



Ambulatory-Assessment.org

Society for Ambulatory Assessment

Newsletter Ambulatory Assessment

Number 1
May 2008

Welcome to the first issue of the SAA Newsletter. We hope this will become a useful means for keeping members informed about activities and issues relevant to ambulatory assessment research and applications. We also hope it can become a vehicle for generating ideas by students, scholars and professionals in our international network about leading-edge issues and thus providing opportunities for sharing insights, perspectives and research ideas. We will have regular columns and reporting from members of the executive committee, but other members should feel encouraged to make suggestions and offer brief contributions. Please send any newsletter material and any feedback on how to improve the newsletter to Uli Ebner-Priemer at ulrich.ebner-priemer@ambulatory-assessment.org. The newsletter will be distributed by email to SAA members quarterly, but also posted on the SAA website at <http://www.ambulatory-assessment.org>

On behalf of the Society for Ambulatory Assessment

Ulrich Ebner-Priemer
General Secretary of the SAA

In this issue you will find:

1. The SAA President column by **Frank Wilhelm**
2. Information on our upcoming conference by **Thomas Kubiak**
3. A flyer on a training program in Ambulatory Assessment (in German language)
4. Last Announcement of the International Conference on Ambulatory Monitoring of Physical Activity and Movement by **Hans Bussmann**
5. The bylaws of the SAA
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1. President's column

This newsletter marks the beginning of the Society for Ambulatory Assessment (SAA) and it is exciting to be part of it! Ambulatory assessment has been a cornerstone of my academic career since beginning my doctoral dissertation. In those early days I often spent weeks, if not months, trying to get a physiological monitoring system to work. Since then, the technology has notably improved, and opportunities now abound to set up decisive studies relatively easily that can address fundamental questions in many fields of research. But we are only at the beginning of exploiting this paradigm. Our society is positioned to be a focal point for ambulatory research and applications worldwide, and it can provide a unique perspective for better understanding physiological, behavioural and situational factors in health and disease. I am convinced that it will flourish in the years to come.

Although SAA is only a few weeks old there are already some historical facts of interest to report. SAA has grown out of the European Network for Ambulatory Assessment. This network, which has existed for several years, developed from a series of informal meetings, which Jochen Fahrenberg and Michael Myrtek, both, now *professors emeritus* at the University of Freiburg (Germany), inspired over the past 20 years. These meetings have resulted in two edited volumes on ambulatory assessment that have defined the field: 1) *Ambulatory Assessment* (1996, 24 chapters, 423 pp.), and 2) *Progress in Ambulatory Assessment* (2001, 35 chapters, 627 pp.). These books are an excellent source of information on state-of-the-art ambulatory assessment methods and applications and - needless to say - highly recommended reading for SAA members. What is remarkable about the books is that they cover an amazing breadth of methods that have been used and topics that have been addressed by research groups around the world, providing indications in which direction ambulatory assessment may develop in the future. There are chapters on such diverse topics as electronic momentary assessment (Arthur Stone, Saul Shiffman), accelerometry (Friedrich Foerster), blood pressure monitoring in stress (Andrew Steptoe), electrodermal monitoring (Wolfram Boucsein), multi-channel assessment of anxiety (Frank Wilhelm, Walton T. Roth), pilot in-flight monitoring (Glenn Wilson), and long-term monitoring of menopausal hot flashes (Robert Freedman), hypoglycemia (Thomas Kubiak, Norbert Hermanns) or work stress (Eco de Geus et al.).

Chapters in these two ambulatory assessment books primarily describe electronic diary assessment of affect or symptoms in daily life, physiological processes in mental or physical disorders, and their interactions. The Definition & Scope Statement of SAA (for details, see this newsletter) explicitly goes beyond these topics to embrace a far wider field of applications: The executive committee has made a strategic decision to invite researchers, developers, and practitioners representing the entire spectrum of ambulatory assessment – from basic science to clinical and applied settings, from animal to human research, from engineering of new innovative devices and sensors to their utilization, from unconstrained lab studies to field investigations, from biology and medicine to psychology and sociology. This broad scope reflects the diversity and dynamics of a growing field and the importance of integration of knowledge and its dissemination across scientific boundaries.

Let me give you a few examples:

- Vivometrics, the manufacturer of the LifeShirt system that is being used in many human studies has developed a shirt with embedded sensors for primates and other mammals, which is currently spurring new research among biologists.
- Novel methods and basic findings regarding patterns of emotion in daily life have stimulated medical research into the effects of stress on health.
- Novel ambulatory technologies such as electronic diaries are increasingly used by cognitive-behavior therapists to gain insights into the situational dependency of symptom patterns of their patients.
- Statistical methods dealing with autocorrelated measurement over time and missing data have been adapted to better analyze and understand the complex data produced in naturalistic studies.

Several topics are already on the Society's agenda for the coming years:

- 1) A first "Conference of Ambulatory Assessment", organized by Thomas Kubiak (for details, see his column in the newsletter);
 - 2) Expansion of membership among students and scholars, particularly in North America, currently underrepresented in the society;
 - 3) In support of the last point, our second conference is being planned for the United States to be hosted by Matthias Mehl at the University of Arizona;
 - 4) Creation of a member area on our website that will contain course material to support teaching of ambulatory assessment concepts and methods at universities;
 - 5) Initiation of a scientific journal called "Journal of Ambulatory Assessment".
- More details on these developments will be made available in the upcoming newsletters.

Before coming to an end, I would like to share a little anecdote with you.

The executive committee thought long and hard about possible names and acronyms for the Society, including the question of whether "international" should be in the name. We also seriously considered the acronym SAMBA ... What made SAA the winner was probably the fact that the term SAA was already known in ancient Egypt, where it described the deification of wisdom, and the hieroglyph Saa meant "to know", "to be cognizant." Of course, this does not mean that SAA members are smarter than others, but an ecologically valid assessment perspective may be a wise thing to have in a complex world that can never be implemented within laboratory confines.

I would like to conclude by expressing a wholehearted welcome to all SAA members. I hope that SAA and its quarterly newsletter may provide opportunities and helpful suggestions to gain new insights, interact with other likeminded people and exchange ideas. I would like to encourage everyone who is interested to participate actively in SAA. At this early stage a variety of ideas and contributions can provide significant impetus that can help define in which direction the society will travel. It is your society, and you can help shape it to be what you'd like it to be.

Frank H. Wilhelm

2: Information on our upcoming conference

First Announcement

1st Conference of the Society of Ambulatory Assessment

June 24-26, 2009, Greifswald / Germany

We are pleased to announce the first SAA conference, which will take place on June 24-26, 2009, in Greifswald, Germany, hosted by Dr. Thomas Kubiak and Prof. Hannelore Weber.

The scientific program will include a range of state-of-the-art keynote lectures covering current topics in ambulatory monitoring research, as well the presentation of completed and work-in-progress papers. One major aim of this meeting will be to foster scientific exchange within the field by establishing a platform for roundtable and work-in-progress discussions.

The first call for abstracts will be announced in September 2008.

Details will be posted soon on www.ambulatory-assessment.org and the conference website, www.saa2009.org.

3. Training in Ambulatory Assessment (only in German language)

Elektronische Tagebücher in Medizin und Psychologie –

Eine Fortbildung zur Erfassung subjektiver Selbstberichte nach den neuen FDA Guidelines

Quo vadis PROs? Patientenberichte und Patient Reported Outcomes (PROs) sind ein zentrales Outcome-Kriterium in der medizinischen und psychologischen Evaluationsforschung und oft eine entscheidende Zielvariable in klinischen Studien. PROs werden jedoch zunehmend kritisiert. So bestimmt die aktuelle Symptomatik fälschlicherweise die Beurteilung vergangener Symptomatik: Geht es dem Patienten schlecht, so fällt die Erinnerung an Symptome leicht, wohingegen in symptomfreien Episoden die Erinnerung an Symptomatik erschwert ist.

Diese systematischen Verzerrungen sind derart gravierend, dass die FDA (Food and Drug Administration, USA) vor der Verwendung retrospektiver PROs, wie z.B. Symptomfragebogen, warnt. *Instruments that require patients to rely on memory, especially if they must recall over a period of time, or to average their response over a period of time may threaten the accuracy of the data. It is usually better to construct items that ask patients to describe their current state* (FDA, 2006, p. 11). Elektronische Tagebücher sind die vorgeschlagene Alternative, da sie wiederholt Symptomatik in „Echtzeit“ erfassen, so genanntes „real time data capture“ (RTDC).

Was bedeutet dies für die Forschung in Deutschland? Die Umstellung auf RTDC-Verfahren wird sich nicht auf amerikanische Zulassungsstudien beschränken. Mittelfristig werden elektronische Tagebücher auch in Deutschland die klinische Forschung und Evaluation dominieren. Eine Umstellung ist jedoch nicht trivial. Der Anwender steht dabei vor dem Problem der Planung eines adäquaten RTDC-Designs, das geeignet ist, Behandlungseffekte abzubilden, und – nicht zuletzt – vor der Wahl aus einer Fülle von Softwarepaketen und Hardwarelösungen, die einen Einsatz von RTDC auch außerhalb von AMG-Studien ermöglichen. Um Behandlungseffekte mittels Tagebuchdaten nachzuweisen sind zudem spezielle Strategien der Datenanalyse (Multilevelanalysen, Zeitreihenanalysen) notwendig.

Inhalte und Ziele des Workshops

Den TeilnehmerInnen werden im Rahmen des Seminars folgende Inhalte vermittelt:

1. Überblick über Anwendungsfelder des RTDC in der Klinischen Forschung
2. RTDC-Designs und Planung einer RTDC-Studie
3. Überblick über Software- und Hardwarelösungen zur Umsetzung von RTDC
4. Einführung: Zeitreihenanalytische Auswertungsverfahren
5. Strategien der Multilevelanalyse bei der Auswertung von RTDC-Daten

Praktische Demonstrationen und Übungen ergänzen die theoretischen Inhalte.

Zielgruppe

- Mediziner und PsychologInnen in der Klinischen Forschung
- Studienmonitore
- Biometriker

Anerkennung

Eine Zertifizierung der Fortbildungsveranstaltung durch die Landesärztekammer und die Landespsychotherapeutenkammer Baden-Württemberg ist beantragt.

Workshopleitung

- Dr. Ulrich Ebner-Priemer, Zentralinstitut für Seelische Gesundheit Mannheim
- Dr. Thomas Kubiak, Dipl.Psych., Universität Greifswald
- Dr. Peter Wilhelm, Dipl. Psych., Universität Fribourg / CH

Teilnahme

Die Fortbildung findet vom 20.-21. Juni 2008 am Zentralinstitut für Seelische Gesundheit Mannheim statt. Die Fortbildungssprache ist deutsch, die Teilnehmerzahl ist auf 20 Personen begrenzt. Die Tagungsgebühr beträgt 200 EUR pro TeilnehmerIn (inkl. Workshopunterlagen, Getränke und Snacks). Eine verbindliche Anmeldung bis zum 1.Juni ist erforderlich – siehe beiliegendes Anmeldeformular.

Weitere Informationen unter www.ambulatory-assessment.org/fortbildung

Kontakt

fortbildung@ambulatory-assessment.org

Dr. Ulrich Ebner-Priemer, ZI Mannheim

Tel.: 0621-17034404.

Programmablauf

1. Tag

- 14.00 - 15.30: Einführung: Realtime Data Capture – Anwendungsfelder in der Klinischen Forschung
- 16.00 - 17.30: RTDC Studiendesigns 1: Implikationen
- 18.00 - 20:00: e-diary Softwarelösungen – Überblick und Demonstration

2. Tag

- 9.00 – 10.30: RTDC Studiendesigns 2 – Zeit- und Ereignisstichprobenpläne,
- 11.00 – 12.30: Analysestrategien 1: Zeitreihenanalyse
- 14.00 - 15.30: Analysestrategien 2: Mehrebenenmodelle und Multilevelanalysen
- 16.00 - 17.30: Praktisches Vorgehen bei der Erhebung und Übungen

Elektronische Tagebücher in Medizin und Psychologie

Anmeldeformular FAX: 0621-1703704404

(Anmeldeschluss ist der 1. Juni 08; max. Teilnehmerzahl sind 20 Personen)

Dr. Ulrich W. Ebner-Priemer; Zentralinstitut für Seelische Gesundheit; Klinik für Psychosomatik und Psychotherapeutische Medizin; Postfach 12 21 20, 68072 Mannheim, Deutschland; e-mail: fortbildung@ambulatory-assessment.org

Hiermit melde ich mich für den 20./21. Juni verbindlich an:

Name _____
Vorname _____
Firma/Institut _____
Abteilung _____
PLZ, Ort Straße _____
Telefon _____
Fax _____
Email _____

Um die Fortbildung den individuellen Bedürfnissen unserer Teilnehmer anpassen zu können, bitten wir zusätzlich um folgende Informationen:

Berufsgruppe _____
derzeitige Tätigkeit _____

Kenntnisse in folgender Statistiksoftware ist vorhanden:

SPSS _____ R/S+ _____ SAS _____
Stata _____ HLM _____ MLwiN _____

Es gelten die in der Einladung genannten Bedingungen. Zahlung bitte nach Rechnungserhalt.

.....
Ort, Datum

Unterschrift Teilnehmer

3. Last Announcement of the International Conference on Ambulatory Monitoring of Physical Activity and Movement



ICAMPAM – LAST ANNOUNCEMENT

April 2008

For information & registration: see www.icampam.org

Invitation

Soon ICAMPAM will be a challenging, attractive and lively place to meet all interested in ambulatory monitoring of physical activity and movement. We hereby invite you to Rotterdam's ICAMPAM 2008.

Scientific program

Due to the large number of abstracts from around the world the scientific committee was able to put together a high-quality program of invited and selected oral and poster presentations. You will find the main program on the conference website under 'Conference Program' and 'Time Table'.

Sponsors, exhibitors & satellite program

Many companies will exhibit the latest technology and some will organize a workshop at the conference. Besides these workshops, non-commercial satellite meetings will be held.

Social program

During our inviting social program we will introduce you to activities in Rotterdam, the most vibrant city in The Netherlands. On Wednesday the opening reception will be held at the City Hall, Rotterdam. Thursday afternoon you can join a tour on a historic tram, and Friday evening we will take you on a boat trip to the conference dinner at the Zalmhuis. The opening reception and the tram ride are free of charge.

Hotel accommodation

Rotterdam is a popular tourist destination in May, therefore we advise you to book a hotel as soon as possible. You can find information and location of hotels at the website: 'General Information'/'Accommodation'.

**WE LOOK FORWARD TO WELCOMING
YOU IN ROTTERDAM !**



WWW.ICAMPAM.ORG



jvd-organizing@icampam.org

5. The bylaws of the Society for Ambulatory Assessment

§1 Mission Statement

The Society for Ambulatory Assessment (SAA) is devoted to fostering and encouraging research and applications using ambulatory assessment approaches. Ambulatory Assessment comprises the use of field methods to assess the ongoing behavior, physiology, experience and environmental aspects of humans or non-human primates in naturalistic or unconstrained settings. Ambulatory Assessment designates an ecologically relevant assessment perspective that aims at understanding biopsychosocial processes as they naturally unfold in time and in context. Ambulatory Assessment covers a range of methodologies of real-time data capture that originate from different scientific disciplines. These methodologies include but are not limited to experience sampling, repeated-entry diary techniques, and ambulatory monitoring of physiological function, physical activity and/or movement, as well as the acquisition of ambient environmental parameters.

The Society's scope is interdisciplinary. Research and applications from various fields including psychology, (psycho)physiology, medicine, psychiatry, public health, occupational health, movement sciences, sports, biology, statistics, engineering, and computer sciences, are within the Society's scope, as are different ambulatory assessment methods including experience sampling, daily diary approaches, ecological momentary assessment, physiological monitoring, activity monitoring, movement analysis outside the laboratory, assessment of energy expenditure, sleep analysis, and remote monitoring. Methods can be used separately or combined, with or without monitoring of environmental and ambient parameters.

§2 Executive Committee

(1) Members. The Society's executive committee consists of a President, Vice-President, General Secretary, Membership Officer, and four ordinary members. At least three different countries must be represented in the executive committee.

(2) Responsibilities. The Executive Committee meets on a regular basis to discuss current issues in the Society. The General Secretary's responsibilities comprise the management of the Society's website (www.ambulatory-assessment.org) and editing

and distributing the Society's (electronic) newsletter ("Ambulatory Assessment"). In addition to handling membership and application issues, the Membership Officer is responsible for the correspondence of the executive committee with the Society's members, and the organisation of the Society's general assembly during meetings.

(3) *Elections.* The executive committee members serve a four-year term. Elections will be held during the Society's bi-annual conferences. Executive Committee members have to be members of the Society. Election ballots are secret and can be made by postal mail or during the general assembly. The Executive Committee decides if postal mail or elections during the general assembly are used. In case of early withdrawal of a committee member, the remainder of the executive committee nominates a replacement. The nomination of the new committee member shall be communicated to the membership at large and considered accepted unless at least 50% of Society members speak against it. The new committee member shall take over until the next general assembly, when a regular nomination and voting procedure will take place. A special general assembly will be instated whenever at least 50% of the membership at large request it.

§3 Membership

(1) *Membership Prerequisites.* Membership is open to individuals (e.g., students, researchers, developers, clinicians) who actively pursue ambulatory assessment as outlined in the Society's mission statement. Membership is not restricted to particular disciplines. Instead, contributions from a variety of fields are explicitly encouraged.

(2) *Application.* To apply for membership, (a) the curriculum vitae, and (b) a letter of application outlining the applicant's present activities in the area of ambulatory assessment should be addressed to the Membership Officer. Applicants are encouraged to present their research at the next conference. The Executive Committee decides upon the application. If two Society members recommend a rejected applicant, the application must be reconsidered by the Executive Committee. Members can be expelled from the Society only by unanimous assent of the Executive Committee. If at least 25 % of the Society members speak against the expulsion, membership will be maintained.

(3) *Membership Fees.* While there are no membership fees to date, the Executive Committee is free to introduce membership fees pointing the future should they be

necessary to meet the costs of the Society's activities. In case membership fees are introduced, the additional position of a Treasurer will be filled by one of the ordinary members of the executive committee.

§4 Bi-Annual Conference

The Society should hold a conference on a semi-annual basis. These conferences are to be hosted by a Society member. To foster the Society's international character, consecutive conferences should take place in different countries. Time and place of a conference shall be determined at the preceding conference. The Society's General Assembly will be held during the conference.

§5 General Assembly

During general assembly meetings, (a) the executive committee is to provide a short account of current and planned activities, (b) selected current matters are to be discussed (the agenda will be sent out at least two weeks prior to the meeting by the Membership Officer), and (c) executive committee elections (secret ballot) are to be held whenever they are due. Elections may also be carried out by means of postal mail (secret ballot).

§6 Newsletter Ambulatory Assessment

An electronic newsletter ("Ambulatory Assessment") will be published on an irregular basis addressing not only Society issues but also currently popular and/or controversial topics in ambulatory assessment research and applications.

§7 Amendments to Bylaws

The Executive Committee can suggest changes to the Bylaws only by unanimous consent. The suggestions will be communicated to the membership at large. Changes must be confirmed by the Society members in a vote via e-mail. They will be accepted if the majority of the voting members which must be at least 25% of all Society members vote in favour of the specific change.

6. Definition & Scope Statement of the Society for Ambulatory Assessment (SAA)

Society for Ambulatory Assessment - understanding behavior in context (SAA)

Definition & Scope

Ambulatory Assessment comprises the use of field methods to assess the ongoing behavior, physiology, experience and environmental aspects of humans or non-human primates in naturalistic or unconstrained settings. Ambulatory Assessment designates an ecologically relevant assessment perspective that aims at understanding biopsychosocial processes as they naturally unfold in time and in context.

Ambulatory Assessment covers a range of methodologies of real-time data capture that originate from different scientific disciplines. These methodologies include but are not limited to experience sampling, repeated-entry diary techniques, and ambulatory monitoring of physiological function, physical activity and/or movement, as well as the acquisition of ambient environmental parameters.

7. The Executive committee of the Society for Ambulatory Assessment (SAA)

President: Frank Wilhelm (Switzerland)

Vice- President: Matthias Mehl (USA)

General Secretary: Ulrich Ebner-Priemer (Germany)

Membership Officer: Peter Wilhelm (Switzerland)

Member I: Hans Bussman (The Netherlands)

Member II: Tamlin Connor (New Zealand)

Member III: Thomas Kubiak (Germany)

Member IV: Paul Grossman (Germany)

8. The scientific advisory board of the Society for Ambulatory Assessment (SAA)

1. Bussman, Hans (NL)
2. Cajochen, Christian (Switzerland)
3. Delespaul, Philippe (NL)
4. Eid, Michael (Germany)
5. Fahrenberg, Jochen (Germany)
6. Hamm, Alfons (Germany)
7. Margraf, Jürgen (Switzerland)
8. Myin-Germys, Ines (NL)
9. Pawlik, Kurt (Germany)
10. Pennebaker, James (USA)
11. Perrez, Meinrad (Switzerland)
12. Roth, Tom (USA)
13. Scherer, Klaus (Switzerland)
14. Smyth, Joshua (USA)
15. Trull, Tim (USA)
16. Weber, Hannelore (Germany)