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Adaptation of Memory Specificity Training (MeST) to routine clinical practices in Flanders

Submission date
21/01/2019

Recruitment status
No longer recruiting

Registration date
22/01/2019

Overall study status
Completed

Last Edited
27/02/2023

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[X] Results
[X] Individual participant data

Plain English summary of protocol

Background and study aims
Accumulating evidence shows that a cognitive factor associated with a worsening of depressive symptoms amongst people with and without diagnoses of depression – reduced Autobiographical Memory (rAMS) – can be ameliorated by a group cognitive training protocol referred to as Memory Specificity Training (MeST). When transporting interventions such as MeST from research to routine clinical practices (RCPs), modifications are inevitable, with potentially a decrease in effectiveness, so called voltage drop. We examined the transportability of MeST to RCPs as an add-on to treatment as usual with depressed in- and out- patients.

Who can participate?
Adult people who are currently being treated in the participating Routine Clinical Practices, and who show reduced autobiographical memory specificity as assessed by the Autobiographical Memory Test.

What does the study involve?
The study involves the group training Memory Specificity Training. In this training, people train in getting better at retrieving personal memories and retrieving more details.

What are the possible benefits and risks of participating?
Participating in this study might impact the cognitive vulnerabiltiy factor, which can have a concomitant effect on depressive symptoms and related processes as rumination. No side effects or risks are known. Retrieving unpleasant autobiographical memories and noticing that people lack this skill might be experienced as inconvenient.

Where is the study run from?
This study is run from the KU Leuven. Routine Clinical Settings in Flanders can participate after which local clinicians are trained so that MeST can be offered to patients as a part of the standard routine care, after adapting MeST.

When is the study starting and how long is it expected to run for?
The study runs from 1/1/2015 to 30/12/2018.

Who is funding the study?
The study is funded by the KU Leuven Program Funding Grant PF/10/005.

Who is the main contact?
Kris Martens
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Contact information

Type(s)
Public

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
G 2014 12 113

Study information

Scientific Title
Remediating reduced autobiographical memory specificity in Routine Clinical Practices in Flanders by adaptation and implementation of Memory Specificity Training: an uncontrolled implementation study.

Acronym
MeSTRCP

Study objectives

Adapting the Memory Specificity Training (MeST) and training clinicians in routine clinical practices in delivering MeST will result in an increase in the skill of retrieving specific autobiographical memory.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Social and Societal Ethics Committee of the University of Leuven, 18/12/2014, ref. G 2014 12 113.

Study design
Multicentre, non-randomsied, interventional. The intervention was included in the routine care, and thus no allocation, masking, control or specific assignment was used.

Primary study design
Interventional

Secondary study design
Non randomised study

Study setting(s)
Hospital

Study type(s)
Treatment

Participant information sheet
No participant information sheet available.

Health condition(s) or problem(s) studied
Overgeneral autobiographical memory

Interventions
A group training protocol called Memory Specificity Training.

Session 1 of MeST focuses on psycho-education regarding memory problems linked to depression. Three main memory problems are described: reduced levels of concentration, a bias in retrieving mainly negative memories and rAMS. It is explained to participants, within a group setting, that only rAMS can be considered as a risk factor for depression and that training can remediate rAMS to some extent. After this psycho-education, two specificity exercises are conducted within the group. Exercises consist of a presented cue word after which participants are encouraged to retrieve a specific memory and as many details as possible. After each participant writes down their memory, participants help each other with becoming more specific by asking for more details. The session ends by introducing a homework assignment: to re-read the psycho-education, to write down one specific memory for each of ten (positive & neutral) words and to write down one memory of the day at the end of each day.

In Session 2, after briefly repeating the psycho-education, homework assignments are discussed. Next, some exercises are conducted together within the group wherein participants need to retrieve two memories for one cue word. Homework assignments after this session consist of

writing down two memories for each of ten (neutral & positive) cue words and writing down two memories of the day each day.

Session 3 has a similar structure but the exercises now offer word pairs of two opposing valences (e.g. skilful and clumsy). The homework assignment contains two memories for each of ten words (neutral, positive but also negative) and writing down two memories of the day each day. In the fourth and last session, after evaluating the homework assignments, a psycho-education on the STOP-model is given. The aim here is that participants learn to notice when they are overgeneralizing by: signalling to themselves when they are thinking at an overgeneral level; trying to think back to the specific event that prompted the overgeneral thinking; to obtain and generate specific details about that event as much as possible; and, as a last step, try to find an opposite example. After this, some more exercises with opposing cue words are conducted

Intervention Type
Other

Primary outcome measure
The ability to retrieve specific autobiographical memories was measured using the Autobiographical Memory Test (AMT) pre-intervention and post-intervention.

Secondary outcome measures
Depressive symptoms were assessed pre- and post-intervention using questionnaires chosen by the practitioners such as the Patient Health Questionnaire 9 (PHQ-9) and the Beck Depression Inventory II (BDI-II).

Overall study start date
01/09/2014

Completion date
30/12/2018

Eligibility

Key inclusion criteria
1. Overgeneral autobiographical memory, as assessed with the Autobiographical memory test
2. Aged 18 years or older.

Participant type(s)
Patient

Age group
Adult

Lower age limit
18 Years

Sex
Both

Target number of participants
100

Key exclusion criteria
N/A

Date of first enrolment
01/01/2015

Date of final enrolment
30/12/2018

Locations

Countries of recruitment
Belgium

Study participating centre
PraxisP
Leuven
Belgium
3000

Study participating centre
PraxisP
Leopold Vanderkelenstraat 32
Leuven
Belgium
3000

Study participating centre
PZ Duffel
Stationsstraat 22c
Dufel
Belgium
2570

Study participating centre
Sint-Franciscusziekenhuis
Pastoor Paquaylaan 129
Heusden-Zolder
Belgium
3550

Study participating centre
Jessa ziekenhuis
Salvatorstraat 20
Hasselt
Belgium
3500

Study participating centre
Algemeen Stedelijk Ziekenhuis Aalst
Merestraat 80
Aalst
Belgium
9300

Study participating centre
Asster
Melveren-centrum 111
Sint-Truiden
Belgium
3800

Sponsor information

Organisation
KU Leuven

Sponsor details
Oude Markt 13 - bus 5500
Leuven
Belgium
3000

Sponsor type
University/education

Website
https://www.kuleuven.be/english/research/integrity/smec#procedure

ROR
https://ror.org/05f950310

Funder(s)

Funder type
University/education

Funder Name
KU Leuven Program Funding Grant PF/10/005.

Results and Publications

Publication and dissemination plan
The manuscript is accepted in BMC Psychology but regardless of the approval we obtained at the Social and Societal Ethics Committee of the University of Leuven, it needed to be registered as a clinical trial.

Intention to publish date
01/03/2019

Individual participant data (IPD) sharing plan
The datasets generated during and analysed during the current study will be available upon request from Kris Martens (kris.martens@kuleuven.be). Individual de-identified participant data (IPD) will be available from 1/2019 on and will be available to other researchers upon request. Informed consent from participants was obtained. The datasets per setting and analyses of pre-post differences will be included in subsequent results publication.

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	01/02/2019		Yes	No
Dataset		01/02/2019	27/02/2023	No	No