
- Al in ontwikkeling aanwezig (Bora et al., 2017)
- Eerstegraads familie: geheugen, tempo en werkgeheugen, **alleen subgroep** BD met globale stoornissen (Russo et al., 2017)

Oorzaken IV: Co-morbiditeit, interactie

- Cognitieve stoornissen gerelateerd aan somatische co-morbiditeit, hypothyreoïdie, andere psychiatrie, medicatie-gerelateerd, alcohol?
- Grotere cognitieve stoornissen gerelateerd aan minder trouw aan medicatie?
- Of minder van psycho-educatie kunnen leren → meer manische episodes?

Functionele remediatie



- Interventie gericht op verbetering van het psychosociaal functioneren.
- Niet gericht op stemmingsstoornis of het ‘trainen’ van cognitieve vaardigheden.
- Psychoeducatie over cognitieve problemen, oefeningen en strategieën om met eigen beperkingen om te gaan.
- Technieken uit de revalidatie.

Review FR (Bellani 2019)

- Slechts 11 studies
- 3 RCT’s
- Eigen pilot (n=12)
- Zowel ‘drill and practice’ als combinatie strategietraining in groep.
- Conclusie: Medium effecten, cognitief en psycho-sociaal. Maar te veel ’one size fits all’. Weinig rekening houden met heterogeniteit.

Efficacy of Functional Remediation in Bipolar Disorder: A Multicenter Randomized Controlled Study

Am J Psychiatry 170:8, August 2013

Carla Torrent, Ph.D.

Caterina del Mar Bonnin, Ph.D.

Anabel Martínez-Arán, Ph.D.

Jesús Valle, M.D., Ph.D.

Benedikt L. Amann, M.D., Ph.D.

Ana González-Pinto, M.D., Ph.D.

José Manuel Crespo, M.D., Ph.D.

Ángela Ibáñez, M.D., Ph.D.

Mari Paz Garcia-Portilla, M.D., Ph.D.

Rafael Tabarés-Seisdedos, M.D., Ph.D.

Celso Arango, M.D., Ph.D.

Francesc Colom, Ph.D.

Bàrbara Segura, Ph.D.

Sara Barbeito, Ph.D.

Patricia Vega, Psy.D.

Miryam Fernández, Ph.D.

Amaia Ugarte, Ph.D.

Marta Subirà, M.B.B.S., M.D.

Ester Cerrillo, M.B.B.S., M.D.

Núria Custal, M.D., Ph.D.

José Manuel Menchón, M.D., Ph.D.

Jerónimo Saiz-Ruiz, M.D., Ph.D.

Jose Maria Rodao, Ph.D.

Sandra Isella, Ph.D.

Analucía Alegría, M.Sc.

María Mayoral, Ph.D.

Guadalupe Chiclana, Ph.D.

Jessica Merchan-Naranjo, M.Sc.

Marta Rapado-Castro, Ph.D.

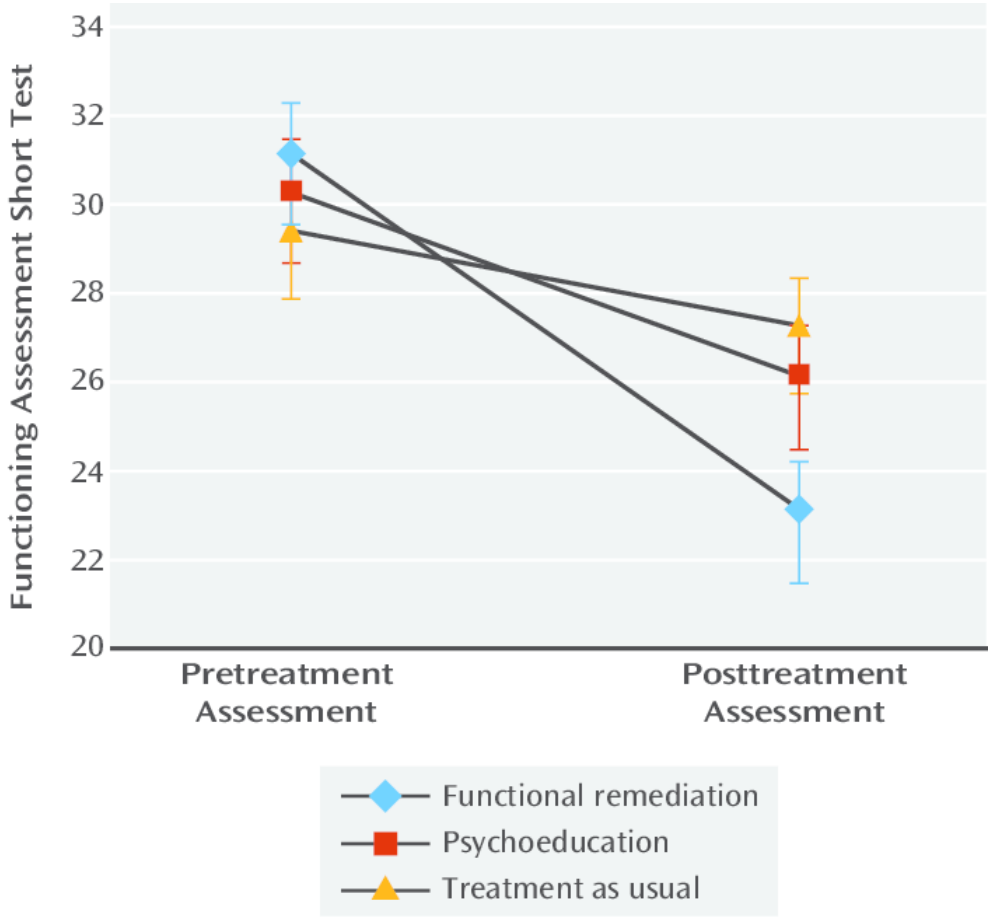
Manel Salamero, M.D., Ph.D.

Eduard Vieta, M.D., Ph.D.

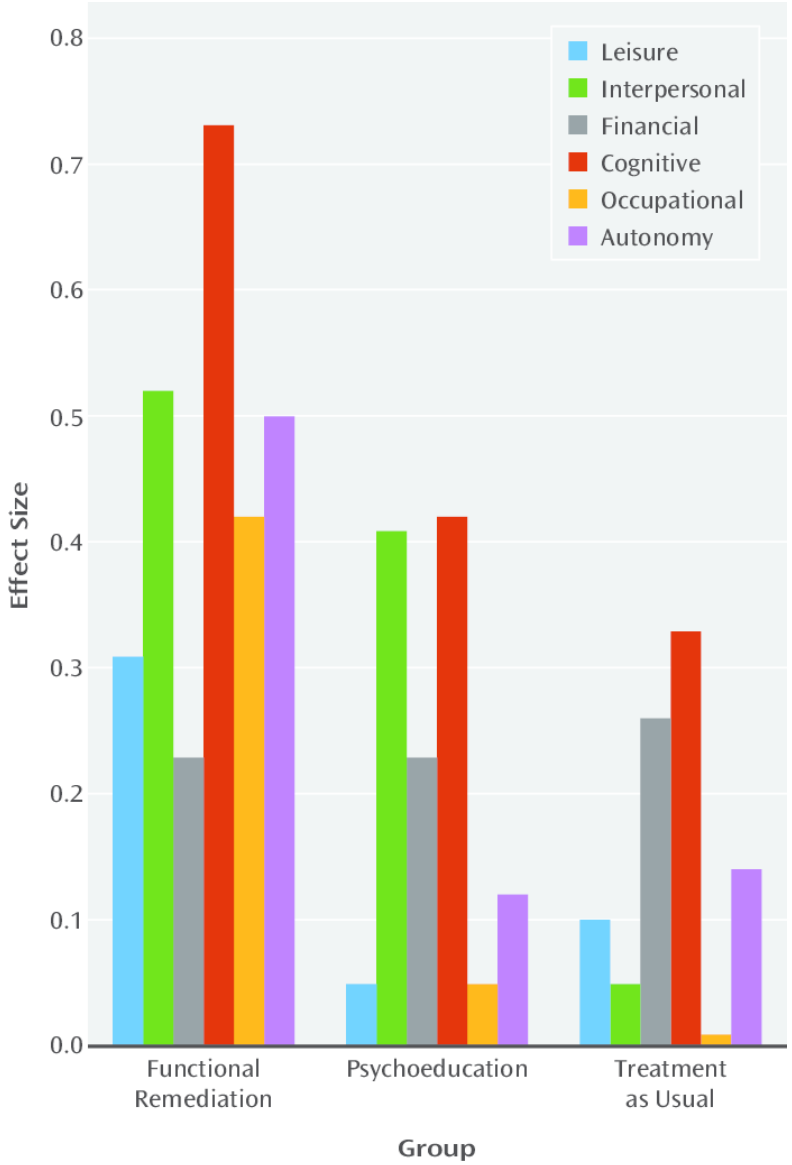
Objective: The authors sought to assess the efficacy of functional remediation, a novel intervention program, on functional improvement in a sample of euthymic patients with bipolar disorder.

Method: In a multicenter, randomized, rater-blind clinical trial involving 239 outpatients with DSM-IV bipolar disorder, functional remediation (N=77) was compared with psychoeducation (N=82) and treatment as usual (N=80) over 21 weeks. Pharmacological treatment was kept stable in all three groups. The primary outcome measure was improvement in global psychosocial functioning, measured blindly as the mean

Functionele remediatie



(Torrent et al., 2013)



Functional remediation in bipolar disorder: 1-year follow-up of neurocognitive and functional outcome

C. M. Bonnin, C. Torrent, C. Arango, B. L. Amann, B. Solé, A. González-Pinto, J. M. Crespo, R. Tabarés-Seisdedos, M. Reinares, J. L. Ayuso-Mateos, M. P. García-Portilla, Á. Ibañez, M. Salamero, E. Vieta, A. Martinez-Aran and the CIBERSAM Functional Remediation Group

Background
Few randomised clinical trials have examined the efficacy of an intervention aimed at improving psychosocial functioning in bipolar disorder.

Aims
To examine changes in psychosocial functioning in a group that has been enrolled in a functional remediation programme 1 year after baseline.

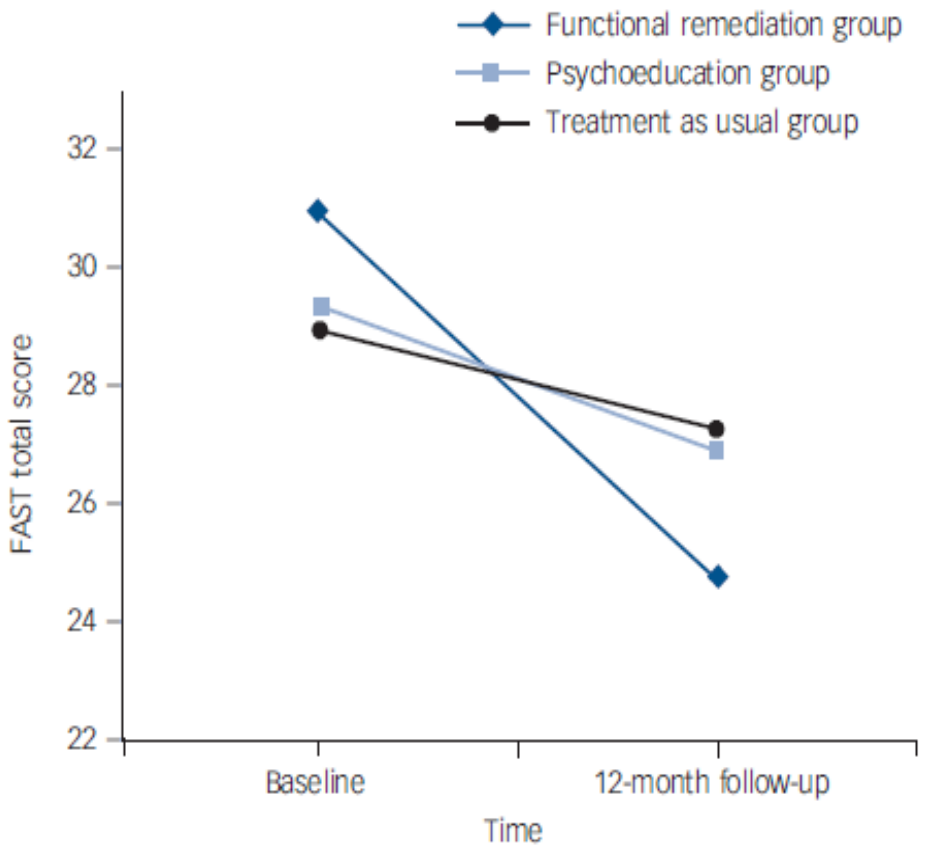
Method
This was a multicentre, randomised, rater-masked clinical trial comparing three patient groups: functional remediation, psychoeducation and treatment as usual over 1-year follow-up. The primary outcome was change in psychosocial functioning measured by means of the Functioning Assessment Short Test (FAST). Group × time effects for overall psychosocial functioning were examined using repeated-measures ANOVA (trial registration NCT01370668).

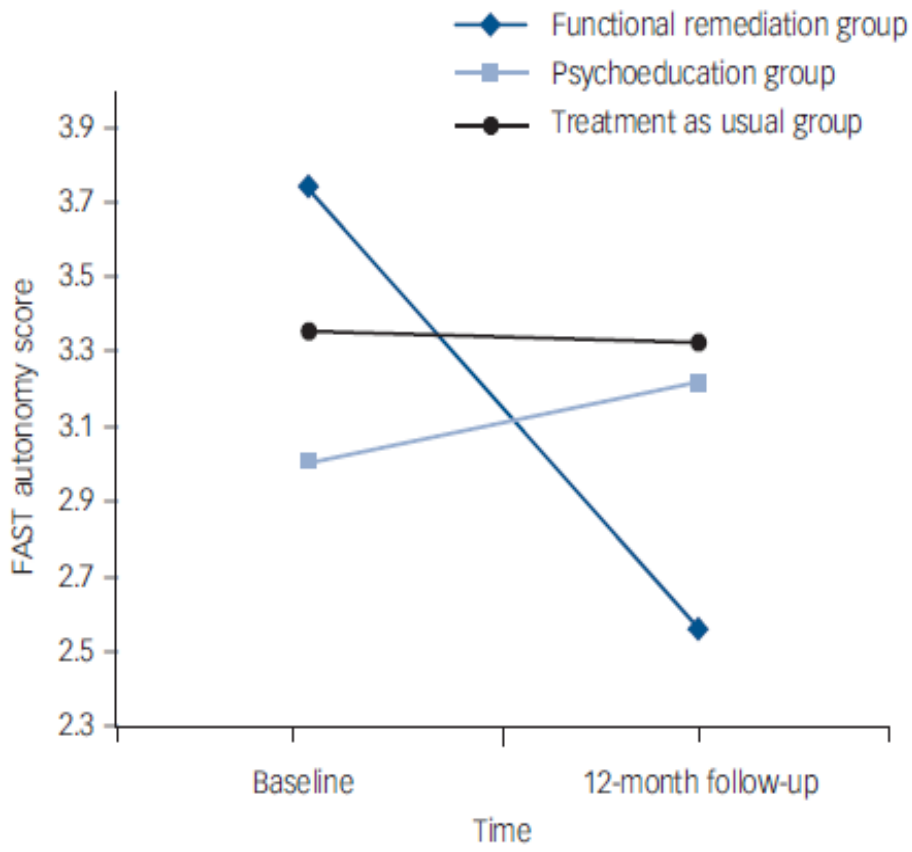
Results
There was a significant group × time interaction for overall psychosocial functioning, favouring patients in the functional remediation group ($F = 3.071$, d.f. = 2, $P = 0.049$).

Conclusions
Improvement in psychosocial functioning is maintained after 1-year follow-up in patients with bipolar disorder receiving functional remediation.

Declaration of interest
None.

Follow-up na 1 jaar





(Bonnin et al., 2015)

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research paper

A pilot study of a combined group and individual functional remediation program for patients with bipolar I disorder

Susan Zyto [a,*], Nienke Jabben [b], Peter F.J. Schulte [c], Barbara J. Regeer [d], Ralph W. Kupka [e]

[a] Mental Health Service Organisation North Holland North, Division for Specialised Treatment, Centre for Old Age and Psychosomatic Medicine, Hoorn, The Netherlands
[b] Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University, The Netherlands
[c] Mental Health Service Organisation North Holland North, Division for Specialised Treatment, Treatment Centre for Bipolar Disorders, Alkmaar, The Netherlands
[d] VU University, Faculty of Earth and Life Sciences, Athena Institute for Research on Innovation and Communication in Health and Life Sciences, Amsterdam, The Netherlands
[e] VU University Medical Center, Department of Psychiatry, Amsterdam, The Netherlands

ARTICLE INFO

Article history:
Received 23 October 2015
Received in revised form
4 December 2015
Accepted 12 January 2016
Available online 13 January 2016

Keywords:
Bipolar disorder
Functional remediation
Cognitive dysfunction
Outcome
Psychosocial functioning

ABSTRACT

Background: Bipolar disorder has been associated with a decrease in cognitive functioning affec functional outcome of patients independent of mood states. However, there have only been few a to investigate the effects of functional remediation for patients with bipolar disorder. The curre investigates the feasibility and effectiveness of a combined group and individual functional rem program for bipolar disorder, including both patients and their caregivers.
Methods: Twelve participants diagnosed with bipolar I disorder, and their caregivers, were treate combined group and individual functional remediation program. The feasibility of the progr evaluated by dropout rates and participants' evaluations of the program. The effectiveness of t gram was explored through the assessment of functional outcome at baseline, immediately pos ment, and follow-up three months later.
Results: The results indicate a high degree of satisfaction and a low dropout rate with the curr gram. Assessment of outcomes suggests improved functioning in the areas of autonomy and occu

FR programma

Content of the functional remediation group program.

Session number	Contents
Session 1	Introduction, psychoeducation on neuropsychological functioning in bipolar disorder Participants and partners
Session 2	Memory theory of functioning, internal and external strategies
Session 3	Working memory and attention. Theory and strategies of coping with a limited working memory and concentration
Session 4	Slowing of information processing, "Time Pressure Management"
Session 5	Goal setting and planning
Session 6	Balanced week planning, including rest and managing fatigue

Pilot Study: A Combined Group and Individual Functional Remediation Program for Bipolar I Disorder

S. Zyto, MSc [1]; N. Jabben, PhD [2]; F.J. Schulte, MD, PhD [3]; B. Regeer, PhD [4]; R. Kupka, MD, PhD [5]

1 Mental Health Service Organisation North Holland North, Division for Specialised Treatment, Centre for Old Age and Psychosomatic Medicine, Hoorn, The Netherlands
2 Department of Psychiatry and Neuropsychology, School for Mental Health and Neuroscience, Maastricht University, The Netherlands
3 Mental Health Service Organisation North Holland North, Division for Specialised Treatment, Treatment Centre for Bipolar Disorders, Alkmaar, The Netherlands
4 VU University, Faculty of Earth and Life Sciences, Athena Institute for Research on Innovation and Communication in Health and Life Sciences, Amsterdam, The Netherland
5 VU University Medical Center, Department of Psychiatry, Amsterdam, The Netherlands

BACKGROUND

Bipolar disorder can be associated by a decrease in cognitive functioning affecting the functional outcome of patients, independent of mood states. Nevertheless, there have only been few attempts to investigate the effects of functional remediation for patients with bipolar disorder.

AIM OF THE STUDY

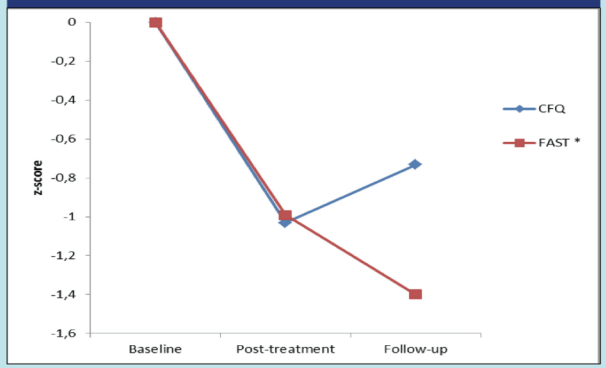
The aim of the study was to evaluate the feasibility of a combined group and individual functional remediation program for bipolar I disorder.

METHODS

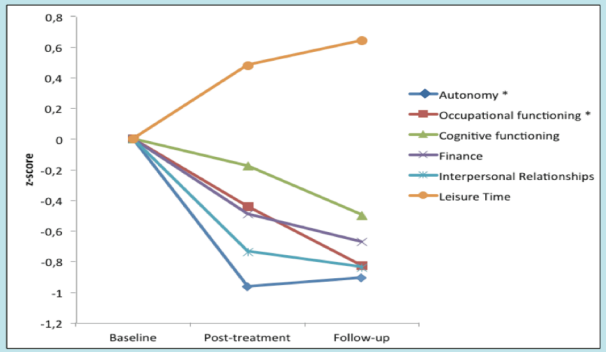
Twelve patients diagnosed with bipolar I disorder, were treated with a functional remediation program consisting of 6 group sessions followed by 6 individual sessions.
The treatment focused on learning strategies to cope with reduced psycho-social functioning due to cognitive impairment.
The feasibility was measured by:

1) documenting dropout rates and reasons for dropout throughout the program,
2) examining participants' and caregiver's views and experiences,
3) exploring whether this program would lead to an improvement of psychosocial functioning and decrease of subjective cognitive complaints.

TREATMENT EFFECTS



Mean scores Functional Assessment and Subjective Cognitive Complaints



Mean scores subscales Functional Assessment

PARTICIPANTS' EXPERIENCES

Patients reported as most useful:
- Mutual knowledge sharing
- Making a day plan, tips for remembering
- Insight and acceptation

Changes reported by partners:
- More insight and acceptation by patient

RESULTS

The results indicate a high degree of satisfaction and a low dropout rate. Assessment of outcome suggests improved functioning in the areas of autonomy and occupational functioning. The changes occurred without any changes in mood, indicating that mood was not responsible for the changes.

CONCLUSIONS

This relatively brief intervention offers a more tailor-made approach to functional remediation and shows good feasibility, acceptability, and improvement of functioning in patients with bipolar I disorder.

Corresponding author:
S.Zyto, MSc
Mental Health Service Organisation North Holland North,
Centre for Old Age and Psychosomatic Medicine, Hoorn
The Netherlands
S.Zyto@ggz-nhn.nl

Noord-Holland-Noord GGZ

Huidig onderzoek

‘A combined group and individual functional remediation blended care program for patients with unipolar recurrent depression or bipolar-I disorder; A pilot study’.

(in samenwerking met prof. dr. R. Kupka, dr. A. Nugter, dr. S. Schouws)

NIET RENNEN MAAR PLANNEN - ONLINE

pilot Niet Rennen maar Plannen

- Haalbaarheid: kwalitatief, uitval, vorm en inhoud
- Secundair: stemming, psychosociaal functioneren, quality of life en QUALY’s.

20 euthyme patiënten diagnose BD I/rMDD 18-60 jaar

-Inclusie aan de hand van belemmeringen in het dagelijks functioneren
en subjectieve klachten.

In de praktijk alleen BD

GGZ NHN: face to face
GGZ inGeest: volledig online via TEAMS

- 6 keer groep: psycho-educatie, strategieën, inzicht, huiswerk
- 6 keer individueel: eigen doel
- Ondersteund door online applicatie NRMP

Design interventie

- Groepen individueel
- Groepsinteractie bevorderd inzicht en begrip
- Tweede deel is geïndividualiseerd: Eigen doelen realiseren

→ Behandeling houdt rekening met de onderlinge verschillen en de heterogeniteit in de groep BD, zoals aanbevolen (Bellani 2019).

Eerste evaluatie NRMP n=12

- Vindt je de behandeling nuttig (Schaal 0-6)?

-Gemiddeld 4,1 (laagste 2 hoogste 6)
Heb je nieuwe inzichten gekregen (Schaal 0-6)?
-Gemiddeld 4,8 (laagste 4 hoogste 6)

- Meeste aan gehad:

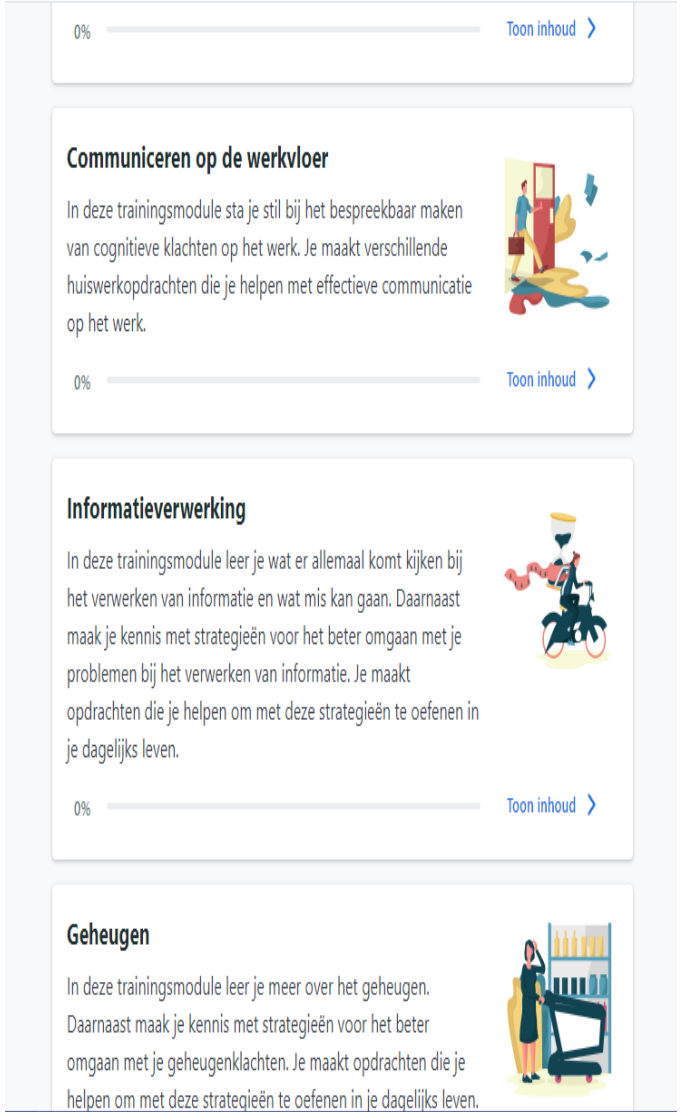
Besef van probleem, leren plannen en organiseren, diepgang in groepsgesprek, uitleg werking geheugen.

- Veranderingen bemerkt bij:

Doelen stellen, stappenplan gebruiken, bewustzijn wat er mis gaat, organisatie, sociale vaardigheden, meer overzicht bij uitvoerende taken

Modules NRMP

- Welkom
- Uitleg cognitieve problemen
- Geheugen
- Informatieverwerking
- Planning
- Communiceren op de werkvloer



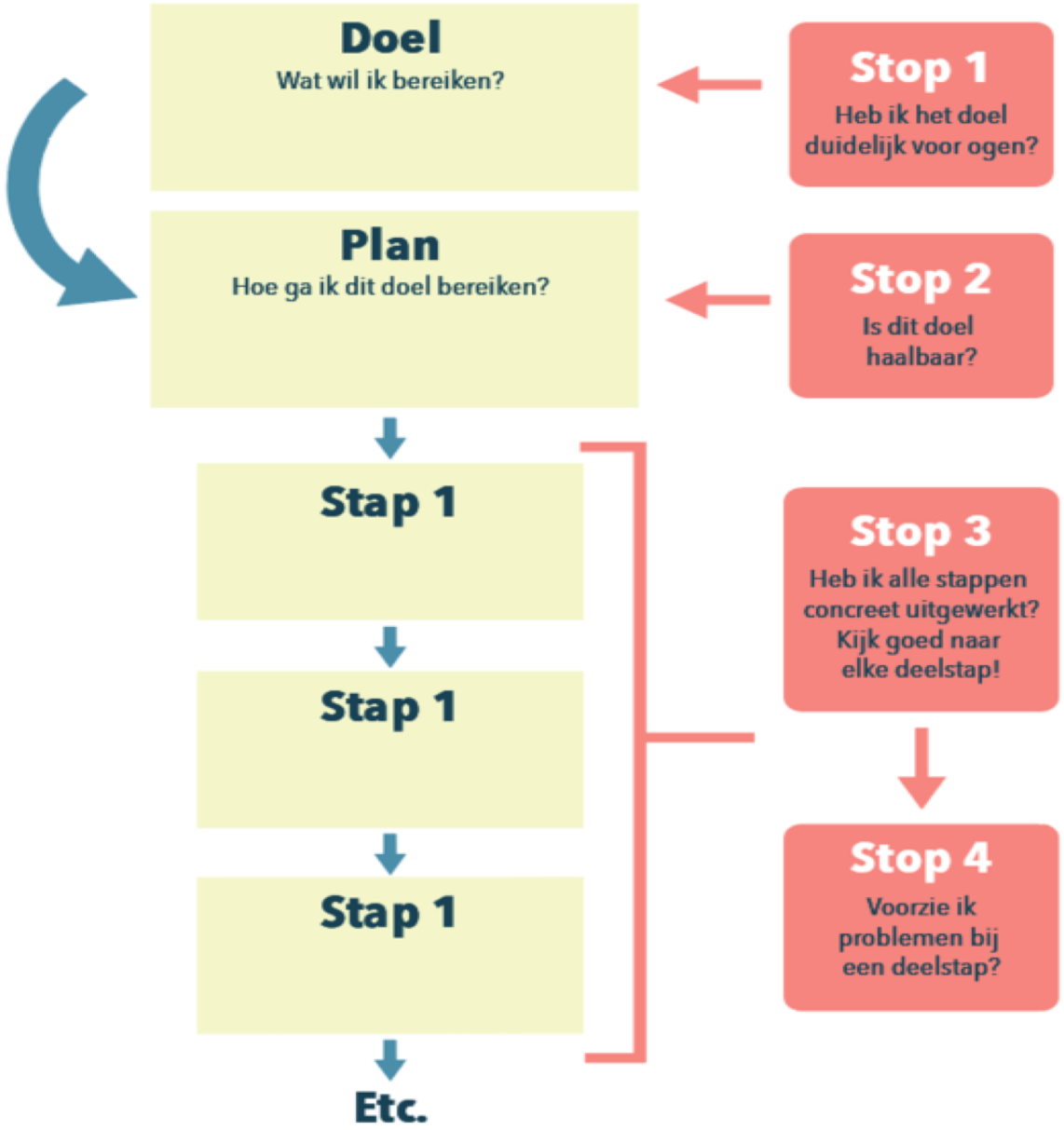
Sessie 5 **Omgaan met tijdsdruk**

AGENDA

- Huiswerk/ervaringen
- Vertraagd tempo van informatieverwerking
- Hoe kun je tijdsdruk voor zijn?
- Oefening

Algemene planningsaanpak (APA)

- Wat is het doel?
- Welke stappen zijn nodig?
- Wat heb ik daarvoor nodig?
- Wat is de tijdsduur?



Doel

Wat wil ik bereiken?

Plan

Hoe ga ik dit doel bereiken?

Functionele Remediatie-samengevat

- Bevorderen van psychosociaal functioneren
- Psychoeducatie en strategietraining
- Er wordt geoefend in het echte leven via huiswerk
- Weinig onderzocht maar veel belovend
- Belangrijk om rekening te houden met heterogeniteit
- De behandeling deels individualiseren