

UNIVERSITY MEDICAL CENTER GRONINGEN
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GETTING A GRIP ON YOUR MOOD

Implementing personalized feedback in the treatment of bipolar disorder

Fionneke Bos, M.Sc.

Prof. Marieke Wichers, PhD

Bennard Doornbos, PhD

Prof. Richard Bruggeman, PhD

Lian van der Krieke, PhD

Evelien Snippe, PhD



HOW TO GET

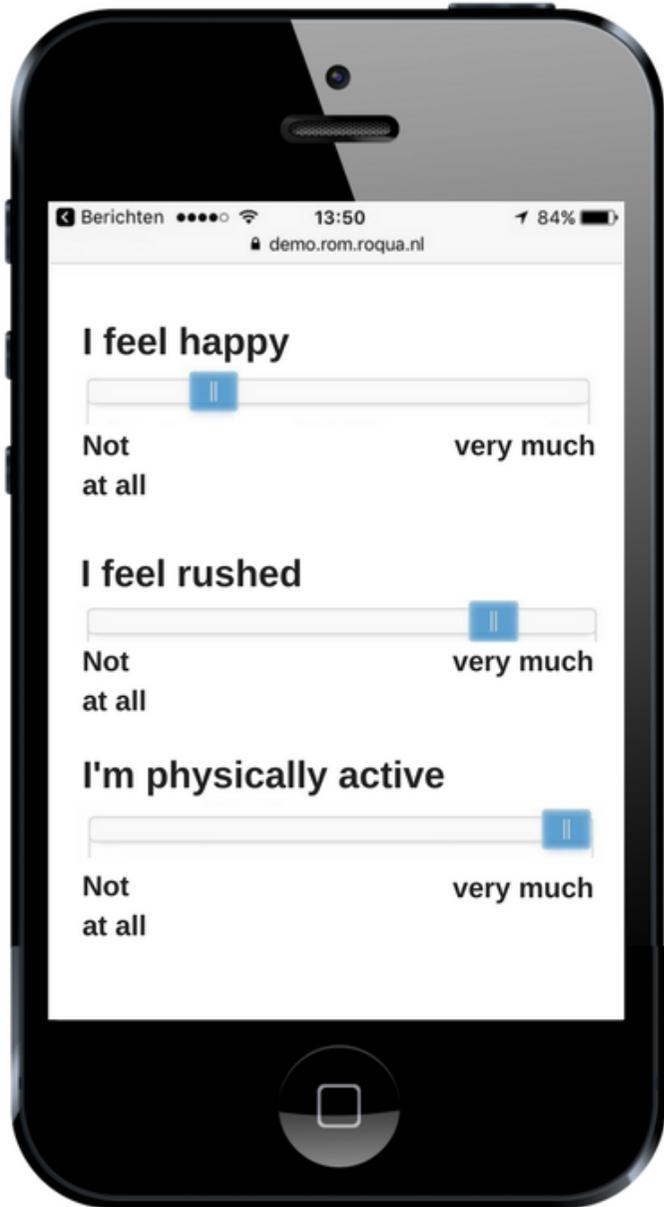
A GRIP ON YOUR MOOD?

IN RAPID CYCLING BIPOLAR DISORDER



RESEARCH QUESTIONS

How does ESM and ESM-derived personalized feedback affect the treatments and lives of patients with bipolar disorder?



EXPERIENCE SAMPLING

27 questions on mood, symptoms, and activities

5 times a day

4 months

1 time per week monitoring for depressive/manic episodes

TIMELINE PER PATIENT



INTAKE

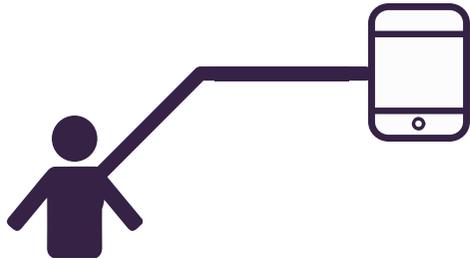


TIMELINE PER PATIENT

ESM + weekly mood questionnaires

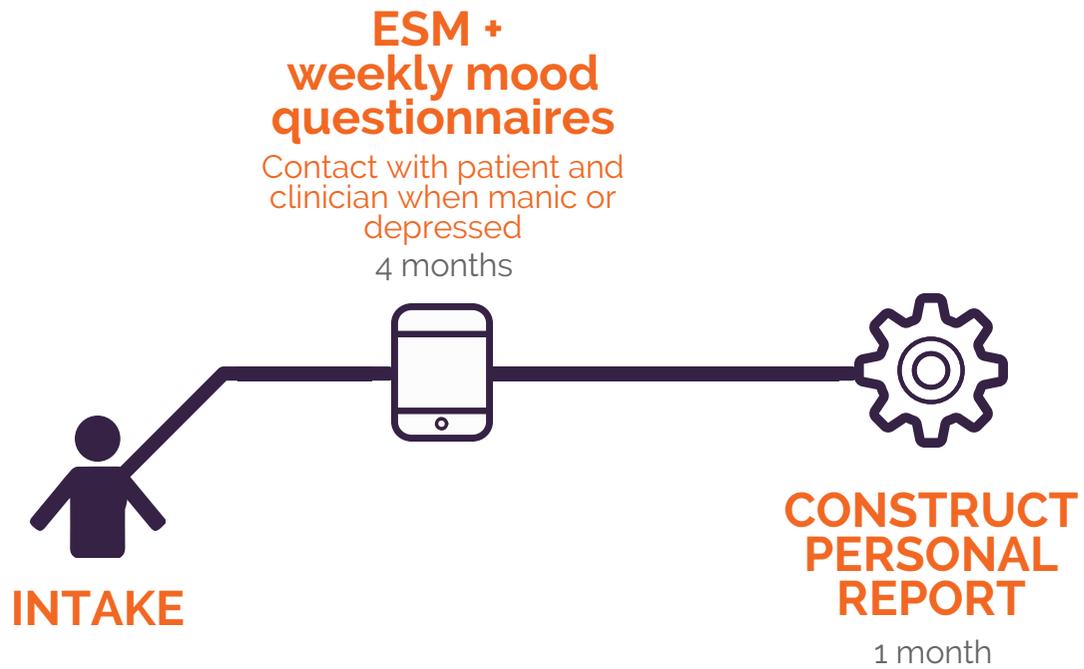
Contact with patient and
clinician when manic or
depressed

4 months



INTAKE

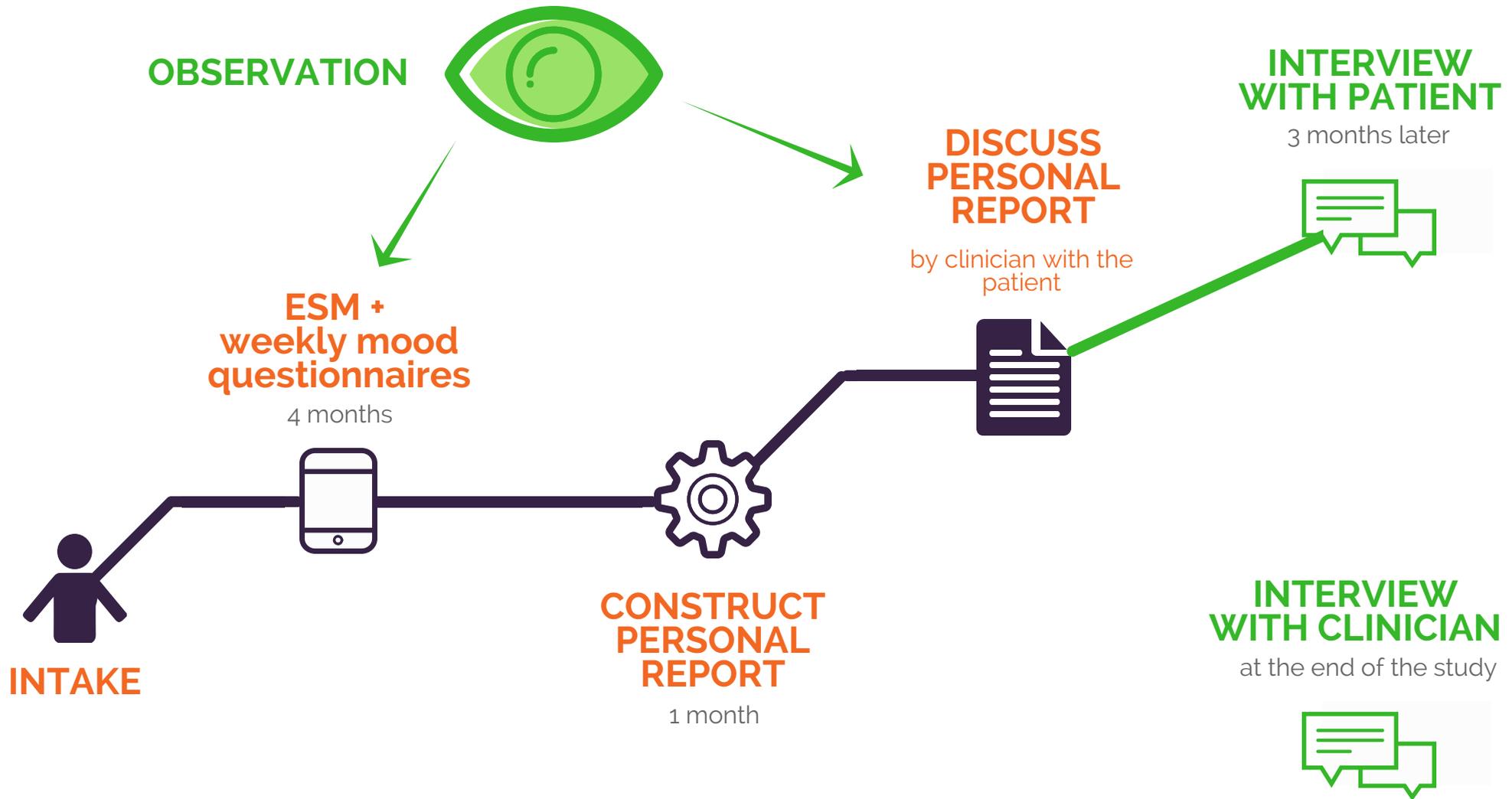
TIMELINE PER PATIENT



TIMELINE PER PATIENT



TIMELINE PER PATIENT



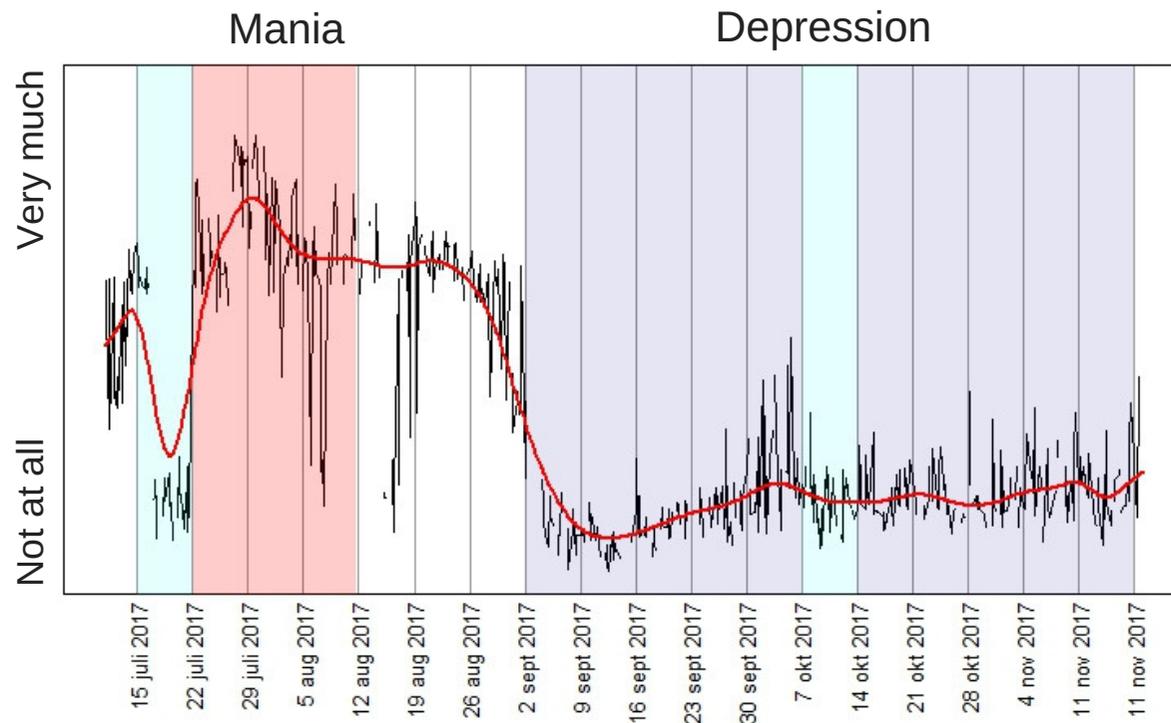
EXAMPLE FEEDBACK

Activities and affect

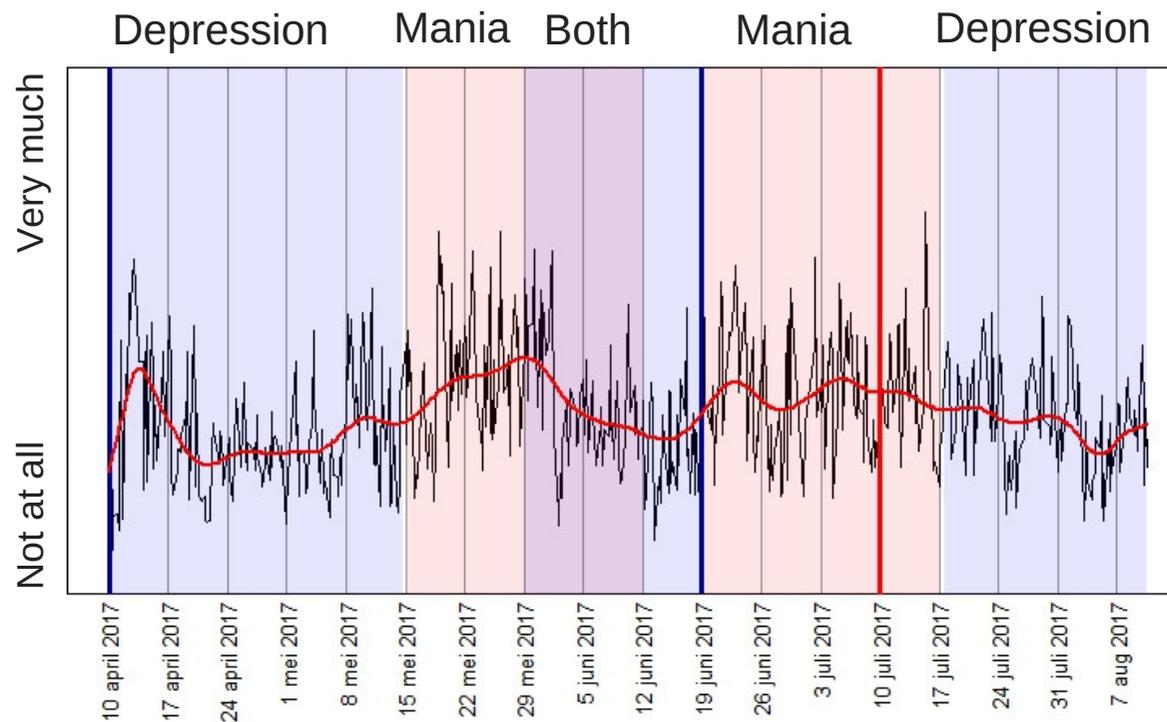
Happiest when on the way or
engaging in self-care



"I feel happy"
varies between episodes



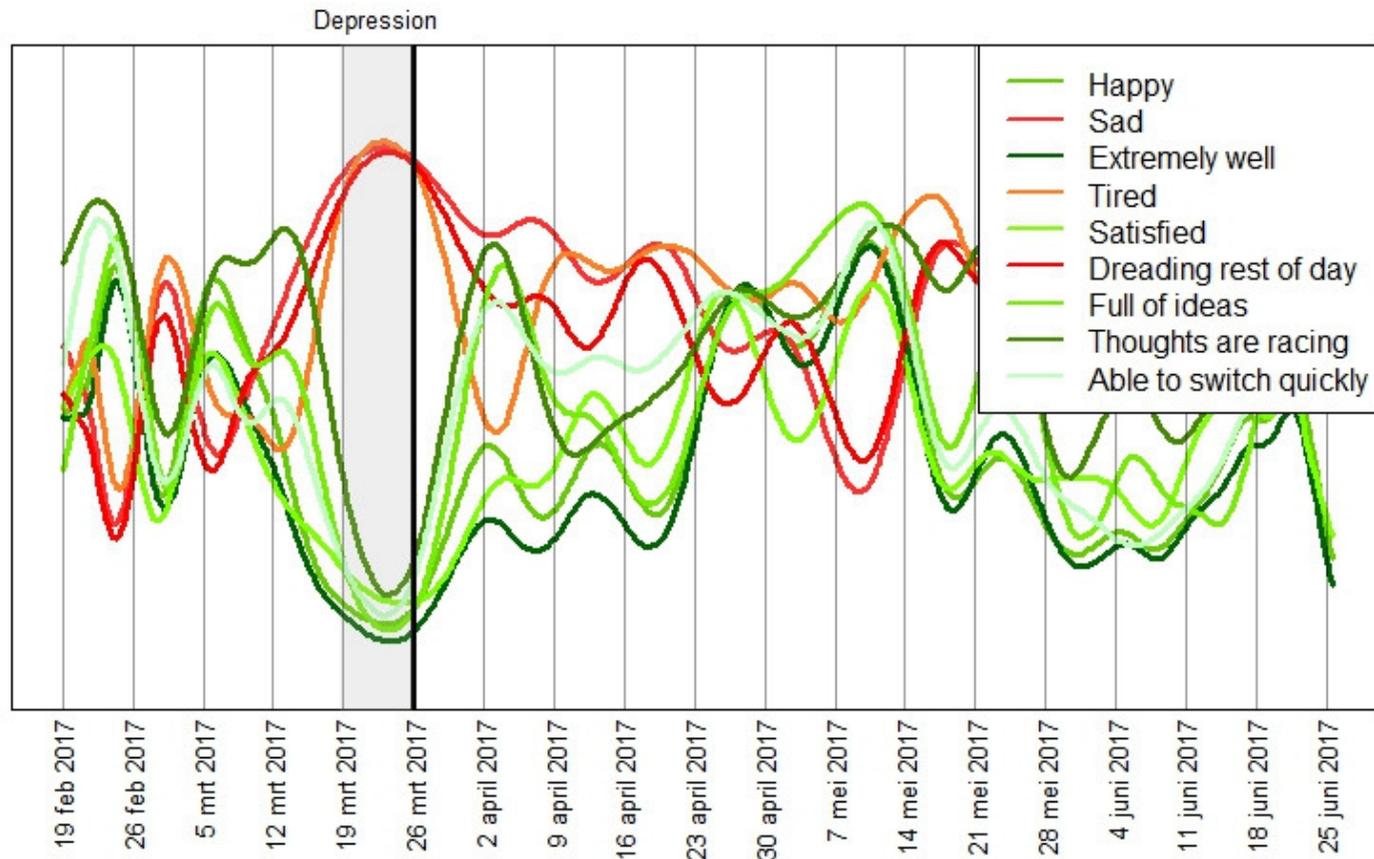
"I feel happy"
varies between episodes



EXAMPLE FEEDBACK

Indicators of episodes

You may recognize a depressive episodes from these indicators



MANIA

Altman Self-Rating Mania Scale

Episode: 16 patients (of 20)

Mean number of episodes per patient: **2.2 (range 1-6)**

Mean duration of episodes:
1.7 weeks (range 1-5)

DEPRESSION

Quick Inventory of Depressive Symptoms (QIDS)

Episode: 14 patients (of 20)

Mean number of episodes per patient: **2.7 (range 1-5)**

Mean duration of episodes:
2.8 weeks (range 2-18)

INTERVIEW TOPICS

- Did participation lead to new insights?
- Did participation influence behavior/thoughts/moods of the patient?
- Did participation influence treatment?
- What was the added value of ESM for the patient?
- Are there any negative effects or limitations?



INSIGHTS

- Effects of behavior on mood
- Perspective on problems
- There's more to mood than just episodes
- More easily notice an episode



INSIGHTS

42-y old female

”[ESM] taught me that there’s a lot more to mood than just these large episodes. For my mood it’s actually better that I’m more down-to-earth, that I don’t examine myself from a psychiatric standpoint. Rather, from a much broader range of emotions and mood aspects, instead of fixating myself on mania or depression.

What I noticed is that I’m now much more relaxed and not constantly on guard for episodes.”

- Take rest earlier
- Go outside when depressed

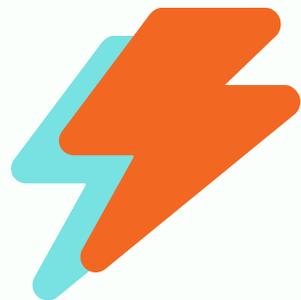
- Start new treatment or medication
- Adhere to life style rules



CHANGE

”Sure, I already knew about sleep that it impacts your mood. [...] But that’s the thing, I can know that sleep has an influence, and how much you move, and what you do, but that doesn’t mean you will live up to that. And I saw [through ESM] that when I slept less, I was more susceptible for mood swings during the next day. [...] Now I could see really clearly the impact of when I didn’t sleep well. [...] So I learned from last summer that I can’t sleep badly one night and then do exactly the same the next day. Because then I go down. So now I don’t do that anymore, and I’ll just cancel things if it seems to start happening, that things overload.”

23-y old female



CHANGE

IMPORTANT CONSIDERATIONS

Substantial negative reactivity

High burden (irritating, distracting, frustrating)

Monitoring may be more insightful than feedback

Most suitable for recently diagnosed patients

How to uphold motivation in practice?

IMPORTANT CONSIDERATIONS

"If you're sad, and you keep having to enter that you're indeed feeling sad, then that's quite annoying. You'll have to say that 5 times a day. On top of that you've also got the people around you asking you how you're doing or telling you that you're not okay. So then you really get stuck in that sadness, it keeps coming at you. Then I think, you know, there's more to me than just my depression. [...] But because you're constantly confronted with it, you're constantly reminded that you're not okay. And it was really hard to see that in a different light. Because normally I do that, I try to do something differently and look for distractions. But if I did try to distract myself, then there already was a new questionnaire. And I thought, shoot, I'm indeed doing pretty badly. And that really annoyed me."

34-y old female

IMPORTANT CONSIDERATIONS

Substantial negative reactivity

High burden (irritating, distracting, frustrating)

Monitoring may be more insightful than feedback

Most suitable for recently diagnosed patients

How to uphold motivation in practice?

IMPORTANT CONSIDERATIONS

"I think the monitoring was more helpful for me than the report. I even missed the monitoring when the study ended. I immediately noticed that [through ESM] I was constantly busy with 'how can I maintain this mood, when do I have a worse kind of mood and functioning, and how can I avoid that?' [...] The report was mostly just a confirmation of the things I had learned during the monitoring. But I can also imagine that for other people, with a different course of treatment, that report can be really informative."

23-y old male

IMPORTANT CONSIDERATIONS

Substantial negative reactivity

High burden (irritating, distracting, frustrating)

Monitoring may be more insightful than feedback

Most suitable for recently diagnosed patients

How to uphold motivation in practice?

RECOMMENDATIONS

FOR CLINICAL PRACTICE



TAILOR

ESM to the needs
of individual
patients



BE AWARE

Of its potential as
well as its negative
effects



TIME

The ESM + feedback
to maximize its
benefits



INTEGRATE

In treatment



Fionneke Bos

f.m.bos01@umcg.nl

www.fionnekebos.com

 @fionnekemarijke

UNIVERSITY MEDICAL CENTER GRONINGEN | UNIVERSITY OF GRONINGEN | ROB GIEL RESEARCH CENTER | GGZ DRENTH
GRONINGEN, THE NETHERLANDS



**PROF. DR.
MARIEKE WICHERS**



**DR.
EVELIEN SNIPPE**



**DR.
LIAN VAN DER KRIEKE**



**PROF. DR.
RICHARD BRUGGEMAN**



**DR.
BENNARD DOORNBOS**