The Influence of Identity Oriented Psychotrauma Therapy on Hashimoto disease activity

A Randomized Controlled Trial



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Hashimoto disease
(Autoimmune thyroiditis)

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

Psychological Research

Background



- Psychological trauma - possible factor in the pathogenesis of AD (Dube, 2009; Stojanovich, 2008)
- A diversity of psychotherapeutic interventions - studied in adults with AD
- Only a small number of autoimmune diseases 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;

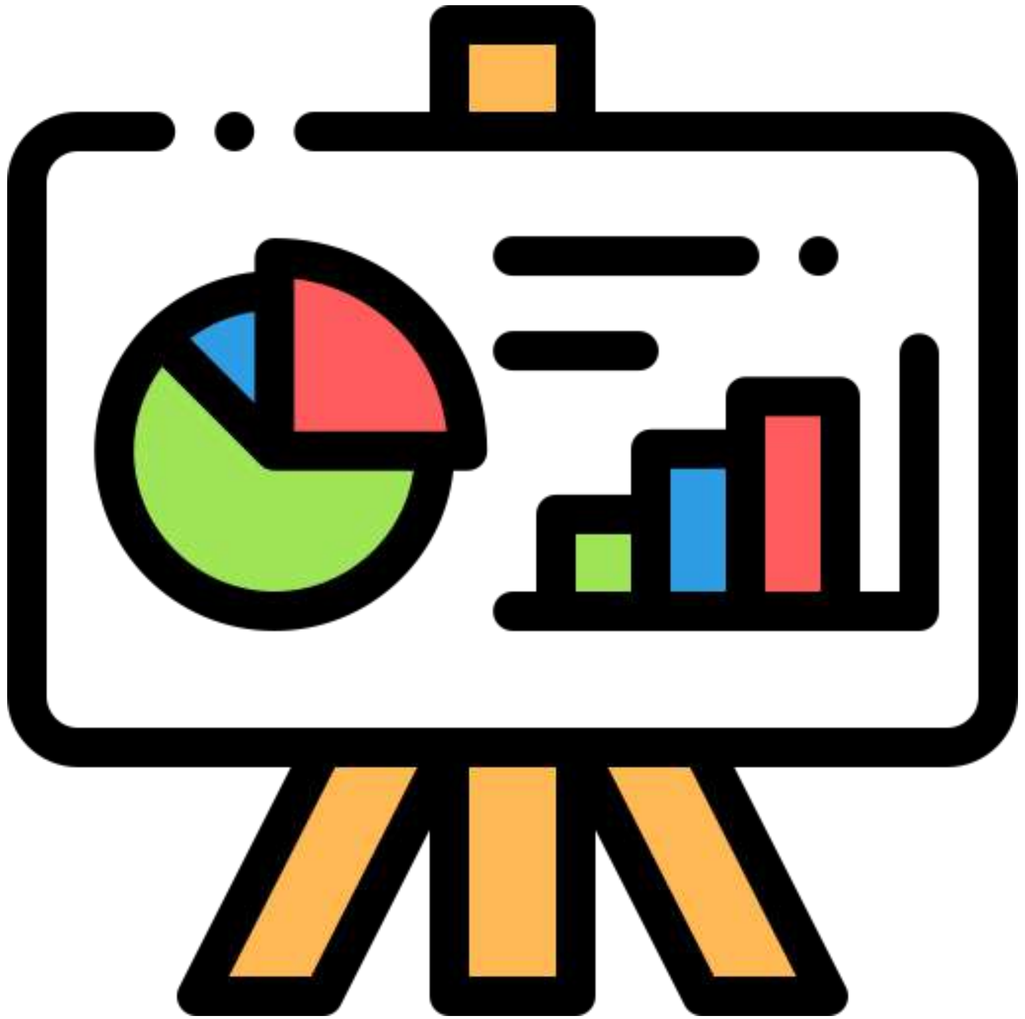
  (b) under psychotropic medication;

  (c) neurodevelopmental disorders

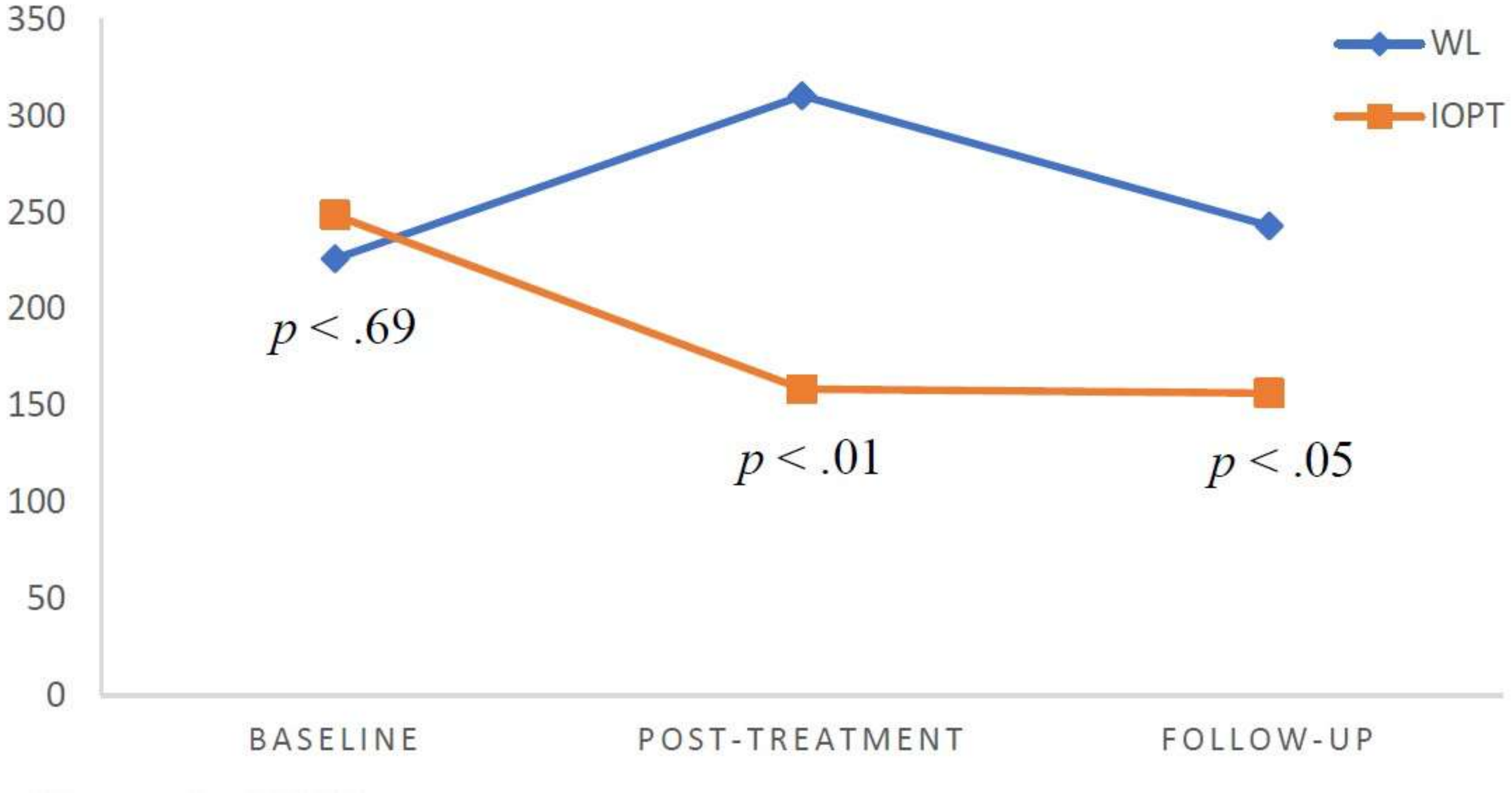
Outcome measures (baseline, post-treatment and follow-up 3 months)

- Anti-thyroid peroxidase levels (anti-TPO)
- Thyroglobulin antibodies levels (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)

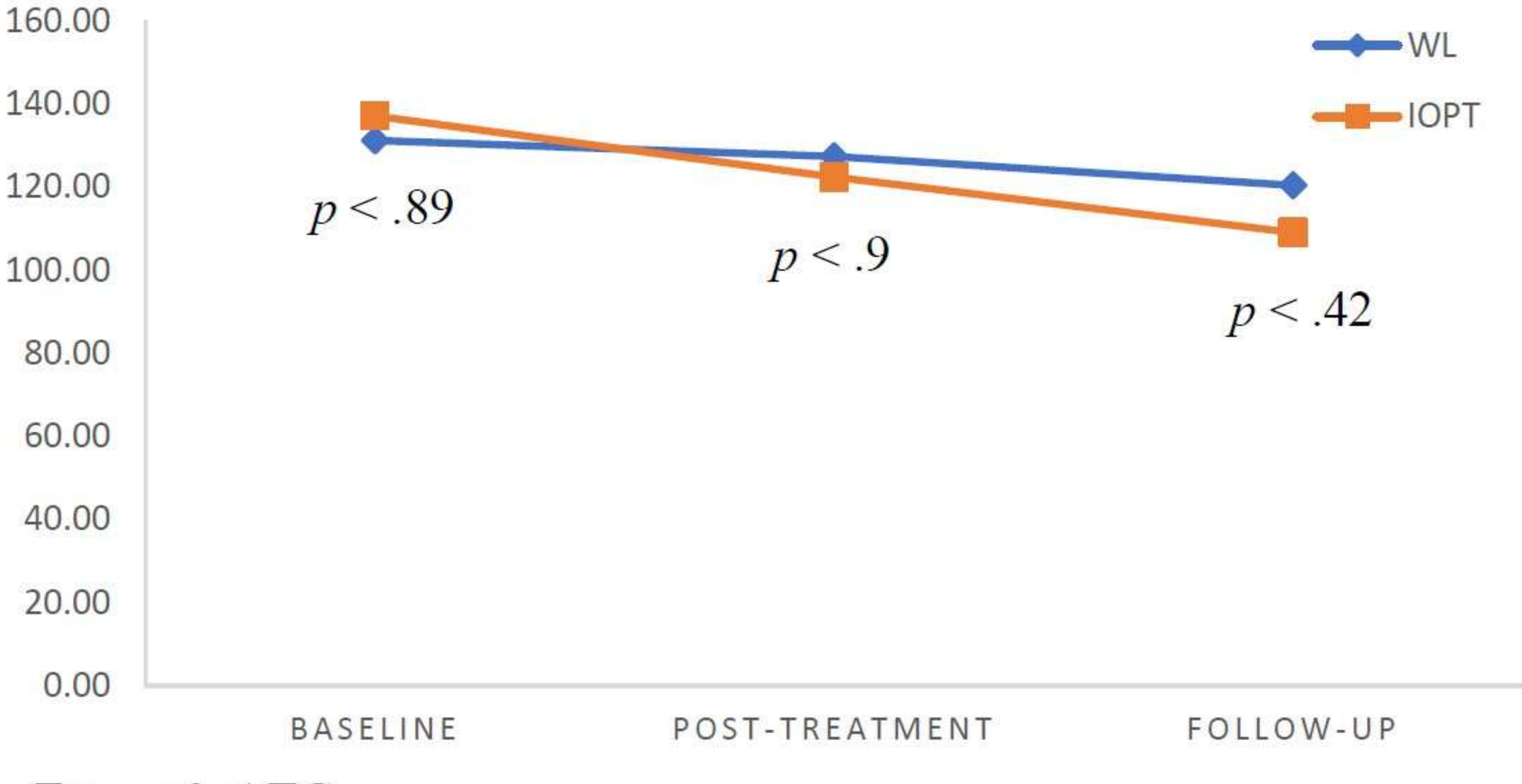
Results



Anti-thyroid peroxidase (anti-TPO)

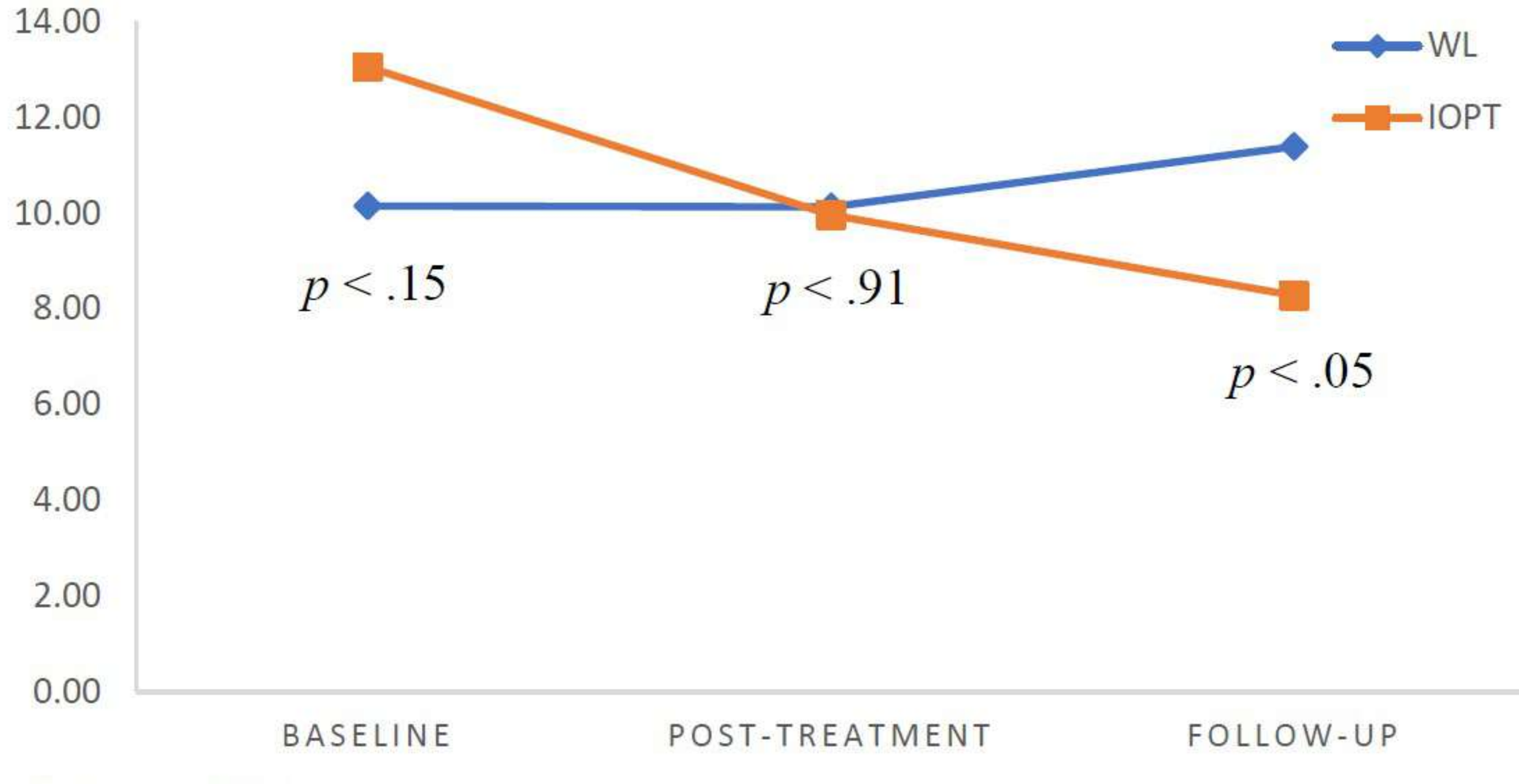


Thyroglobulin antibodies (TgAb)



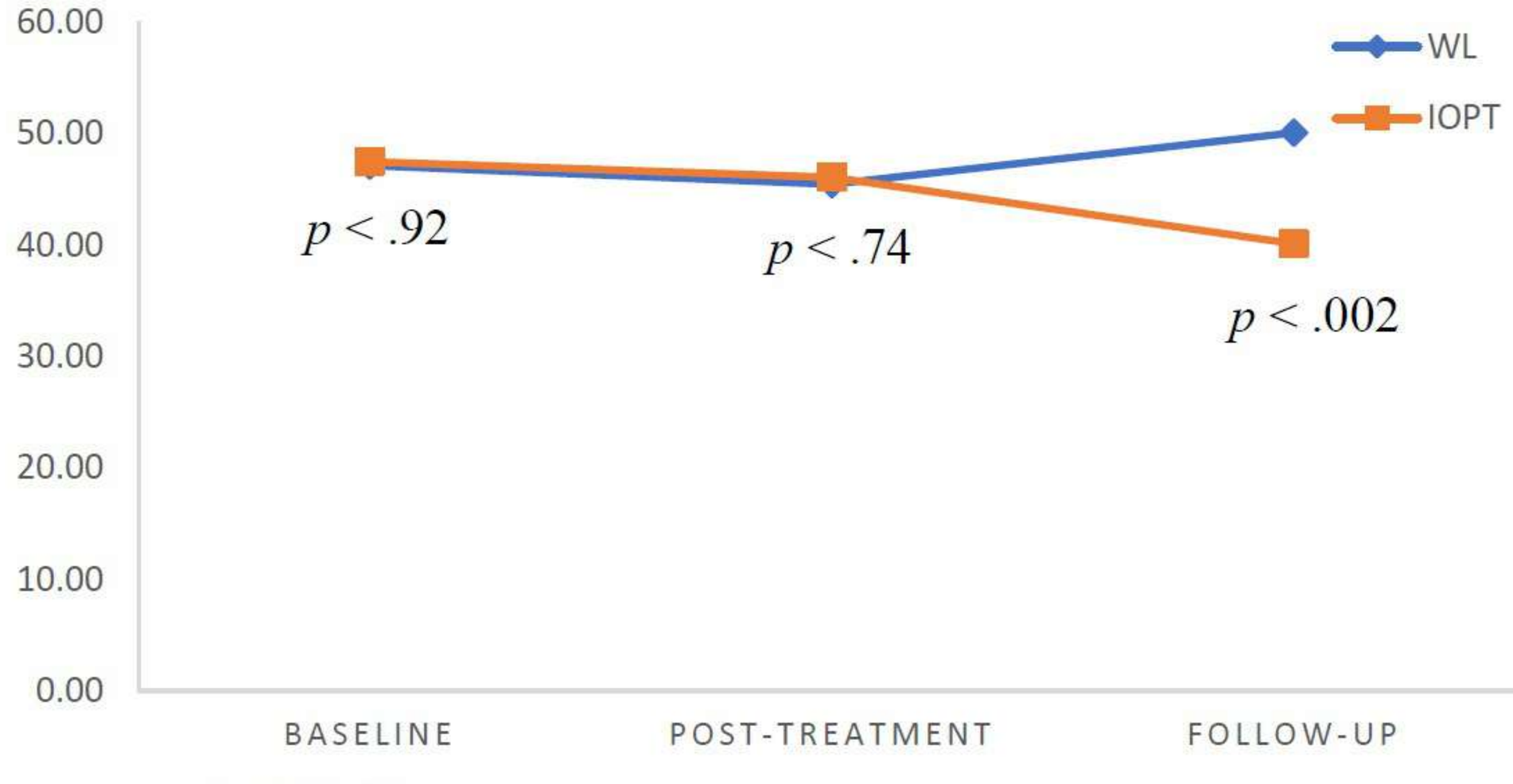
Dissociation

Dissociative Experience Scale (DES)

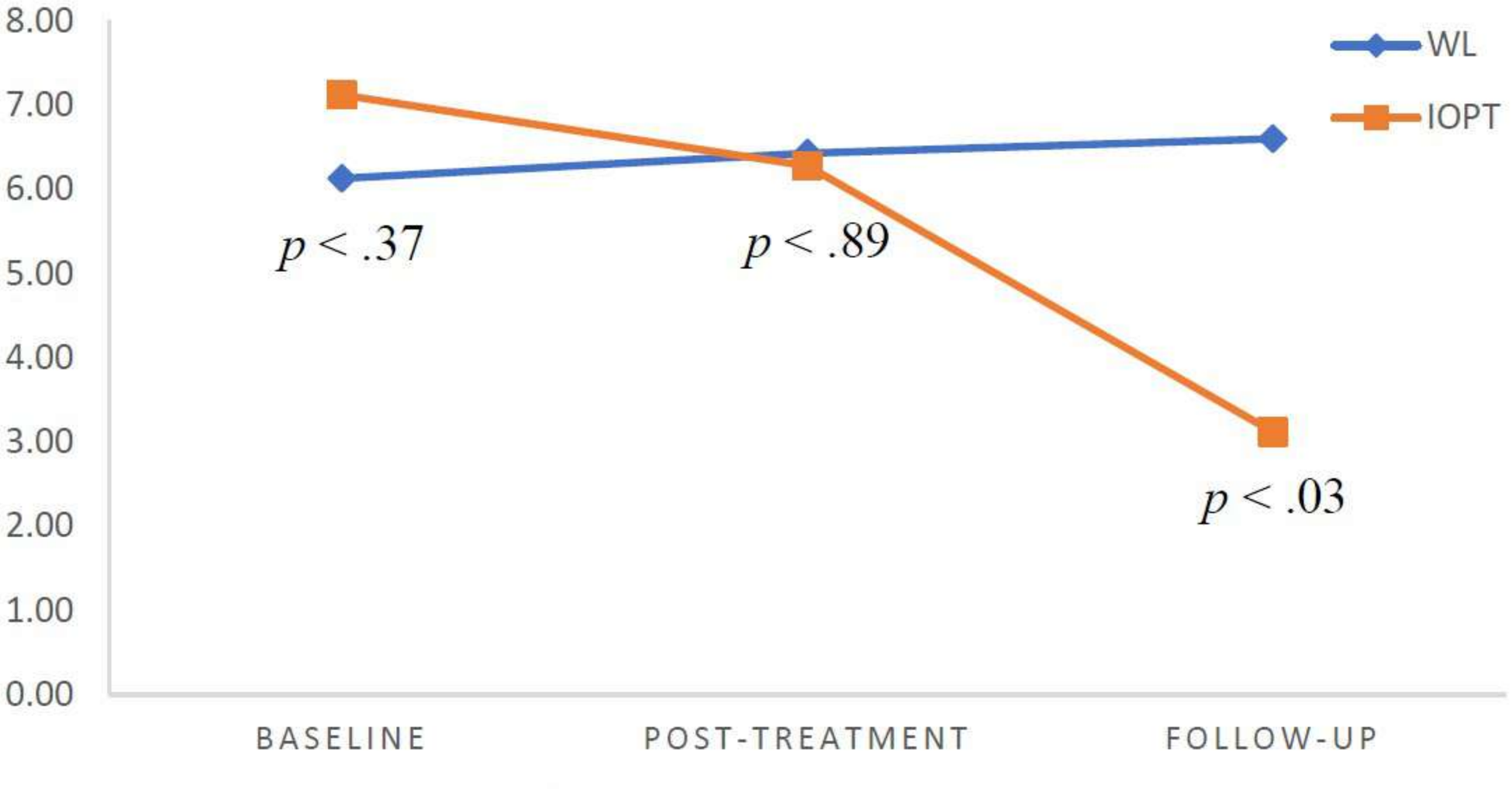


Alexithymia

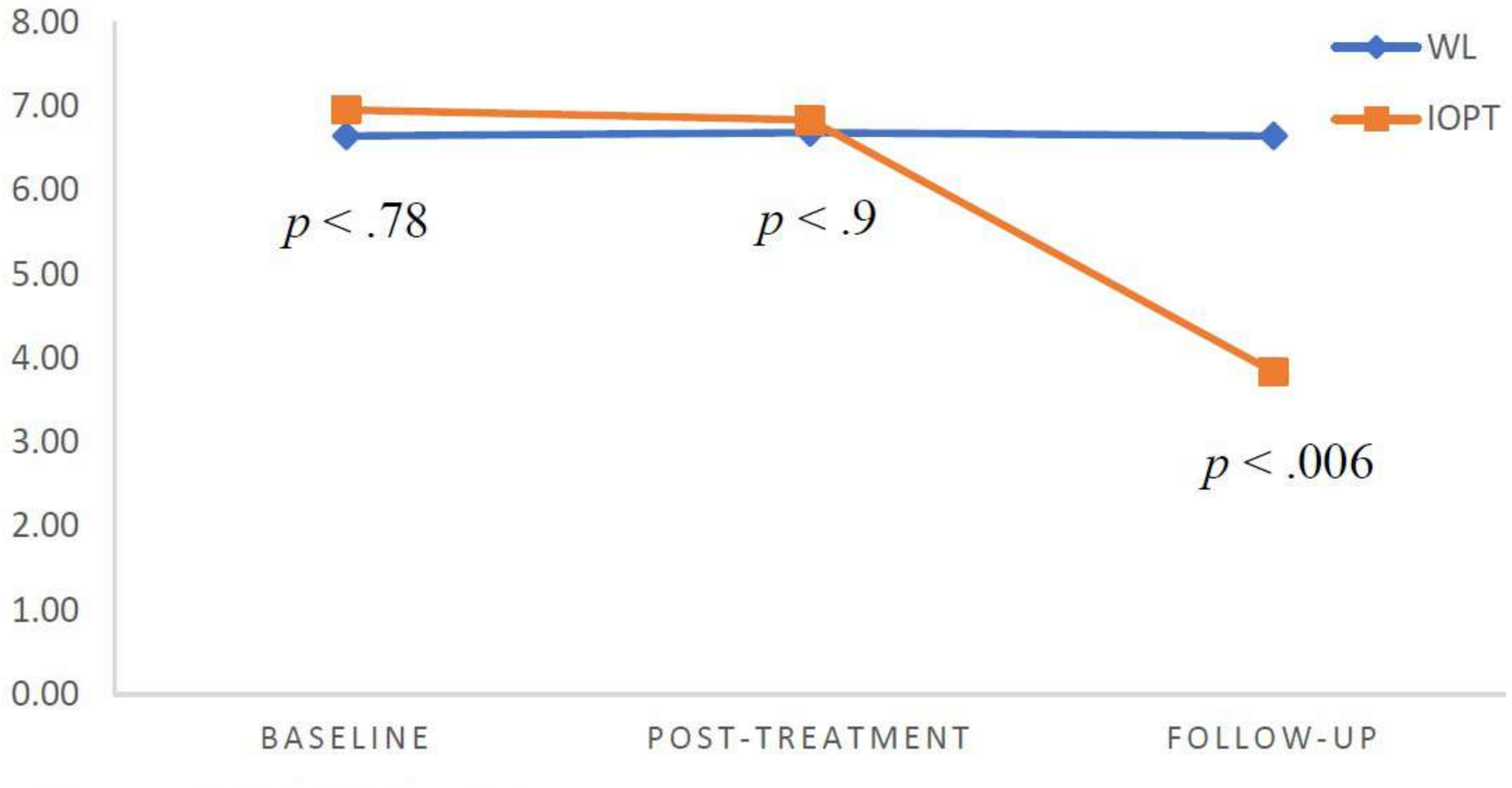
Toronto Alexithymia Scale (TAS-20)



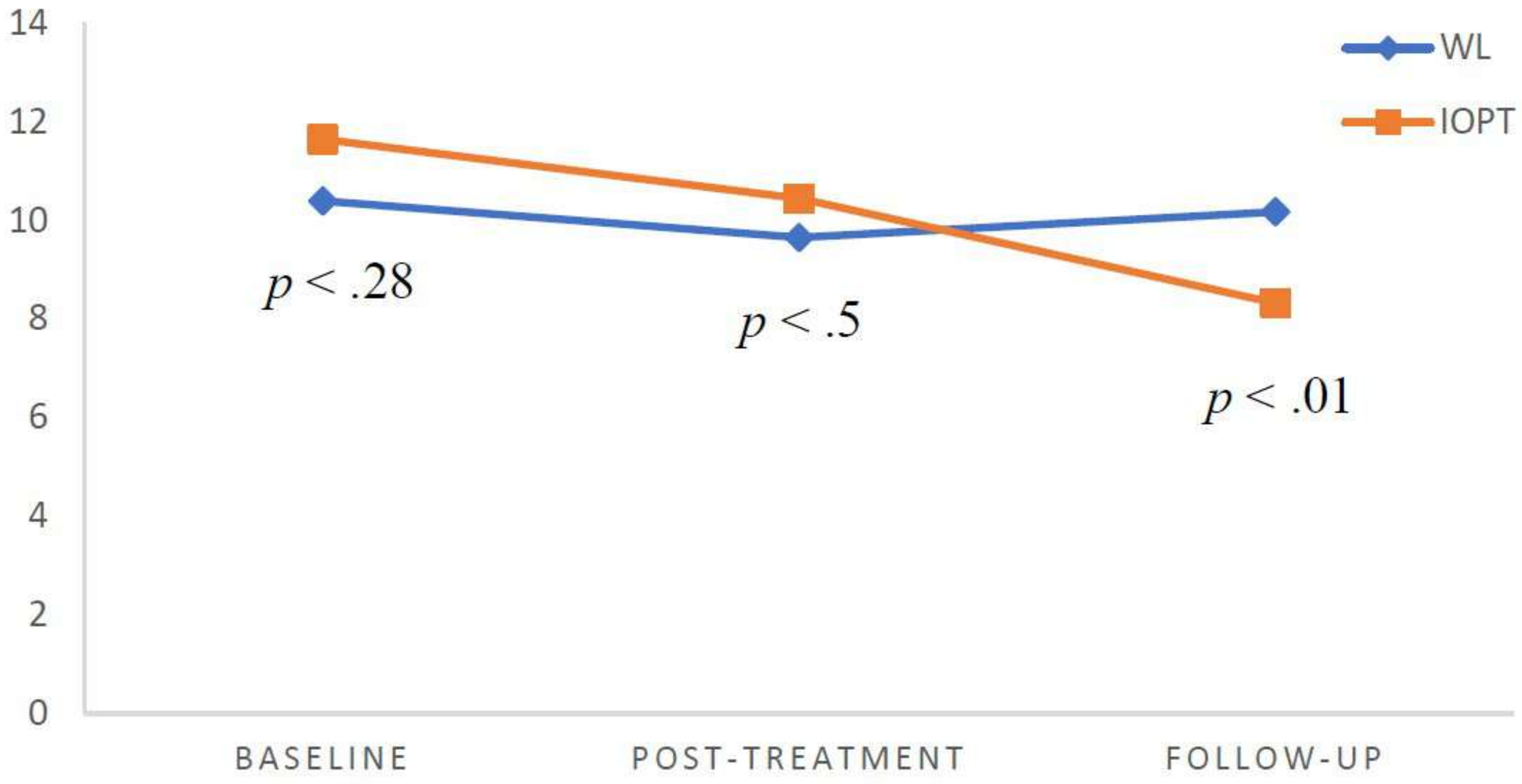
Depression
(DASS-21)



Anxiety
(DASS-21)

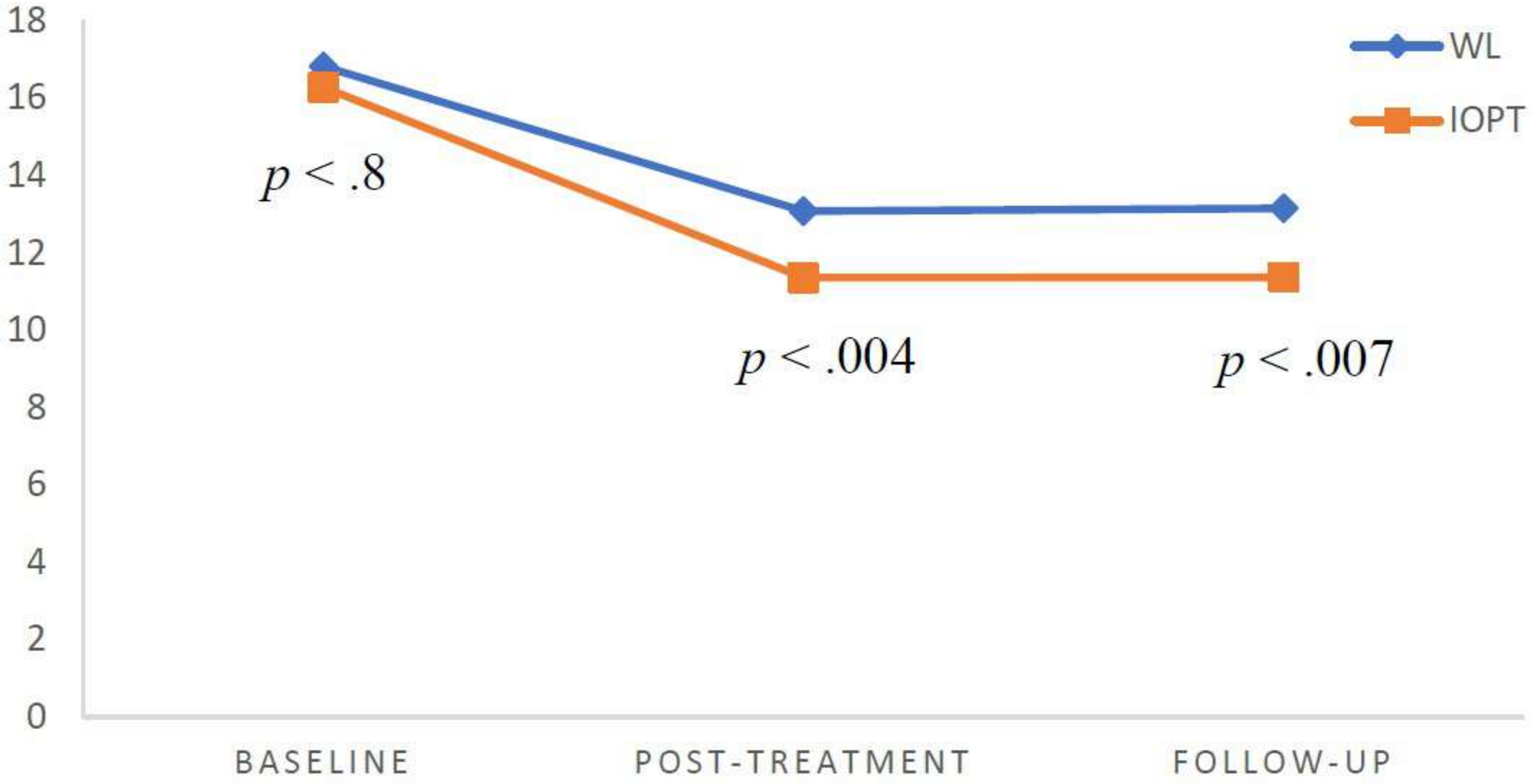


Stress
(DASS-21)



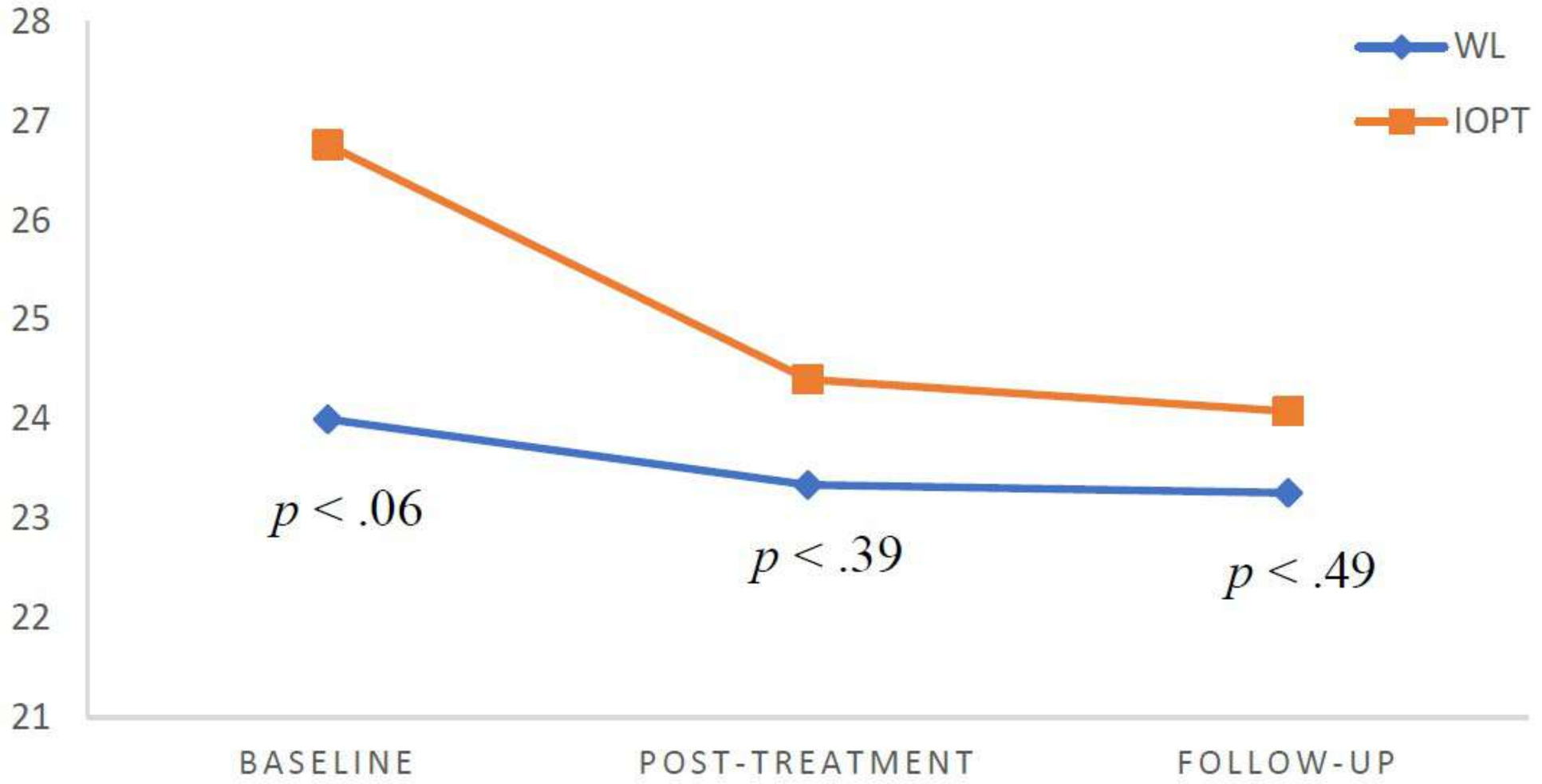
State Anger

State-Trait Anger Expression Inventory (STAXI)



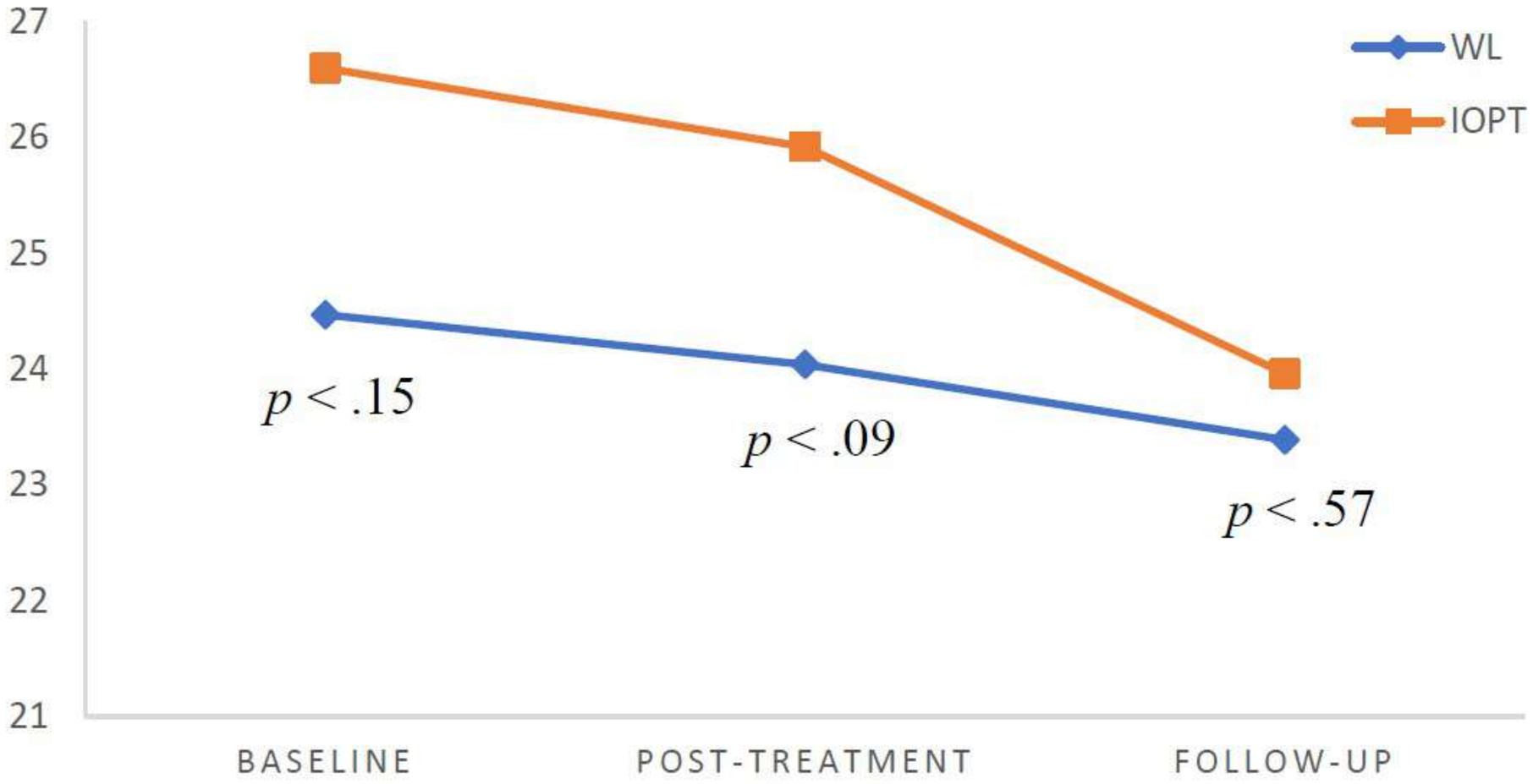
Trait Anger

State-Trait Anger Expression Inventory (STAXI)



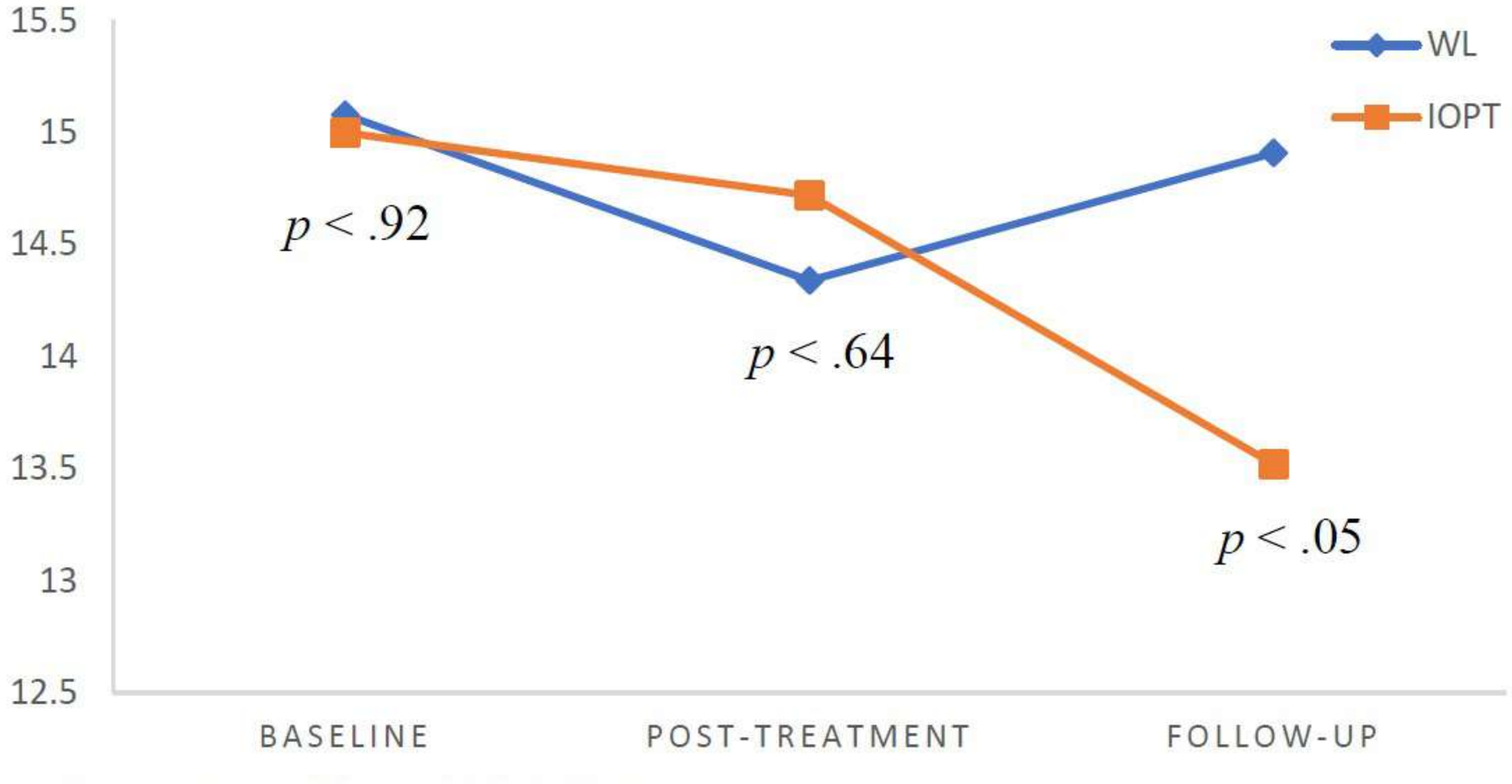
Anger Out

State-Trait Anger Expression Inventory (STAXI)



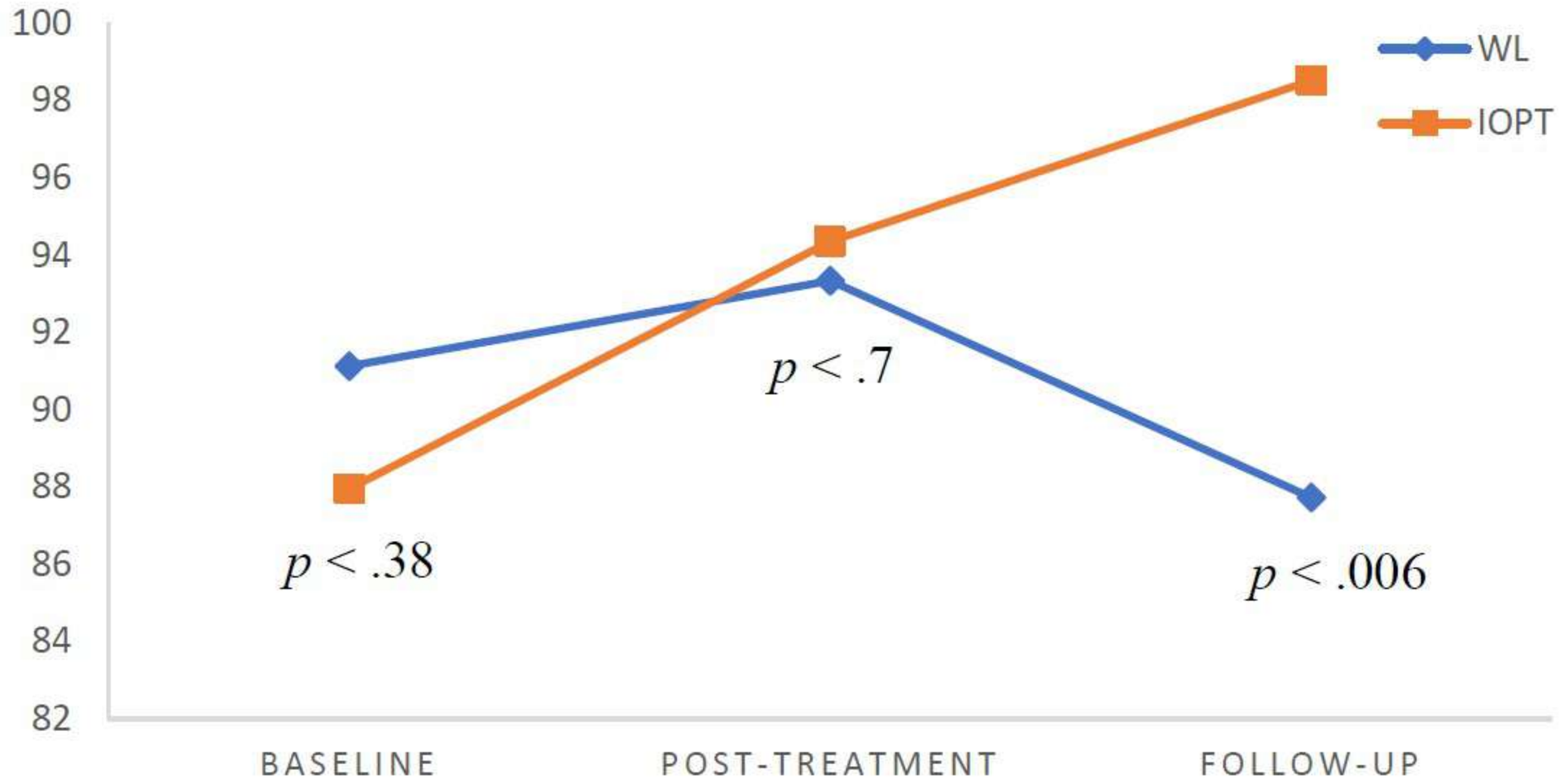
Anger In

State-Trait Anger Expression Inventory (STAXI)



Quality of Life

The World Health Organization Quality of Life (QOLBREF)



Discussions



- IOPT significantly decrease anti-thyroid peroxidase levels
- IOPT also significantly decrease depression, anxiety, stress and dissociation
- There is an important effect on suppressing anger at follow-up
- IOPT may improve quality of life in Hashimoto patients
- Psychological response pattern
- The body responds 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

Acknowlegments



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