

# Targeting repetitive intrusive suicidal images and thoughts: towards a new suicide prevention strategy (Simagery)

<b>Submission date</b> 22/08/2022	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 26/08/2022	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 30/08/2024	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Growing evidence shows that the majority of suicidal patients diagnosed with major depression or bipolar disorder report repetitive suicide-related images and thoughts. According to cognitive psychology research, suicide-related images predict suicidality, and repetitive suicide-related images or flash-forwards are therefore essential targets for suicide prevention. There is extensive research evidence from experimental and clinical studies that the vividness of negative as well as positive intrusive images may be reduced by Dual Task (e.g. eye movements) interventions taxing the working memory. The aim of this study is to find out whether eye movements during image retrieval also reduce the severity and frequency of suicidal imagery.

### Who can participate?

Psychiatric outpatients aged 18 years and over with elevated levels of depression and suicidal ideation

### What does the study involve?

Participants are randomly allocated to receive either treatment as usual (TAU) only or TAU with eye movement dual task (EMDT) add-on treatment. Treatment-as-Usual for depression within the participating mental health care institutions typically consists of (evidence-based) psychotherapy and/or antidepressant treatment. The EMDT add-on intervention involves taxing the working memory while retrieving suicidal intrusions and consists of two to six sessions, each about 1 hour, over the course of 6 weeks.

### What are the possible benefits and risks of participating?

Burdens associated are six additional site visits, multiple questionnaires that have to be filled in, and potential psychological discomfort associated with participation (i.e. retrieving suicidal images may be emotionally confronting). A potential risk may be an increase in or worsening of suicidal images and their associated complaints. Potential benefits are a reduction in vividness and frequency of repetitive suicide-related images and thoughts, and reduced suicidality and depression. Moreover, there will be additional supervision of this at-risk group regarding their suicidal ideation, ensuring higher levels of safety.

Where is the study run from?  
Vrije Universiteit Amsterdam (Netherlands)

When is the study starting and how long is it expected to run for?  
October 2016 to December 2022

Who is funding the study?  
ZonMw (Netherlands)

Who is the main contact?  
Jael van Bentum, j.s.vanbentum@uu.nl

**Study website**  
<https://simagery.nl/>

## Contact information

**Type(s)**  
Public

**Contact name**  
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## Additional identifiers

**EudraCT/CTIS number**  
Nil known

**IRAS number**

**ClinicalTrials.gov number**  
Nil known

**Secondary identifying numbers**  
NTR7563

## Study information

**Scientific Title**

Reducing suicidal intrusions in depressed patients through an eye movement dual task in a multicenter parallel two-group randomized design

**Acronym**

Simagery

**Study objectives**

It is hypothesized that eye movements during suicidal imagery retrieval will reduce the intensity and frequency of such imagery, and may be crucial in preventing suicide amongst depressed patients.

**Ethics approval required**

Ethics approval required

**Ethics approval(s)**

Approved 15/11/2017, The Medical Ethical Review Committee of the Amsterdam UMC, location VUmc (BS7, kamer H-443, Amsterdam, Postbus 7057 1007 MB , Netherlands; +31(0) 20 4445585; metc@vumc.nl), ref: 2017.237

**Study design**

Multicenter interventional single-blinded two-armed randomized controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

GP practice

**Study type(s)**

Treatment

**Participant information sheet**

See trial outputs table

**Health condition(s) or problem(s) studied**

Suicidal intrusions in psychiatric outpatients with elevated levels of depression and suicidal ideation

**Interventions**

Patients are randomized on a 1:1 basis (stratified for mental health care institution) using a block randomization module in an electronic data capture system (Castor EDC):

1. Comparison group: treatment as usual (TAU) only
2. Intervention group: TAU with eye movement dual task (EMDT) add-on treatment

Treatment-as-Usual (TAU):

Treatment-as-Usual for depression within the participating mental health care institutions

typically consists of (evidence-based) psychotherapy and/or antidepressant treatment. We will ensure that all patients will receive and continue TAU during the course of the study. After each assessment, the TAU mental health care provider will be updated on the patient (with the consent of the patient).

**EMDT add-on treatment:**

The treatment will be an add-on module that addresses intrusive suicidal images and can be added to regular treatment. It will consist of max. six sessions each of approximately 1 hour, delivered at the participants' mental health care center. Trained and supervised intervention psychologists from each participating center will carry out the EMDT sessions.

Each session will consist of the following steps:

1. Selection of intrusive suicidal flash-forward target images with related ideation.
2. Consecutive set of eye movements of 30 seconds by 10-second breaks. Between the sets, subjective units of distress scale (SUDS, scale 0-10) are administered to assess the level of distress during imagery.
3. If the image still produces stress, the dual task procedure will be repeated for the target.
4. This procedure is repeated for all target images until all SUDS are at approximately 0, or the EMDT session is coming to an end.

## **Intervention Type**

Behavioural

## **Primary outcome measure**

Frequency (Clinical Interview for Suicidal Intrusions; CISI) and severity (Suicidal Intrusions Attributes Scale; SINAS) of suicidal intrusions measured at baseline, 1-week post-treatment, 3, 6, 9 and 12 months follow up

## **Secondary outcome measures**

1. Suicidal ideation measured using Suicidal Ideation Attributes Scale (SINAS) at baseline, 1-week post-treatment, 3, 6, 9 and 12 month follow-up
2. Depressive symptoms measured using Beck Depression Inventory-II (BDI-II) at baseline, 1-week post-treatment, 3, 6, 9 and 12 month follow-up
3. Quality of life measured using EQ-5D-5L at baseline, 1-week post-treatment, 3, 6, 9 and 12 month follow-up
4. Societal costs measured using Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (TiC-P) at baseline, 3-month, and 12-month follow-up
5. Rumination measured using Ruminative Response Scale (RRS) at baseline, 1-week post-treatment, 3, 6, 9 and 12 month follow-up
6. Hopelessness measured using Beck Hopelessness Scale (BHS) at baseline, 1-week post-treatment, 3, 6, 9 and 12 month follow-up

## **Overall study start date**

01/10/2016

## **Completion date**

12/12/2022

# **Eligibility**

## **Key inclusion criteria**

1. Minimum age of 18 years
2. Score >20 on the Beck Depression Inventory
3. Have suicidal ideation: score >1 on the Suicidal Ideation Attributes Scale (SIDAS)
4. Currently receiving treatment (care-as-usual) at GGZ instelling
5. Adequate proficiency in the Dutch language
6. Have suicidal intrusions that are experienced as a burden

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

90

**Total final enrolment**

91

**Key exclusion criteria**

1. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) Psychotic disorder diagnosis
2. DSM-IV Depression with psychotic features diagnosis
3. DSM-IV Bipolar disorder diagnosis
4. High dropout risk (i.e. poor response rate when trying to get in contact with the potential participant)

In case their current therapist judges the overall complexity of trauma present, he or she can advise not to include despite the participant meeting the inclusion criteria

**Date of first enrolment**

27/11/2018

**Date of final enrolment**

13/09/2021

**Locations****Countries of recruitment**

Netherlands

**Study participating centre**

Altrecht

Nieuwe Houtenseweg 12

Utrecht  
Netherlands  
3524 SH

**Study participating centre**

**Arkin - NPI**

Amsterdam Oost  
Domselaerstraat 126 & 128  
1093 MB  
Amsterdam Noord  
Buikslotermeerplein 420  
1025 WP  
Amsterdam West  
Overschiestraat 55  
1062 HN  
Amsterdam  
Netherlands  
1093MB

**Study participating centre**

**GGZ Eindhoven**

Dr. Poetlaan 40  
Eindhoven  
Netherlands  
5626ND

**Study participating centre**

**Dimence**

Burgemeester Roelenweg 9  
Zwolle  
Netherlands  
8021EV

**Study participating centre**

**Vincent van Gogh Institute voor Geestelijke Gezondheid**

Tegelseweg 210  
Venlo  
Netherlands  
5912 BL

**Study participating centre**

**Parnassia Groep**

Klinisch centrum acute psychiatrie  
Nectarinestraat 10  
Den Haag  
Netherlands  
2552 LZ

**Study participating centre****GGZ Oost-Brabant**

Locatie Oss  
Gezondheidslaan 65  
Locatie Helmond  
Wesselmanlaan 25/A, 5707 HA Helmond  
Oss  
Netherlands  
5342 JW

**Study participating centre****Pro Persona**

Wagnerlaan 2  
Arnhem  
Netherlands  
6815AG

## Sponsor information

**Organisation**

VU Amsterdam

**Sponsor details**

van der Boechorststraat 7  
Amsterdam  
Netherlands  
1081 BT  
+31 (0)205985950  
secretariaat.knop.FGB@vu.nl

**Sponsor type**

University/education

**Website**

<https://vu.nl/nl/over-de-vu/faculiteiten/faculteit-der-gedrags-en-bewegingswetenschappen>

ROR

<https://ror.org/008xxew50>

## Funder(s)

### Funder type

Research organisation

### Funder Name

ZonMw

### Alternative Name(s)

Netherlands Organisation for Health Research and Development

### Funding Body Type

Private sector organisation

### Funding Body Subtype

Other non-profit organizations

### Location

Netherlands

## Results and Publications

### Publication and dissemination plan

Planned publication in a high-impact peer-reviewed journal

### Intention to publish date

01/02/2024

### Individual participant data (IPD) sharing plan

The data that support the findings of this study are available on request from the corresponding author (J.S. van Bentum; [j.s.vanbentum@uu.nl](mailto:j.s.vanbentum@uu.nl)). The data are not publicly available due to their containing information that could compromise the privacy of research participants. The individual participant data that underlie the results reported in the RCT's published article after deidentification can be obtained upon reasonable request by emailing a proposal to Prof. dr. Marit Sijbrandij ([e.m.sijbrandij@vu.nl](mailto:e.m.sijbrandij@vu.nl)). To gain access, data requestors will need to sign a data access agreement. Data are available for 5 years following article publication.

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
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<a href="#">Participant information sheet</a>	Phase 2 version 6	05/03/2019	25/08/2022	No	Yes
<a href="#">Participant information sheet</a>	Phase 3 version 5	05/03/2019	25/08/2022	No	Yes
<a href="#">Protocol article</a>		09/05/2019	25/08/2022	Yes	No
<a href="#">Results article</a>		18/07/2024	30/08/2024	Yes	No