



De rol van beweging in traumabehandeling

Eline Voorendonk

31 mei 2023

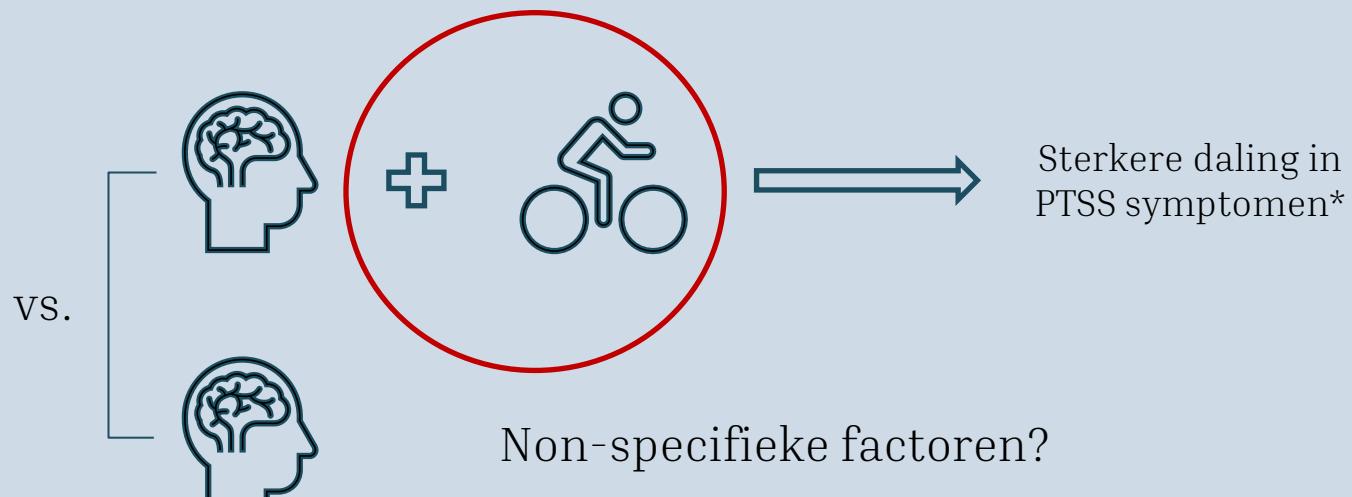
Inhoud

1. De toevoeging van beweging aan intensieve traumagerichte behandelingen voor patiënten met PTSS
2. Inzoomen:
 - De volgorde effecten van beweging en exposure
3. Discussie
 - Future directions

1. De toevoeging van beweging aan intensieve traumagerichte behandelingen voor patiënten met PTSS

Achtergrond

Intensieve traumagerichte behandelingen

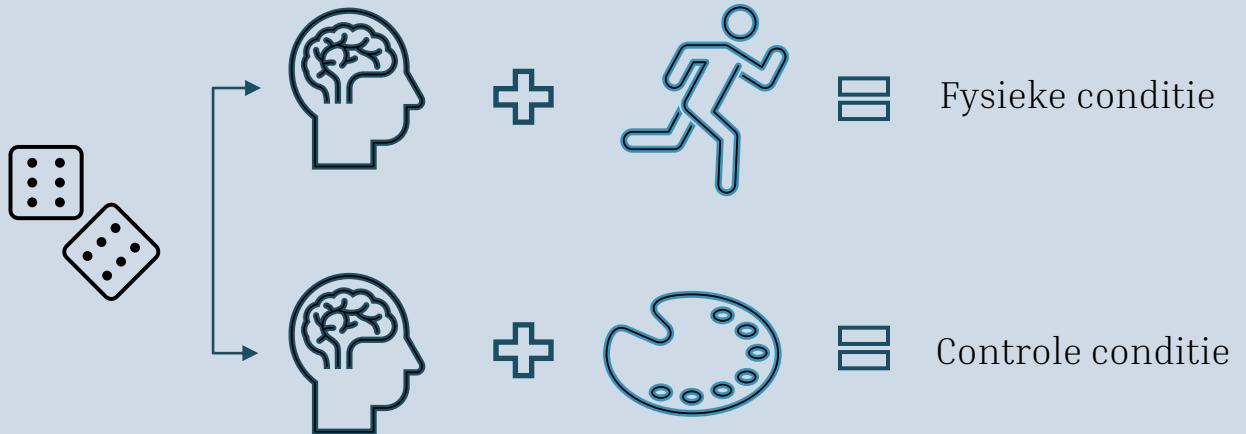


*e.g., Davis, et al., 2021
Rosenbaum, et al., 2015



Design

Randomized clinical trial



- Exposure therapie
- EMDR therapie
- Psycho-educatie

Fysieke conditie



Controle conditie



Methode



Fitbit Charge 4

Zwarte indeling	Regio's
zeer zeer licht	6
zeer licht	7
gemiddeld licht	8
gemiddeld zwaar	9
zwaar	10
zeer zwaar	11
zeer zeer zwaar	12
extremal zwaar	13
extremal	14
zeer extreem	15
zeer zeer extreem	16
extremal extreem	17
zeer extreem extreem	18
extremal extreem extreem	19
extremal extreem extreem extreem	20



Borg's Rating Scale of Perceived Exertion; RPE

Materialen

Primaire uitkomstmaat: PTSS symptomen

Pre-treatment

Post-treatment

6 months follow-up

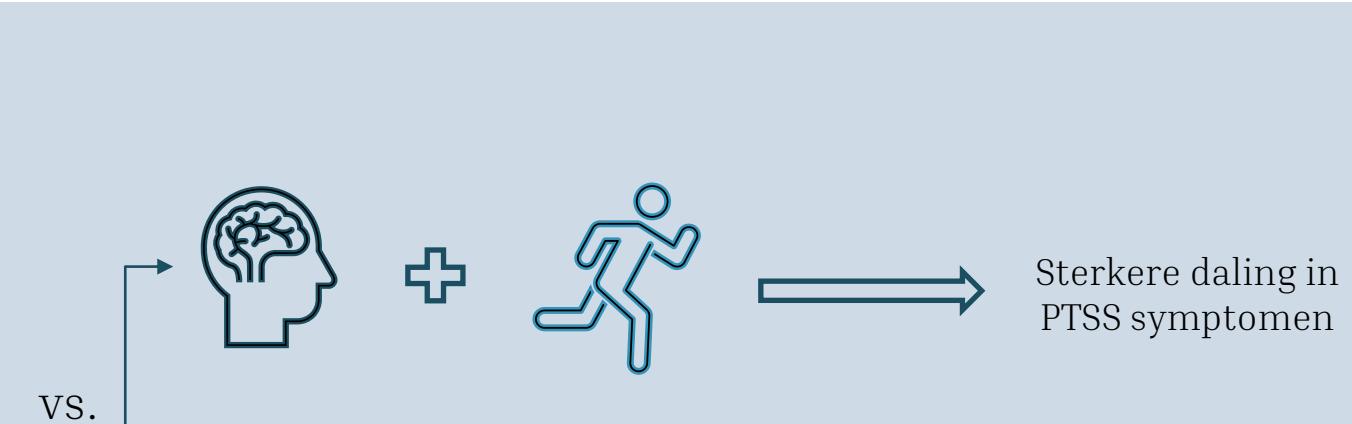


KIP-5



PCL-5

Hypothese



Materialen

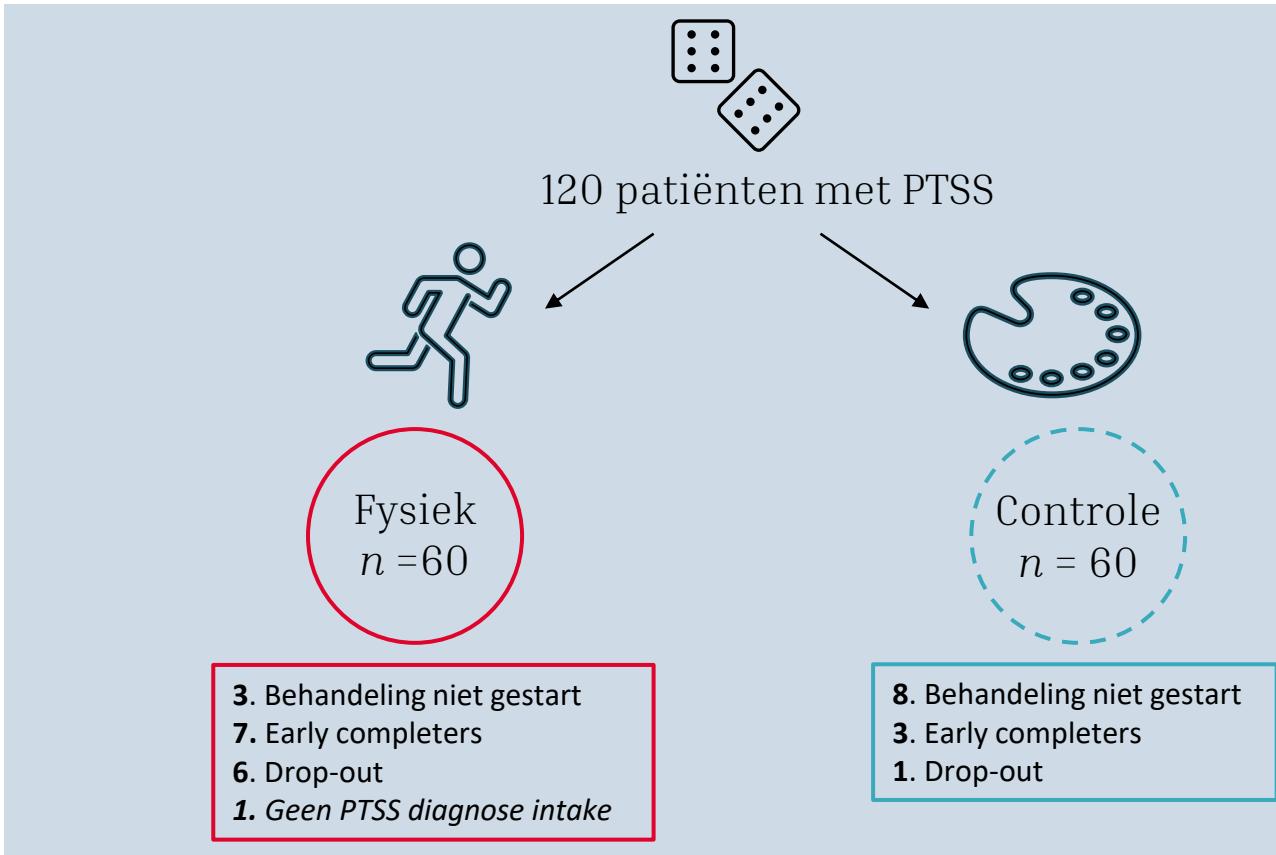
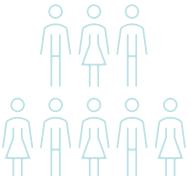


Secondaire uitkomstmaten:

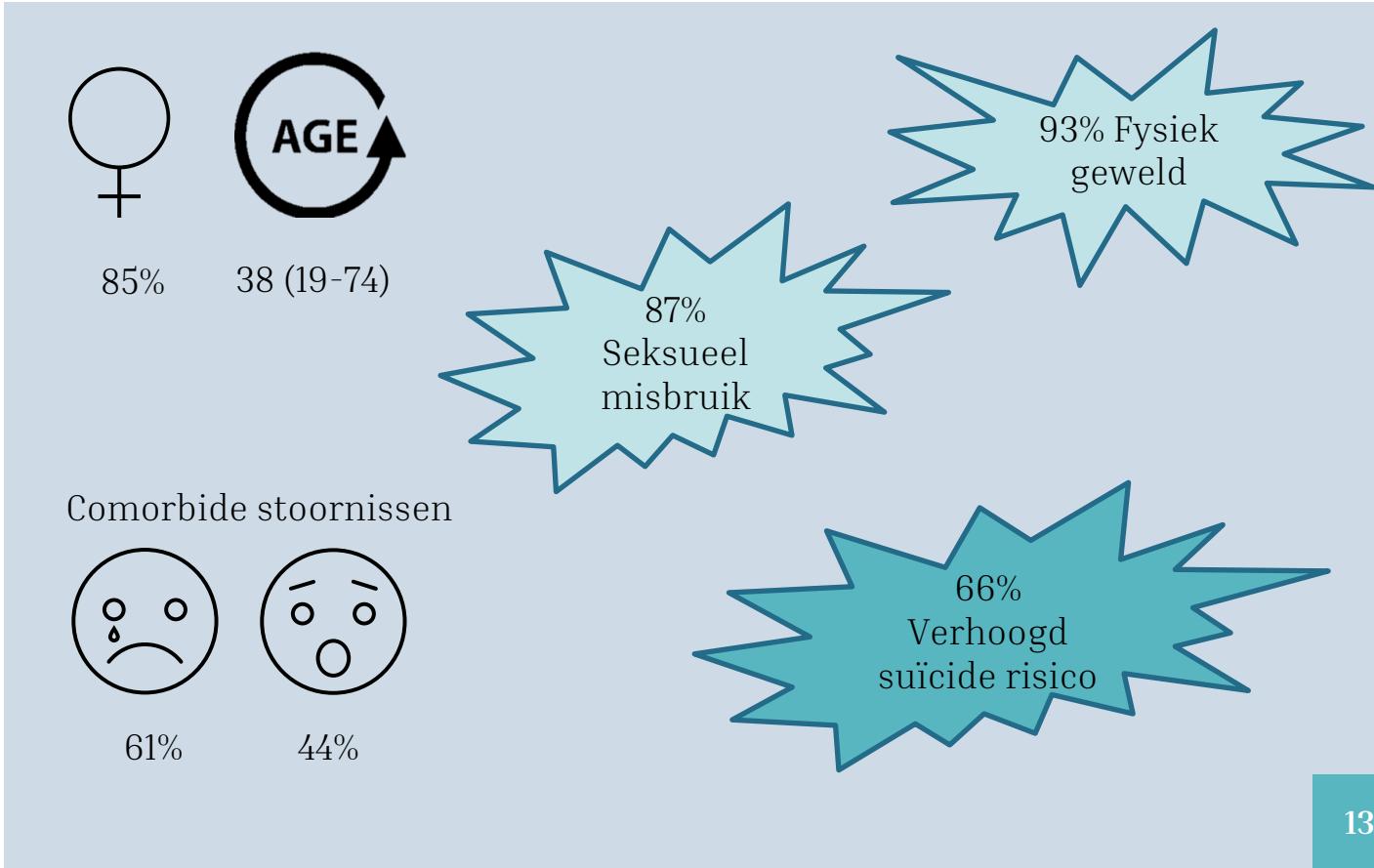
1. Slaap (ISI)
2. Depressieve symptomen (QIDS-SR)
3. Emotie-regulatie problemen (DERS)
4. Dissociatieve symptomen (DES-II)
5. Anxiety Sensitivity (ASI)
6. Kwaliteit van leven (MANSA)
7. Fysieke activiteit level (IPAQ-SF)
8. Algemene somatische klachten (SCL-90 somatisatie)
9. Complexe PTSS symptomen (ITQ)



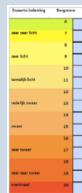
Steekproef



Steekproef



Resultaten



Fysiek

Controle

Middelmatige
intensiteit

107.83 (7.99)

Inactiviteit

81.97 (7.71)

Cohen's d

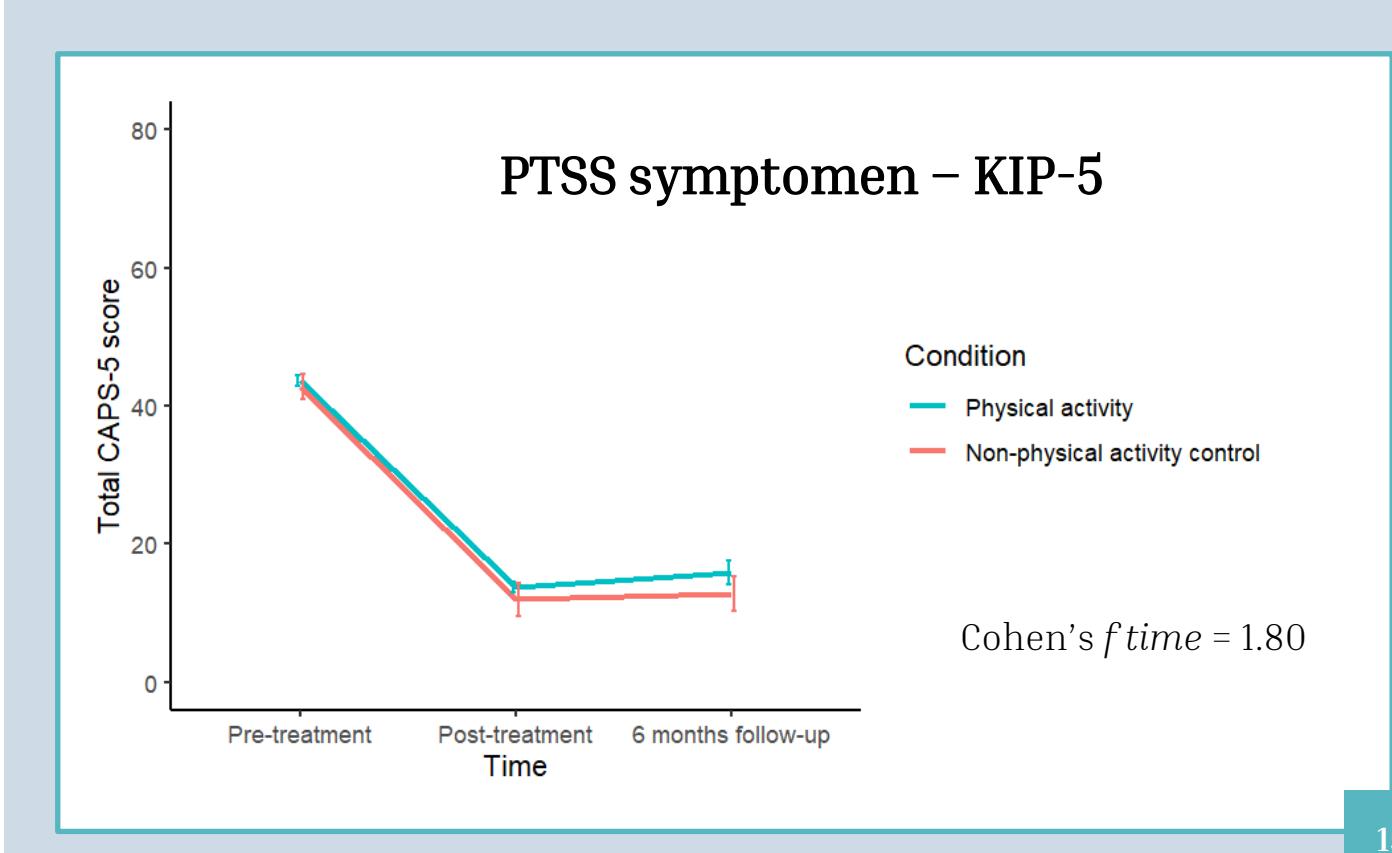
3.29

11.53 (0.82)

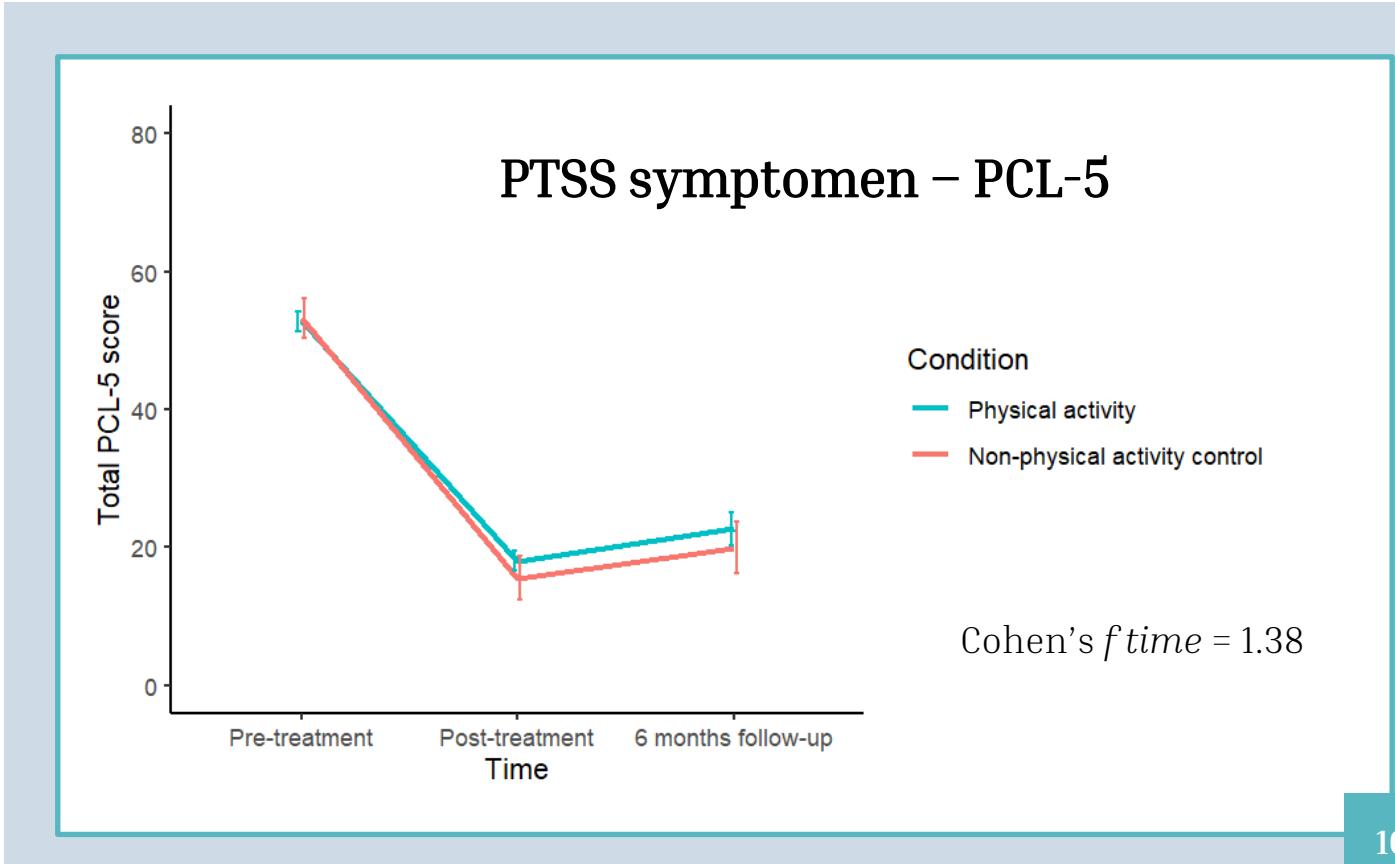
7.05 (1.08)

4.71

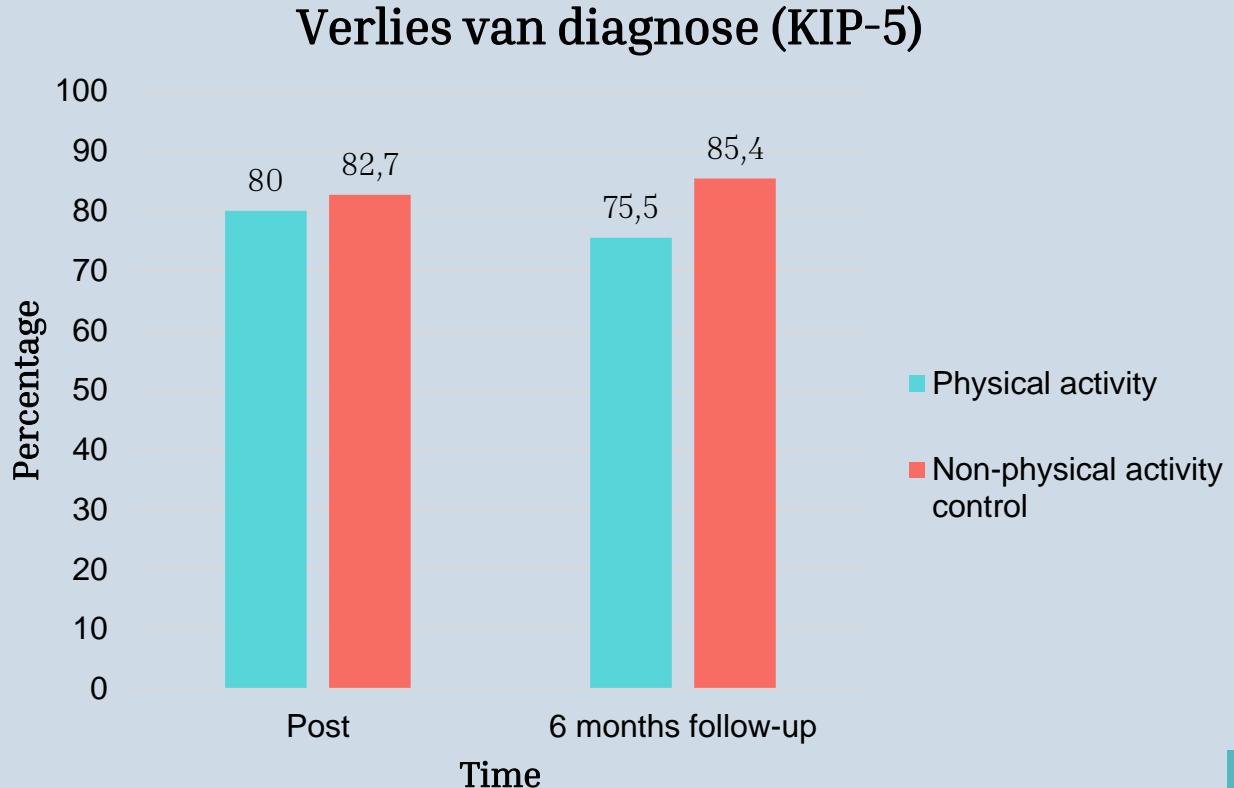
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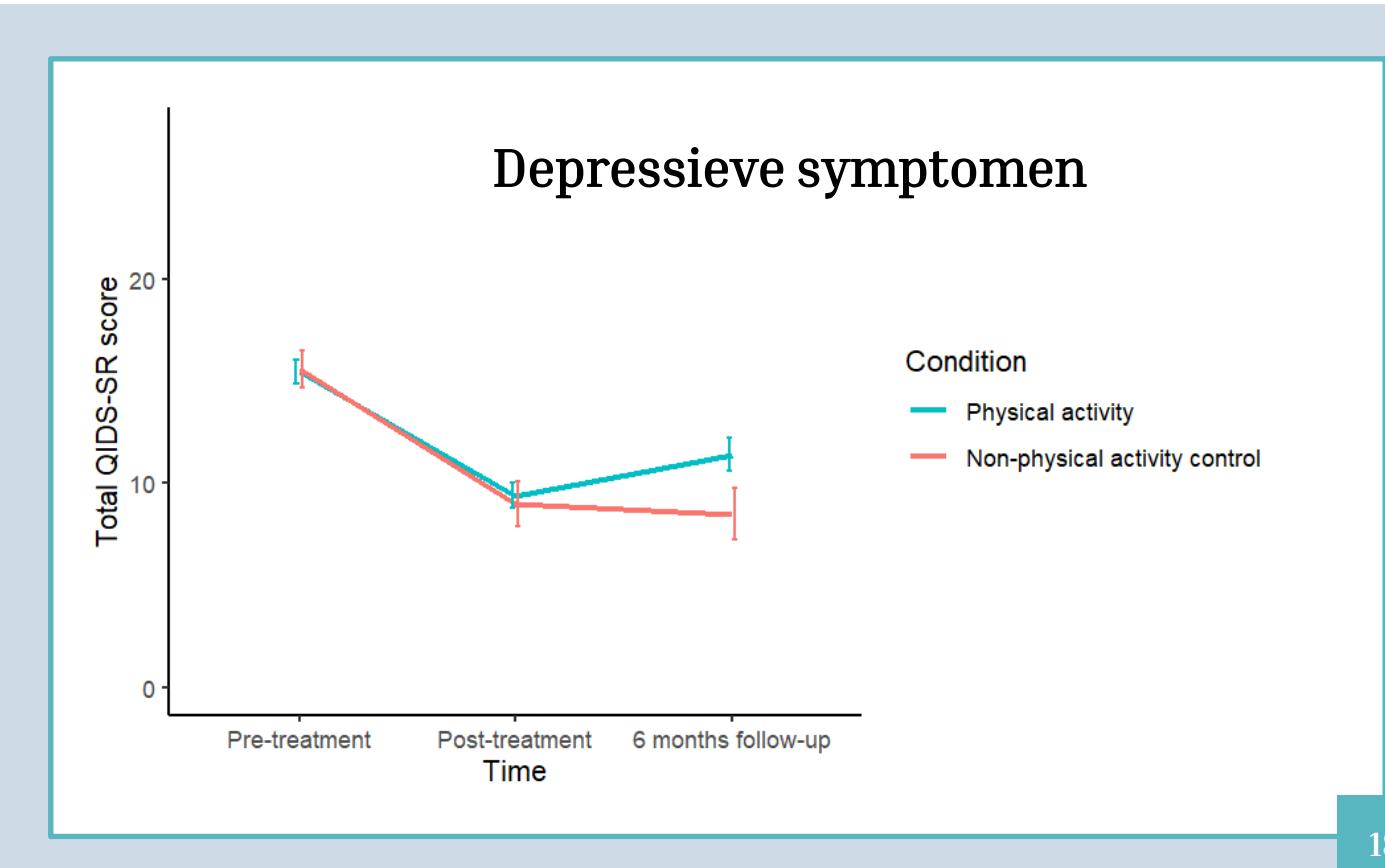
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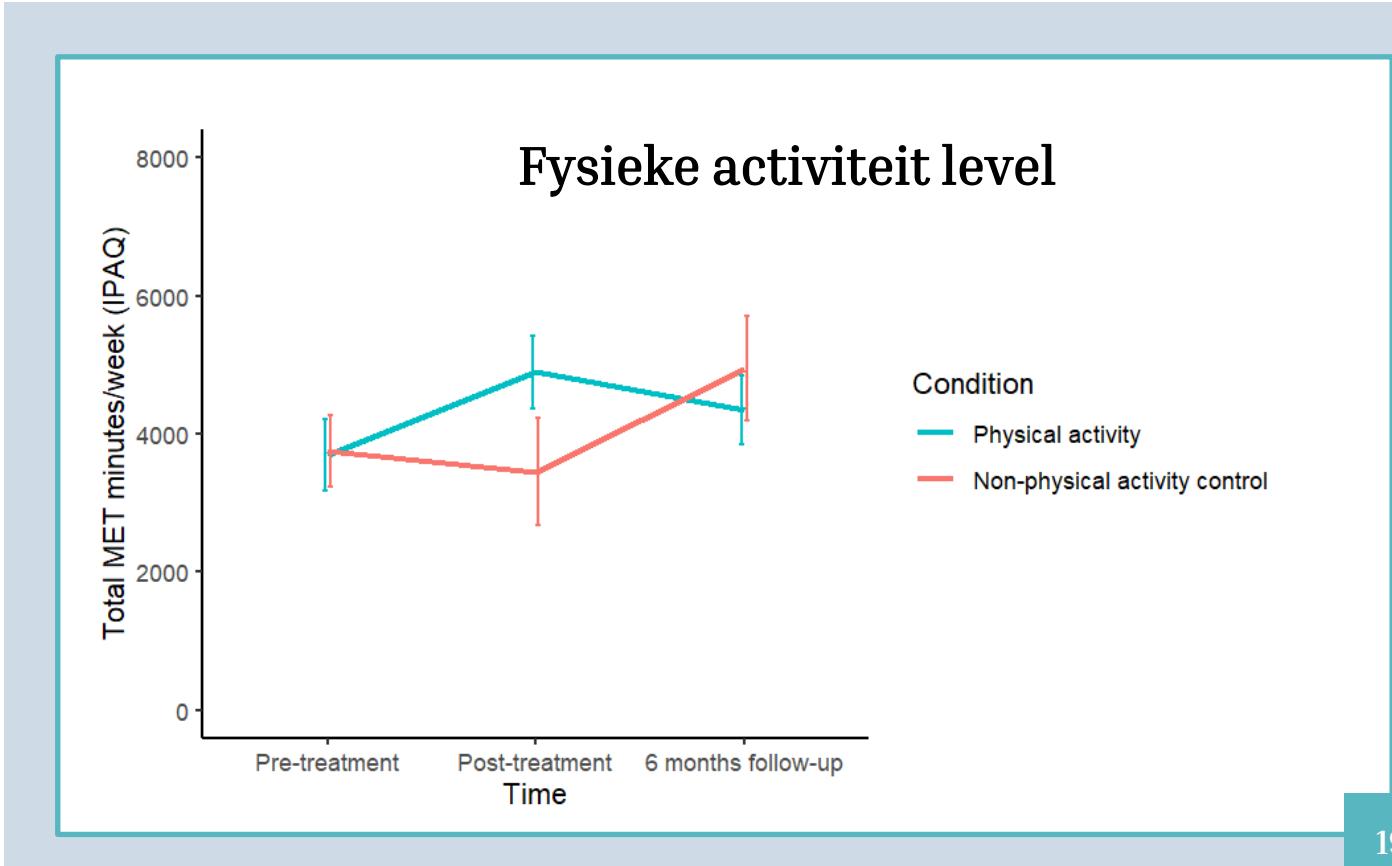
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Resultaten



Resultaten



Resultaten



Voorkeuren

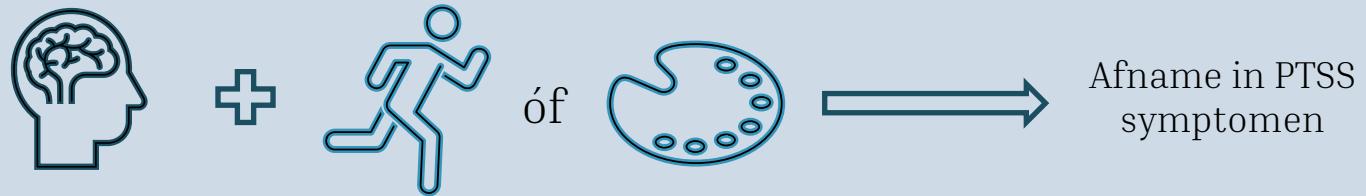


60% vs. 40%

Voorkeursconditie → geen invloed op effectiviteit



Conclusie



Discussie

- Recente studies*
- Non-specifieke factoren

Alternatieve verklaringen:

- Té effectieve intensieve behandeling - 'plafondeffect'
- Effecten van creatieve taken?**
- Té intensief en/of té kort?
- Volgorde fysieke sessies?
- PMT?

Klinische praktijk

Meer onderzoek is nodig!



*e.g., Nordbrandt et al.,
2020, Youngh-McCaughan
et al., 2022, Philippot et al.,
2022

**e.g., Rodak et al., 2018



“



“Dankzij de APPART studie met bijbehorende sportsessies ben ik meer gaan bewegen, heb ik gemerkt dat ik dat ook aan kan en meer bewegen is onderdeel geworden van mijn nieuwe leven.”



“De uitdaging van stilzitten i.p.v. in beweging zijn heeft voor mij bijgedragen aan het daadwerkelijk stilstaan bij wat ik ervaarde. Ik doorbrak hiermee en hierdoor vermijdingsgedrag.”

EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2022, VOL. 13, 2016219
<https://doi.org/10.1080/20008198.2021.2016219>



OPEN ACCESS



STUDY PROTOCOL

Augmenting PTSD treatment with physical activity: study protocol of the APPART study (Augmentation for PTSD with Physical Activity in a Randomized Trial)

E.M. Voorendonk ^{a,b}, S.A. Sanches ^c, M.S. Tollenaar ^d, A. De Jongh ^{a,e,f,g} and A. Van Minnen ^{a,b}

2. Inzoomen: De volgorde effecten van beweging en exposure

Leervermogen bij extinctieleren versterken

- Door te bewegen?
 - Brain-derived neurotrophic factor



Maar wanneer beweeg je dan?

eerst



daarna



Maar wanneer beweeg je dan?

eerst



daarna



Dierstudies

Alleen effect gevonden
als fysieke conditie **na** de
exposure kwam
(e.g., Roquet & Monfils, 2018)



Ons onderzoek..



Contents lists available at [ScienceDirect](#)

Mental Health and Physical Activity

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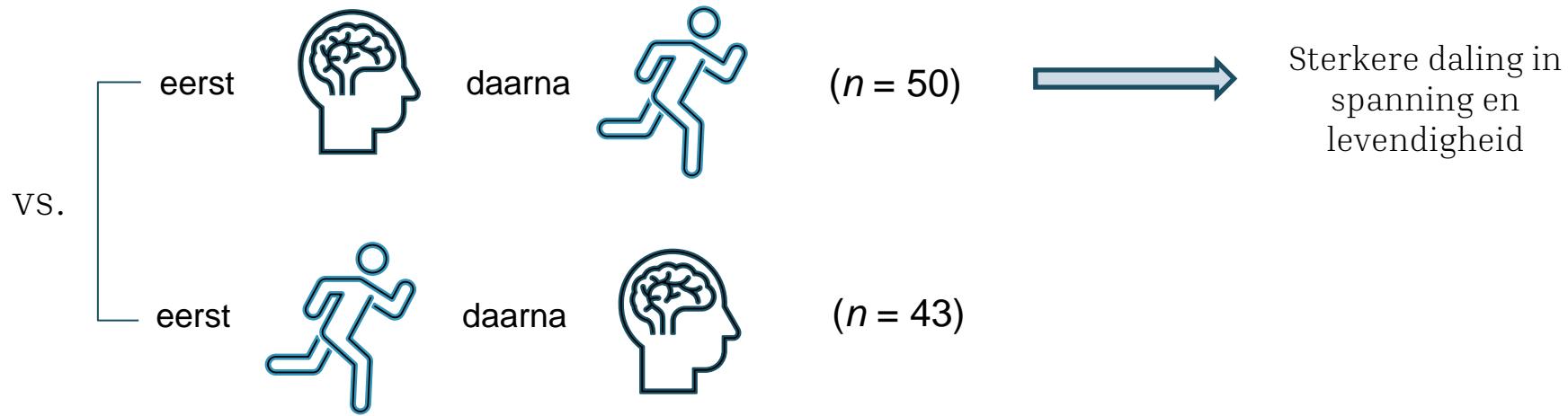


Combining a single session of prolonged exposure with physical activity in patients with PTSD: The effect of sequence

Eline M. Voorendonk ^{a,b,*}, Sarita A. Sanches ^c, Michelle Mojed ^d, Ad De Jongh ^{b,e,f,g,h},
Agnes Van Minnen ^{a,b}

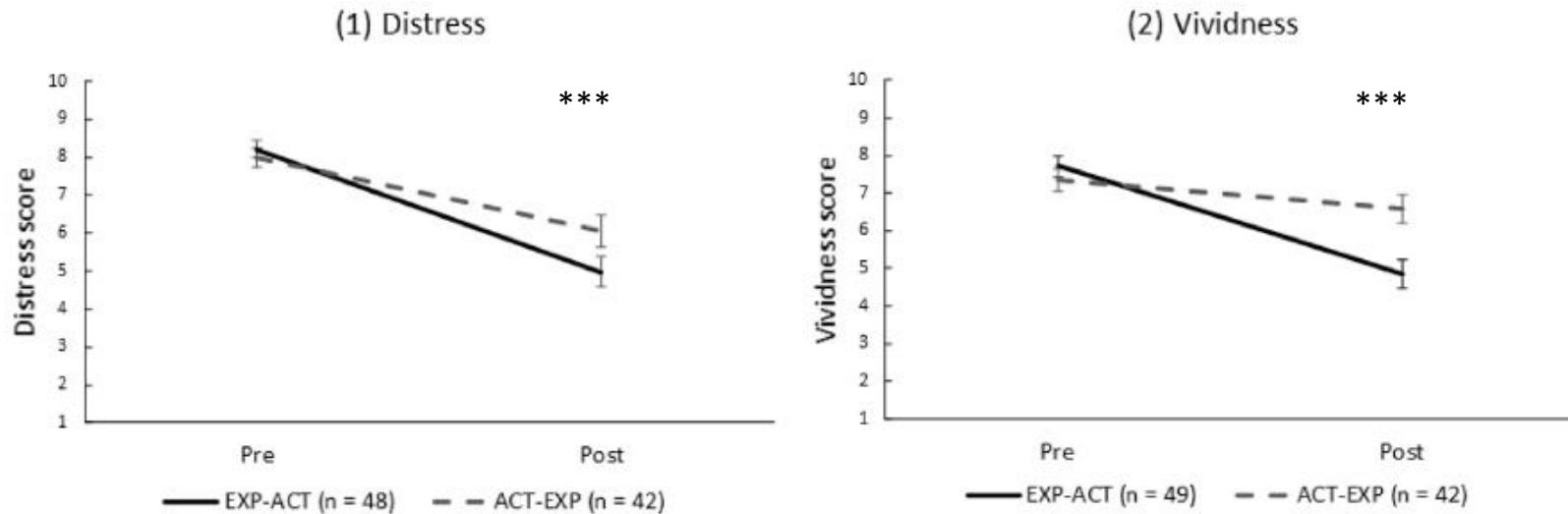


Design ($N = 93$)



1 exposuresessie = 1 herinnering

Resultaten



Spanning (distress) en levendigheid (vividness) namen allebei significant af, en meer in de EXP-ACT conditie, dus beweging **na** exposure

Resultaten

Exploratief:

Freeze en emotieregulatieproblemen namen allebei significant af, maar er was geen conditie-effect.

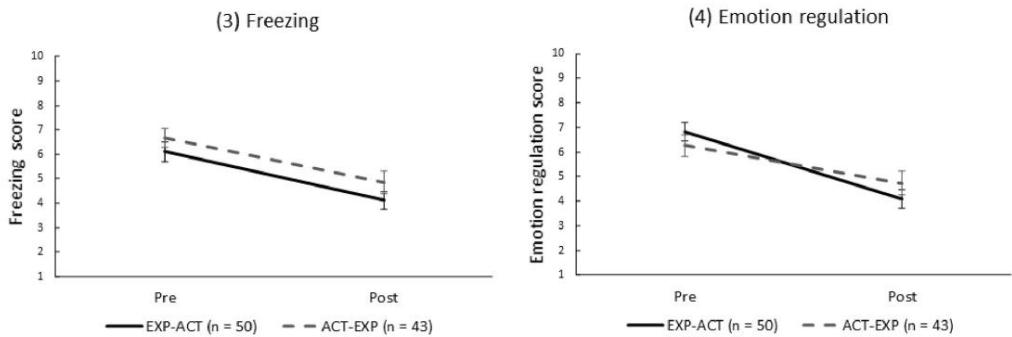


Fig. 3. Mean and standard errors of (1) distress, (2) vividness, (3) freezing and (4) emotion regulation numeric rating scores for the EXP-ACT and ACT-EXP condition from pre-to post-intervention.

Resultaten

Mensen vonden beweging **na** exposure ook significant meer behulpzaam

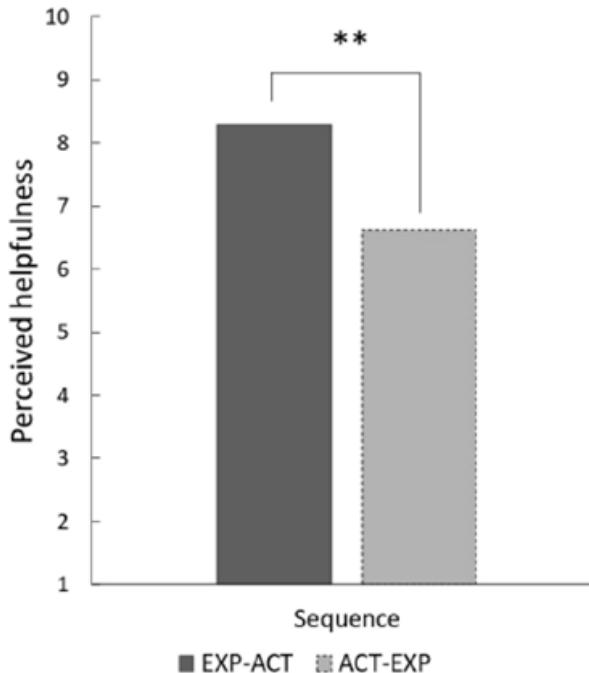
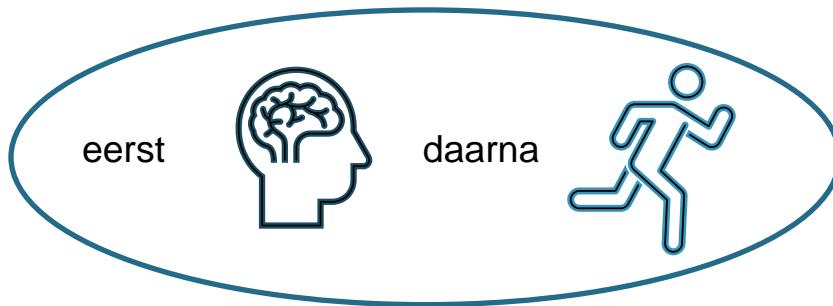


Fig. 4. Perceived helpfulness numeric rating scale mean for the EXP-ACT and ACT-EXP condition, scores ranging from 1 ("not at all helpful") to 10 ("very helpful"). * $p < .05$, ** $p < .01$, *** $p < .001$.

Conclusies

- Beweging na exposure meest effectief, in lijn met dieronderzoek, maar replicatie is nodig
- Effect zit echt in afname levendigheid en spanning herinnering, niet in dissociatie of emotieregulatie
- Controleconditie ‘geen beweging’ mist nog



3. Discussie en Future directions

Discussie

1. Wat is beweging?
 - Definitie
 - Optimale vorm
 - Stand-alone of add-on?
2. Mogelijkheid non-specifieke effecten beweging
 - Meta-analyses includeren ook wachtlijstcondities*
3. Veel pilot studies**: meer gecontroleerd onderzoek nodig

*e.g., Björkman & Ekblom, 2021; Davis, et al., 2021; Ramos-Sánchez, et al., 2021; Rosenbaum, et al., 2015; Van de Kamp, et al., 2019)

**e.g., Powers et al., 2015 (n = 9)

Future directions

1. Optimale duur, intensiteit, timing en vorm
2. Targetgroepen; veteranen, mannen, non-responders
3. Werkingsmechanismen (waaronder non-specifieke factoren)
4. PMT

Vragen?

Hartelijk dank!



Jullie kunnen mij altijd contacten!

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