

The Influence of Identity Oriented Psychotrauma Therapy on Hashimoto disease activity

A Randomized Controlled Trial

Drd. Maria-Magdalena Macarenco
Clinical Psychologist
IOPT Trainer
EMDR Consultant

17/10/2020



Hashimoto disease

(Autoimmune thyroiditis)

- The most common autoimmune disorder (AD)
- The most common endocrine disorder
- The immune system attacks the thyroid gland
- Affects more women than men
- Associated with physical and psychological problems
- There is no cure for autoimmune thyroiditis

Psychological Research

Background



- Psychological trauma - important factor in the pathogenesis of ADs (Dube, 2009; Stojanovich, 2010)
- A diversity of psychotherapeutic interventions - studied in adults with ADs
- Lack of consensus regarding the effectiveness of psychotherapies on ADs
- Only a small number of ADs are studied with RCT
- A lack of psychological research on Hashimoto and no RCT

The present study

Objectives and hypothesis

- To explore the efficacy of IOPT on the disease activity
- Treating the trauma behind the illness will have a positive impact:
- On the psyche
 - (a) By decreasing the level of dissociation, alexithymia and repressed anger
 - (b) By increasing the quality of life
- On the body
 - (a) By decreasing the level of the main antibodies detected in Hashimoto

Trial design

- Two arms: one experimental (IOPT) + one control group (WL)
- 65 outpatients with Hashimoto were randomly assigned (www.random.org)
- 32 participants - 10 group modules - every two weeks
- Intention of max. 5 words
- First intention: preferably to include words related to the disease

Eligibility criteria

- **Inclusion:**

- (a) aged 18-60;

- (b) confirmed Hashimoto disease diagnosis;

- (c) at least one biological marker Anti-thyroid peroxidase (anti-TPO) or thyroglobulin antibodies (TgAb) exceeded the reference range

- **Exclusion:**

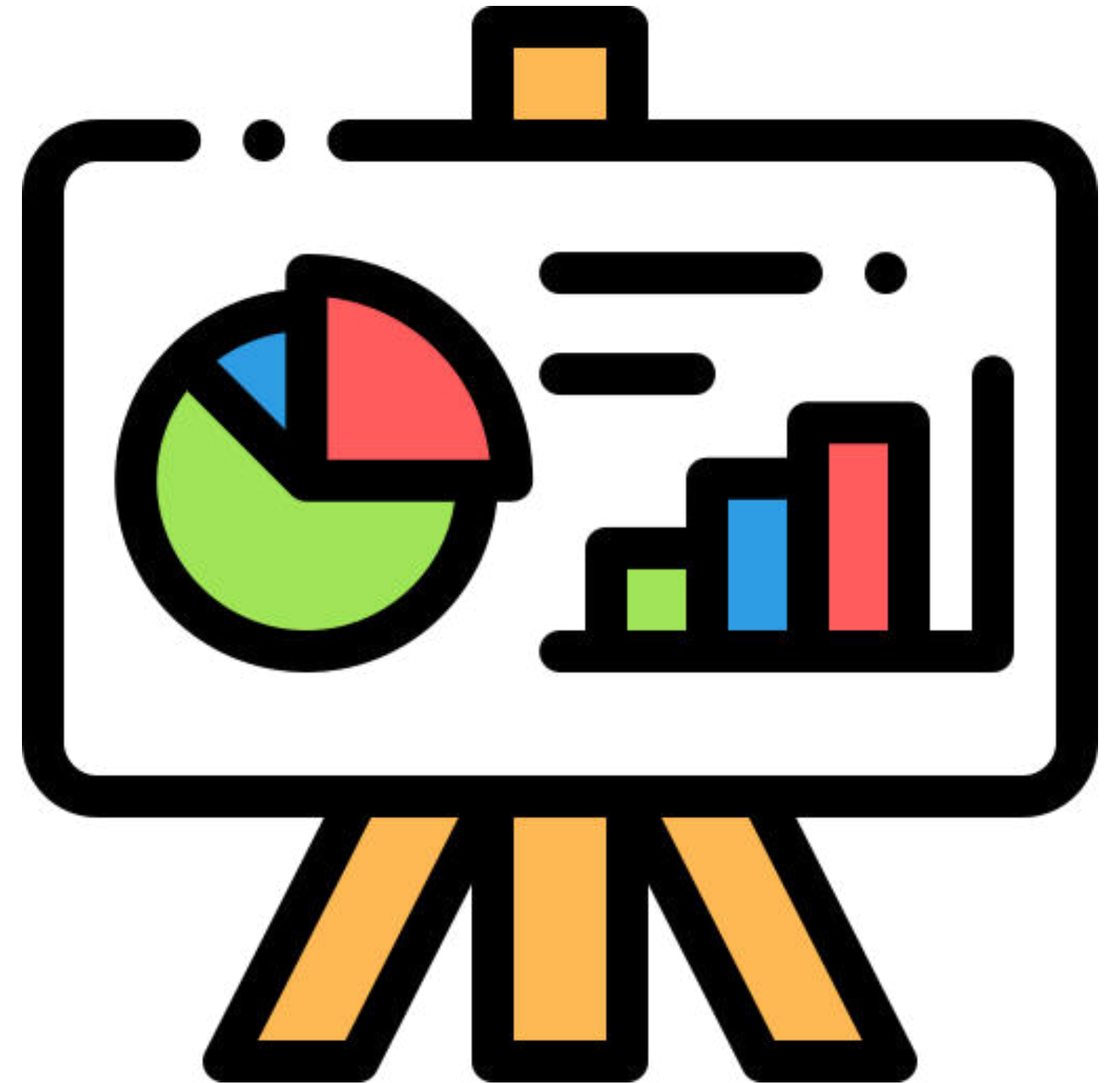
- (a) currently receiving another form of psychological treatment;

- (b) under psychotropic medication;

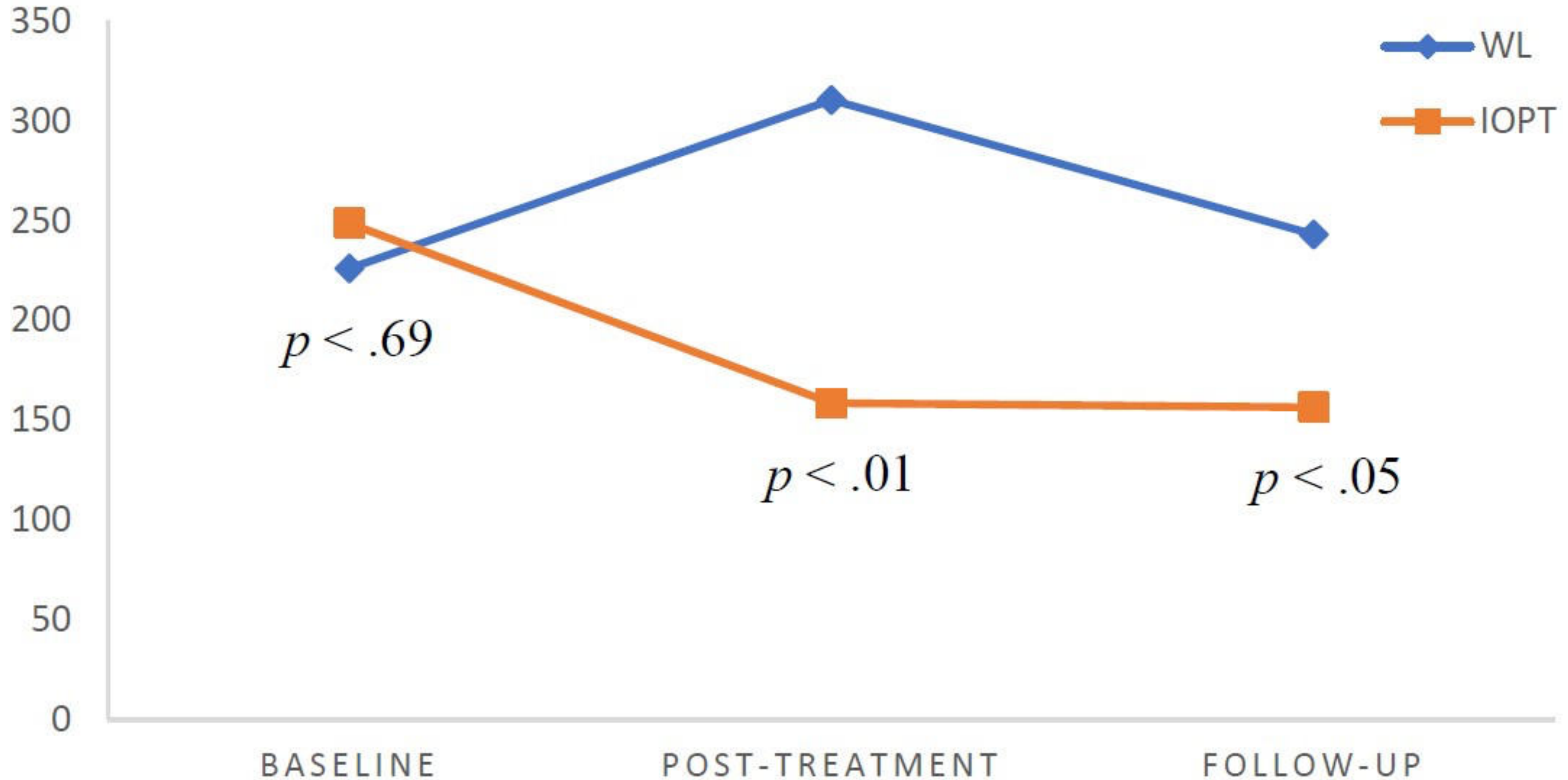
- (c) neurodevelopmental disorders

Outcome measures (baseline, post-treatment and follow-up 3 months)

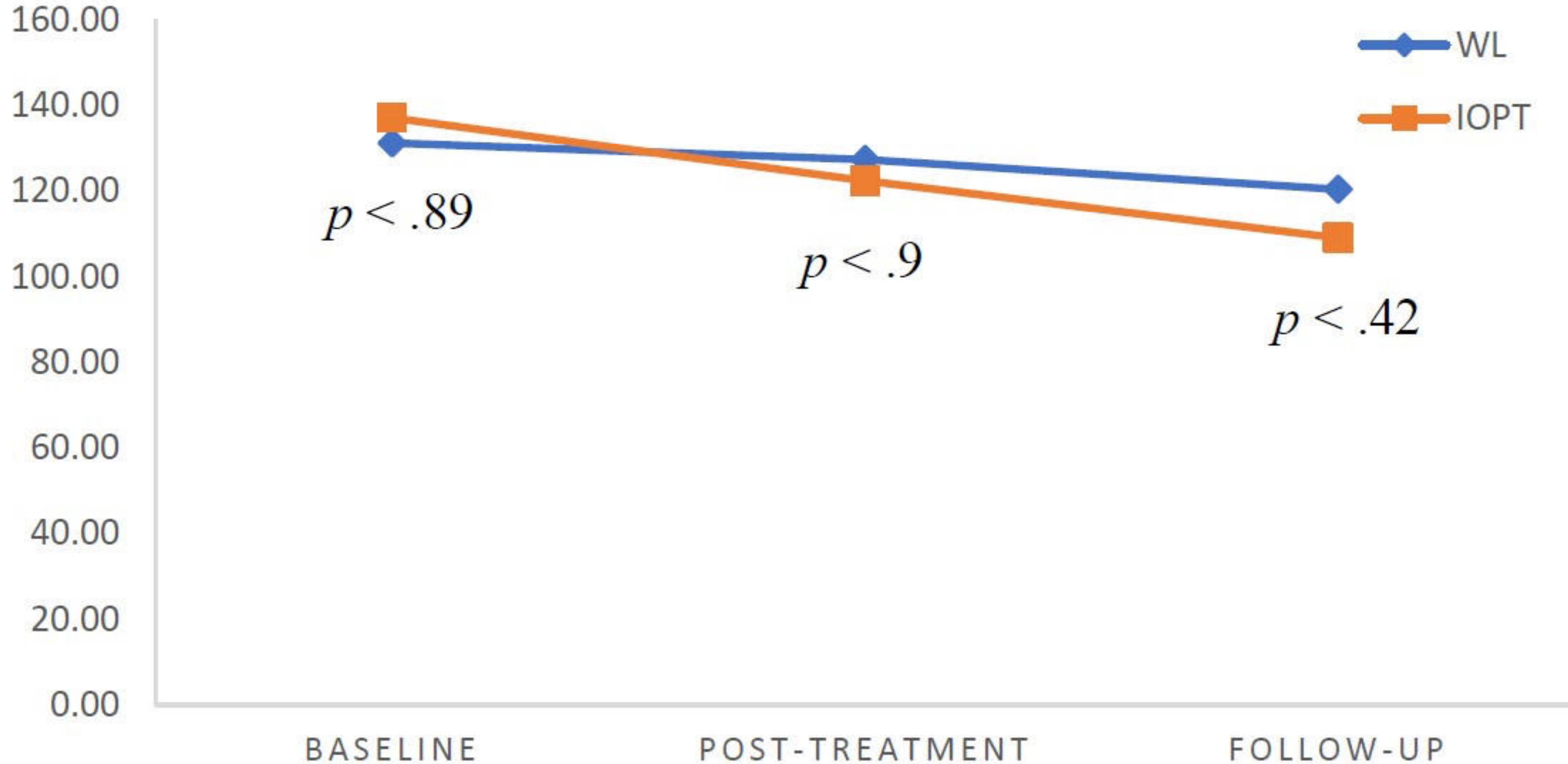
- Anti-thyroid peroxidase (anti-TPO)
- Thyroglobulin antibodies (TgAb)
- State-Trait Anger Expression Inventory (STAXI)
- Toronto Alexithymia Scale (TAS-20)
- Dissociative Experiences Scale (DES)
- Depression Anxiety Stress Scales (DASS-21)
- The World Health Organization Quality of Life (QOLBREF)



Anti-thyroid peroxidase (anti-TPO)

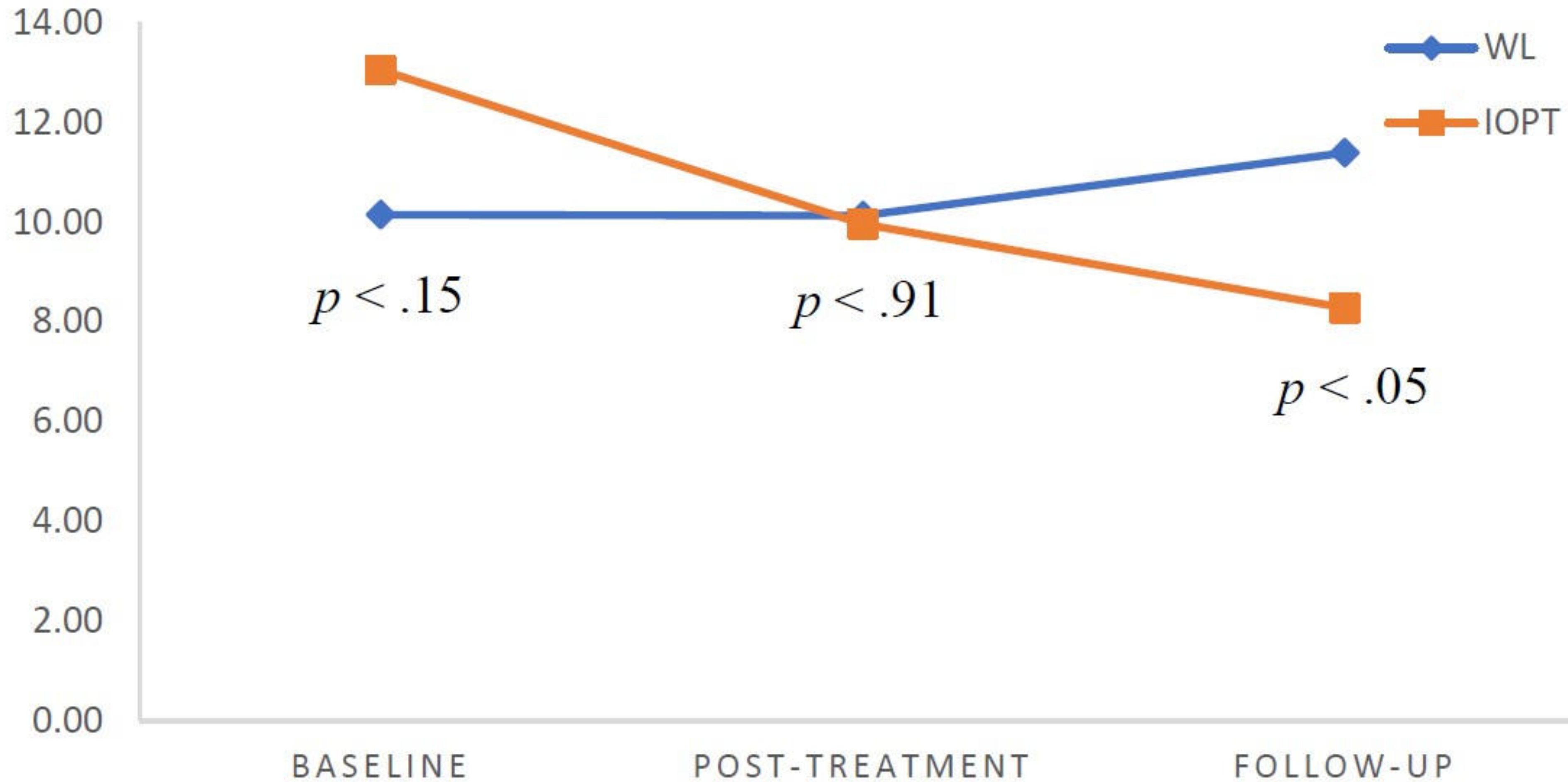


Thyroglobulin antibodies (TgAb)



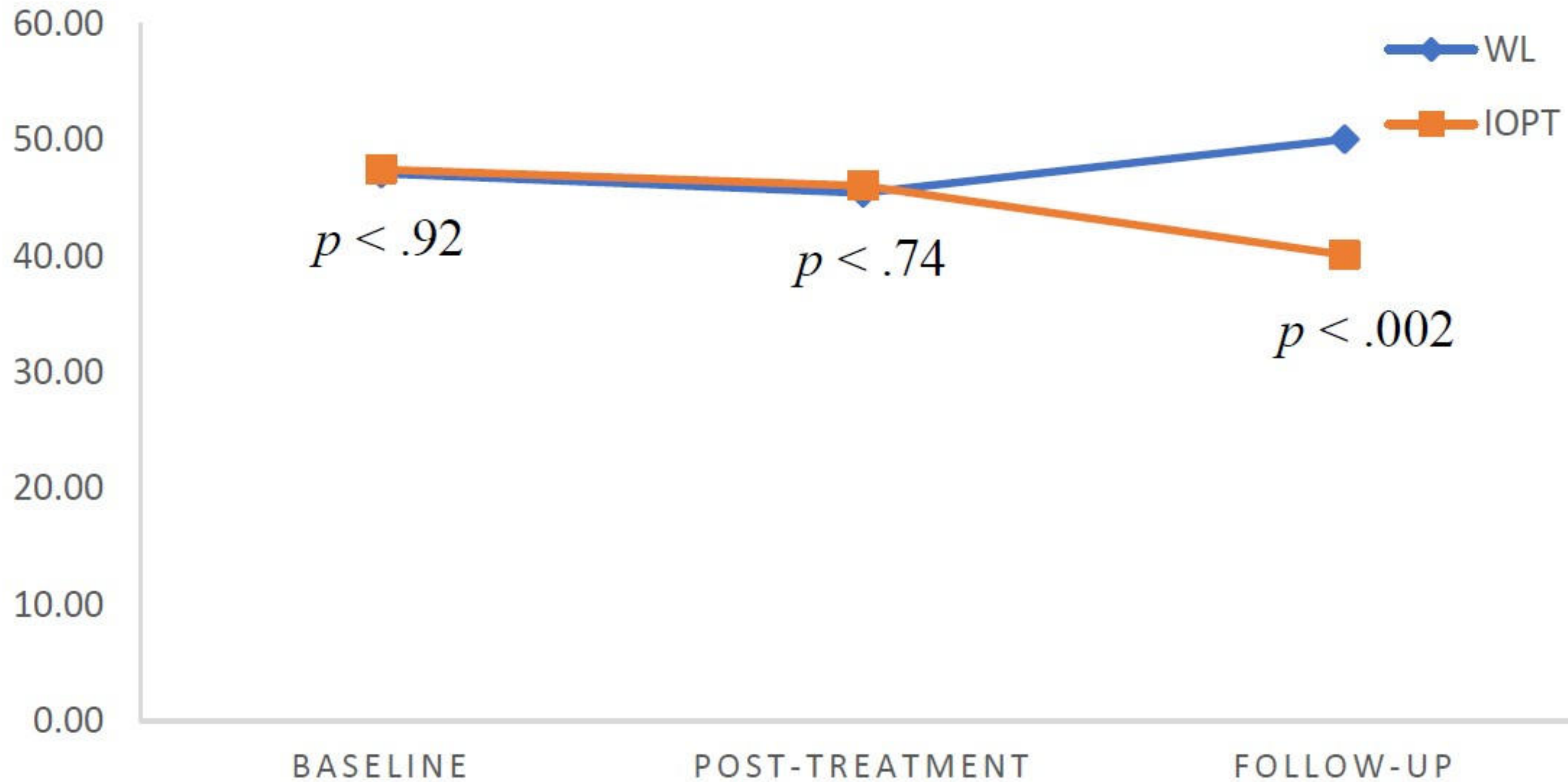
Dissociation

Dissociative Experience Scale (DES)

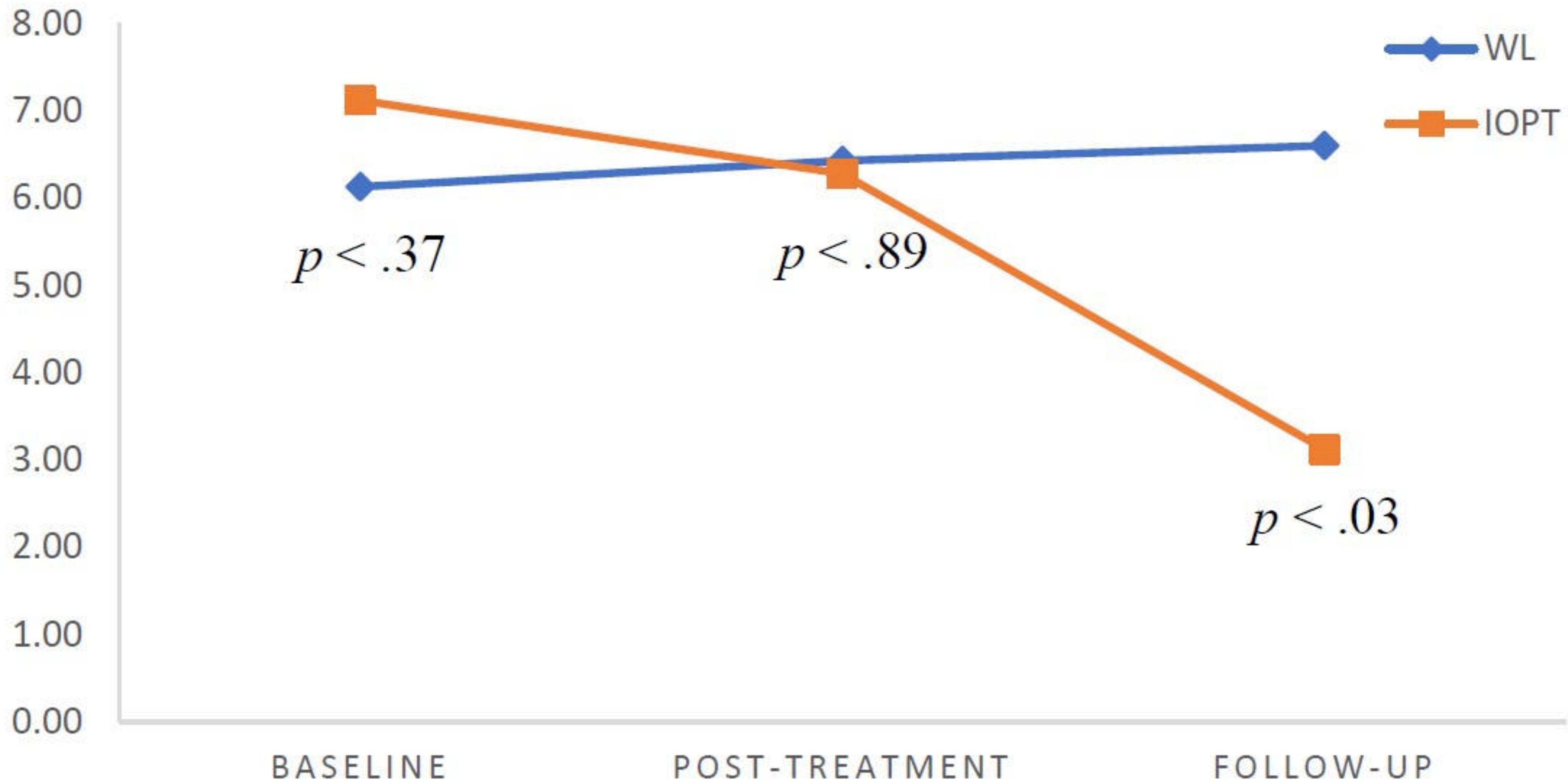


Alexithymia

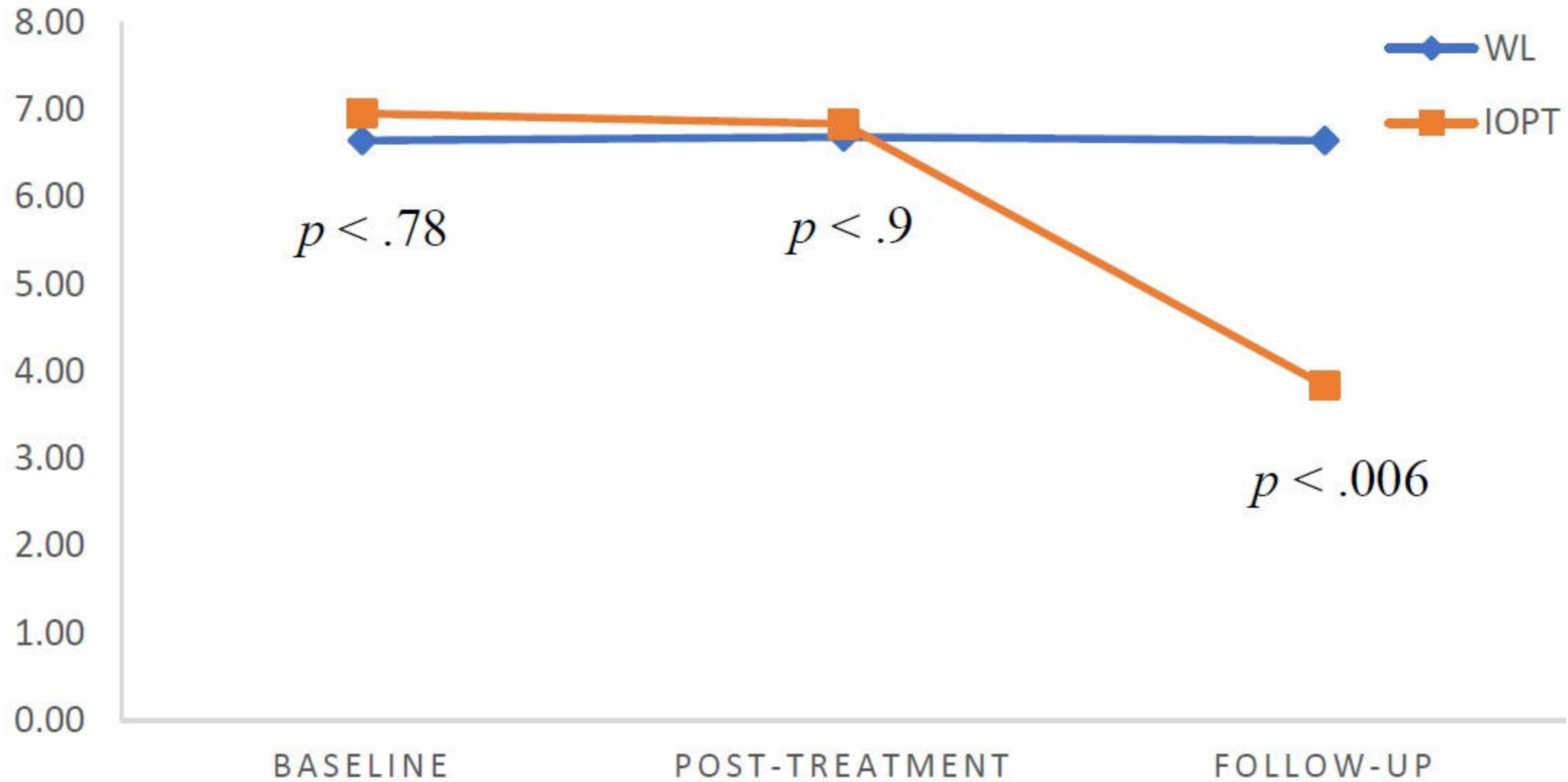
Toronto Alexithymia Scale (TAS-20)



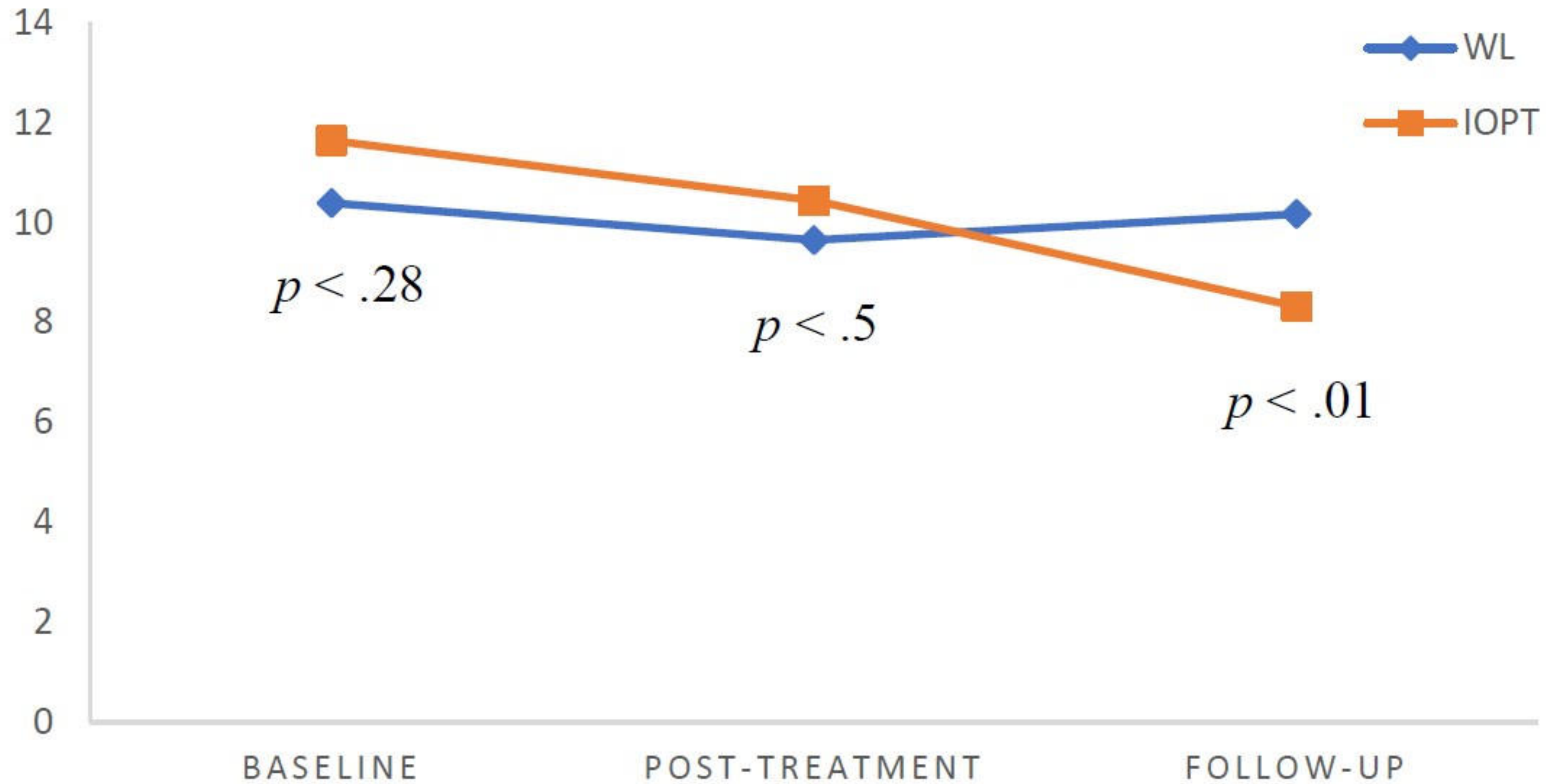
Depression (DASS-21)



Anxiety (DASS-21)

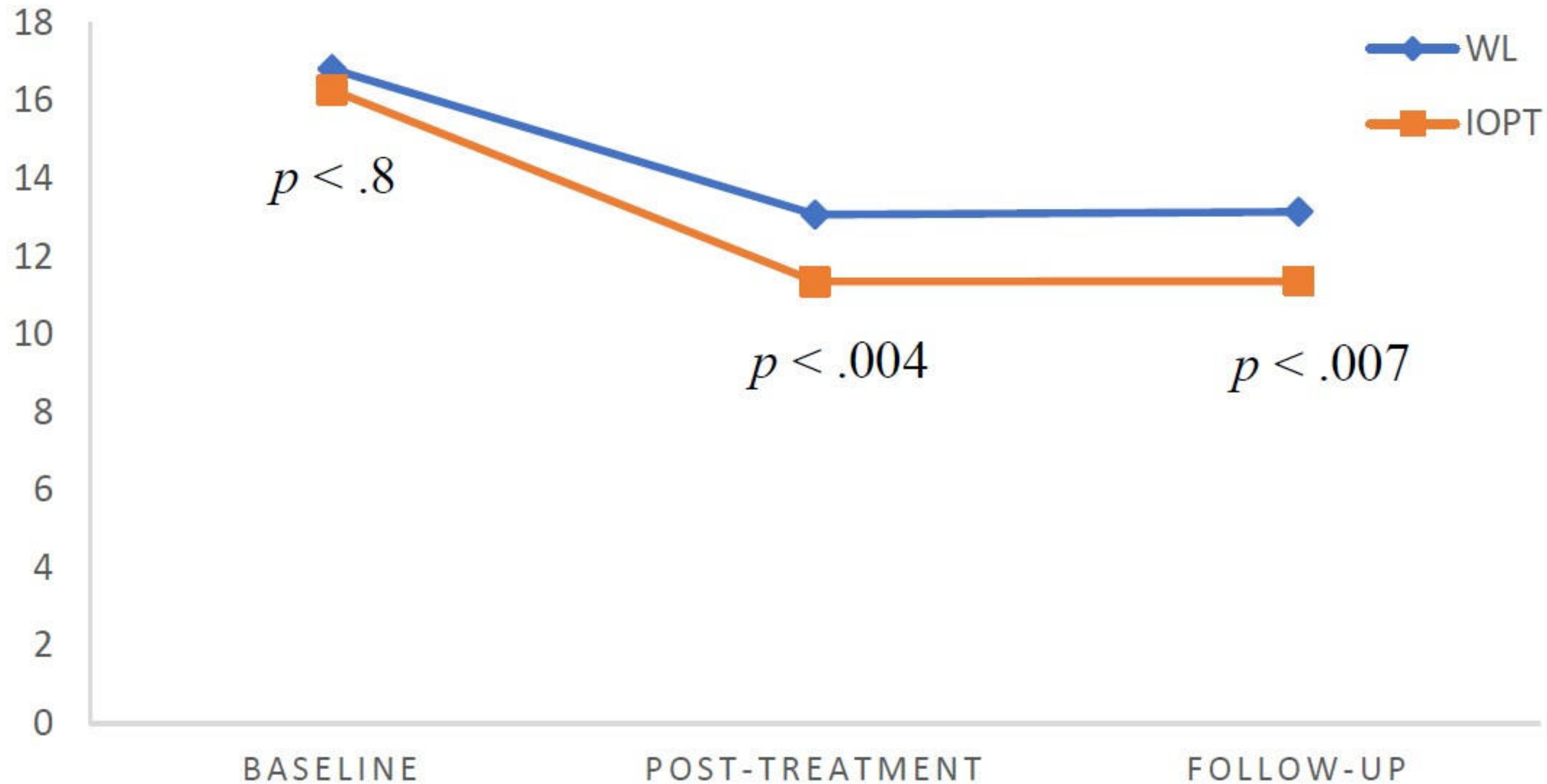


Stress (DASS-21)



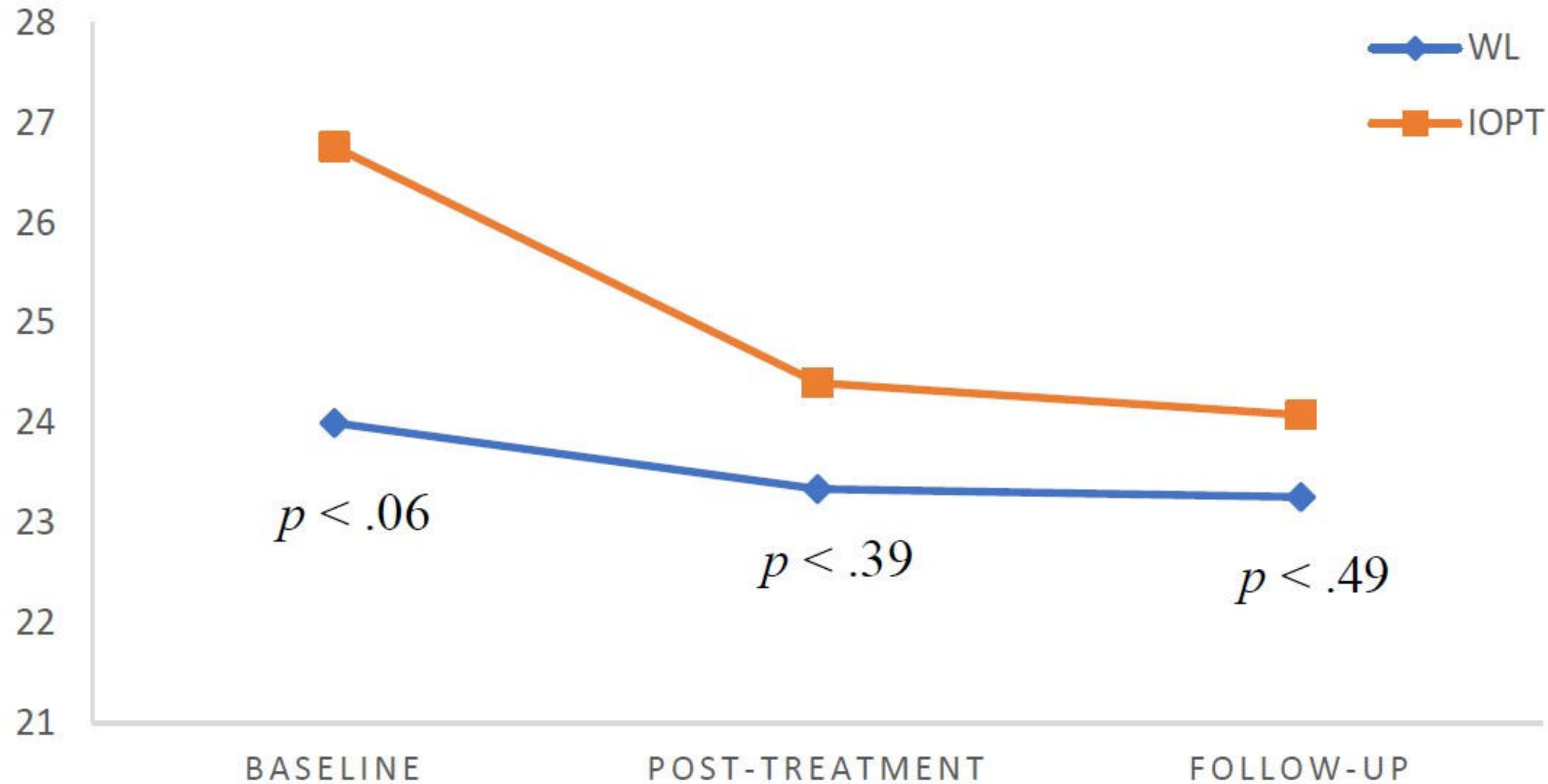
State Anger

State-Trait Anger Expression Inventory (STAXI)



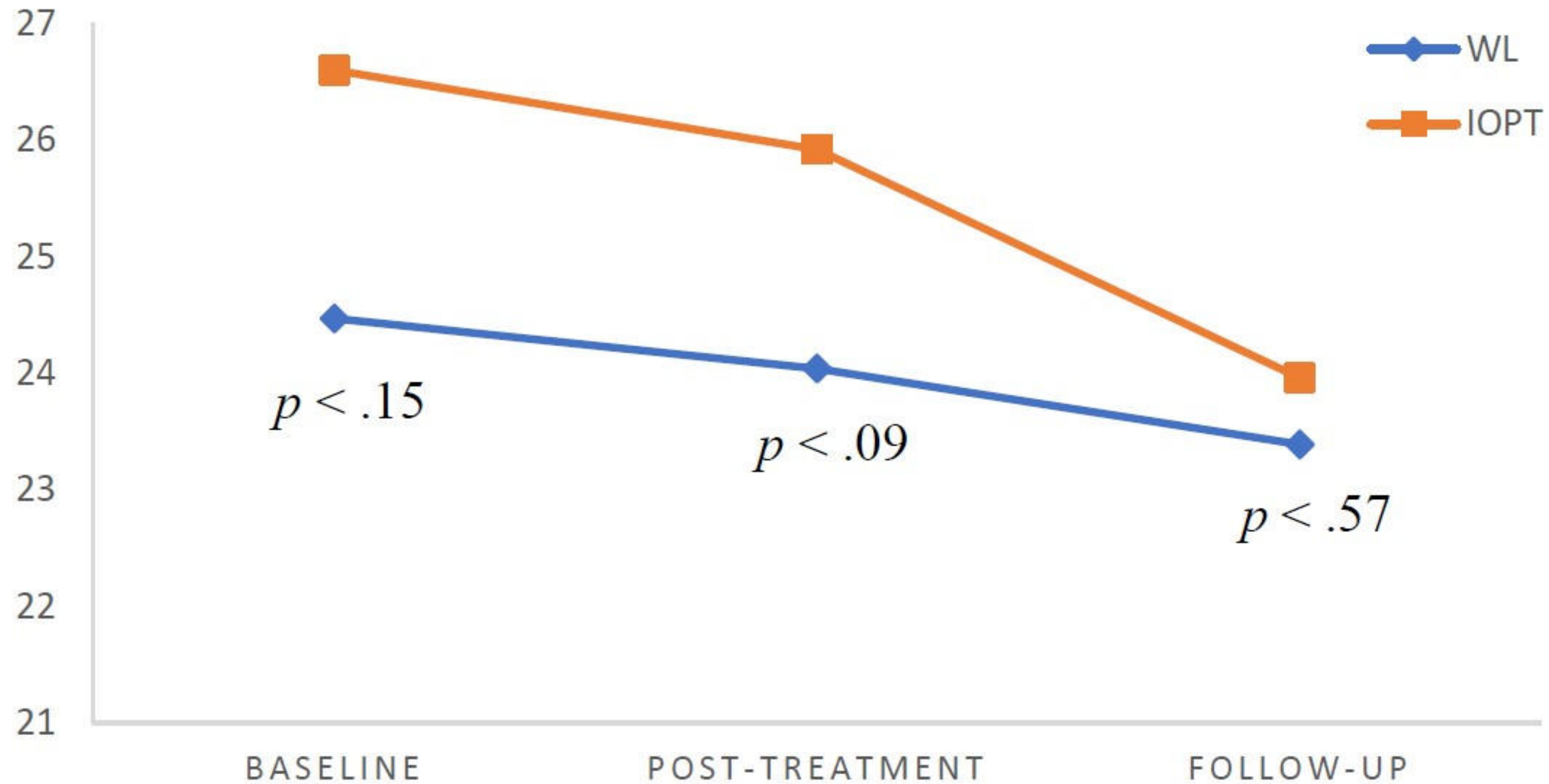
Trait Anger

State-Trait Anger Expression Inventory (STAXI)



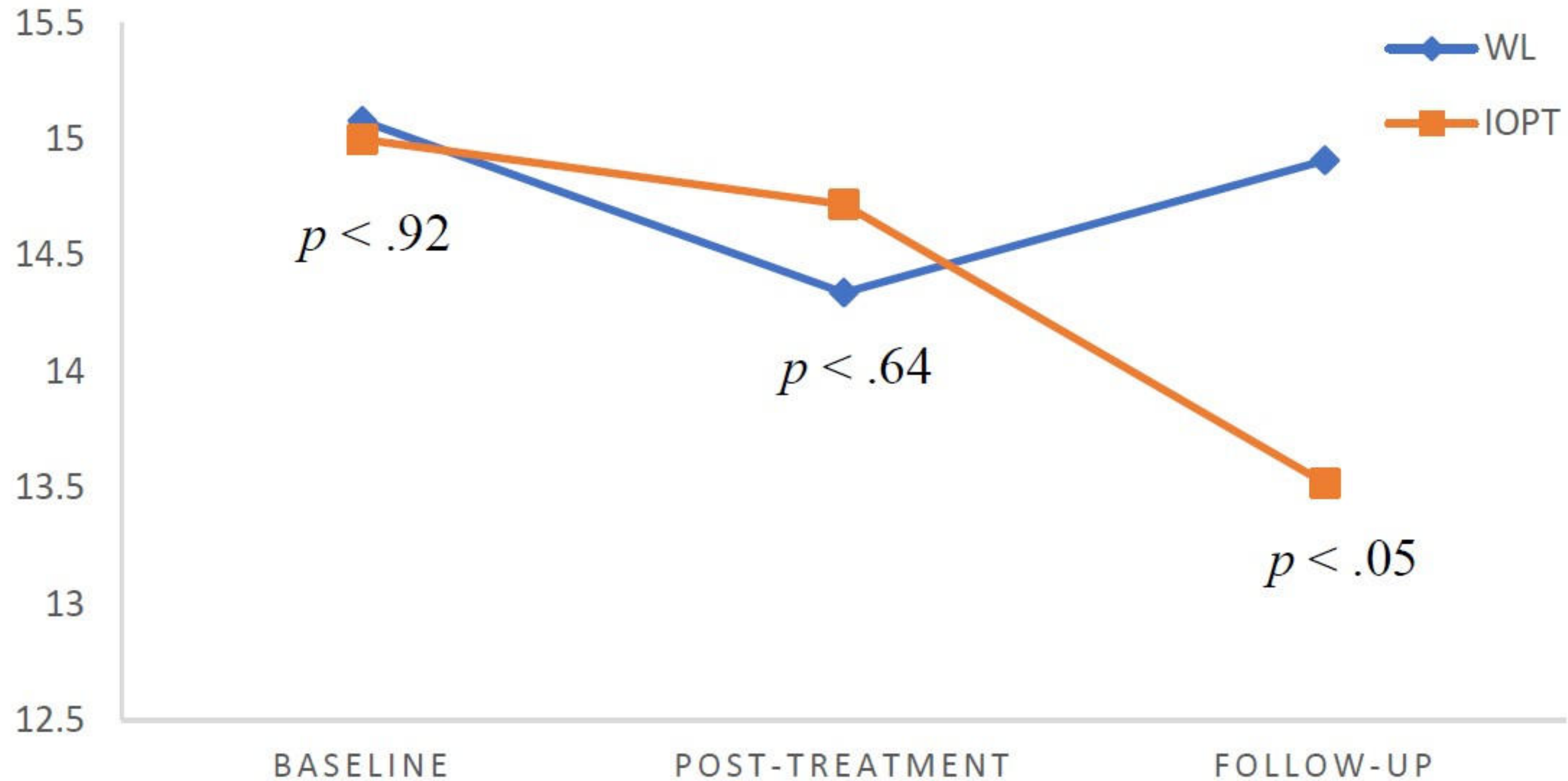
Anger Out

State-Trait Anger Expression Inventory (STAXI)



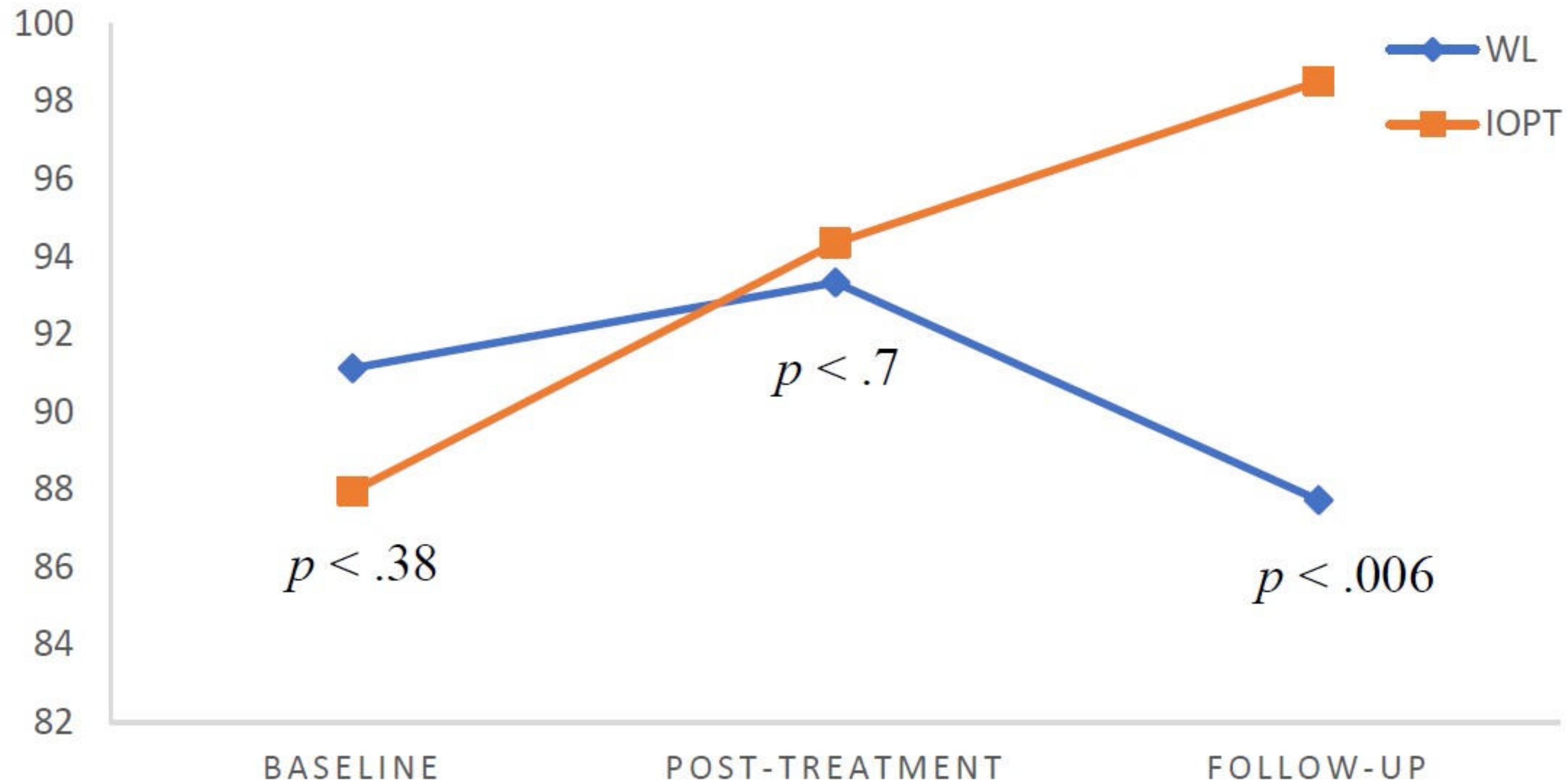
Anger In

State-Trait Anger Expression Inventory (STAXI)



Quality of Life

The World Health Organization Quality of Life (QOLBREF)



Discussions



- IOPT significantly decreases anti-thyroid peroxidase levels
- IOPT also significantly lowers depression, anxiety, stress and dissociation
- There is an important positive effect on suppressing anger at follow-up
- IOPT improves quality of life in Hashimoto patients
- Psychological response pattern
- The body responded first to therapy

Limitations

- Sample size
- Drop-out rate (16,9%)
- Coronavirus pandemic
- Limited external validity



Conclusions

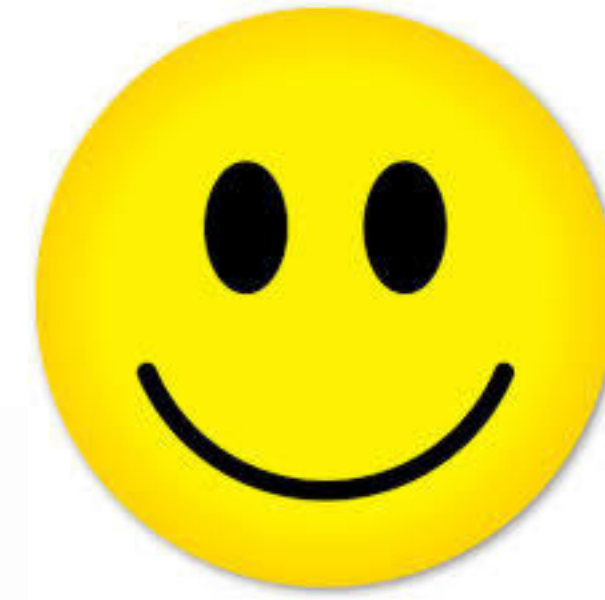
- IOPT has important effects on body and psyche
- IOPT may improve disease activity or disease course in Hashimoto patients
- Patients may not feel an emotional improvement after intense IOPT program
- A long-term perspective is important to see improvement in the psyche
- Mind-body relationship may respond differently to therapy at first
- Continuing experimental research with IOPT is essential



IOPT WORKS!



Acknowledgments



Psih. Livia Căciuloiu



Psih. Ioana Vârjoghe