

The Influence of IoPT on
Hashimoto Disease
Activity:
A Randomized
Controlled Trial

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What is Hashimoto disease? (Autoimmune thyroiditis)

- The most common autoimmune and endocrine disorder
- Antibodies (TPO/TG) attack the thyroid gland
- Frequently associated with psychological symptoms
- Significantly more prevalent in women
- There is no cure for the disease

Why study Hashimoto through trauma lens?

Childhood trauma linked to:

- immune dysregulation
- inflammation
- autoimmune processes

Trauma-related mechanisms in autoimmune disorders:

- dissociation: disconnection from self
- alexithymia: difficulties identifying/expressing emotions
- mediators between childhood trauma and AD
- dysregulation of endocrine + immune systems – vulnerability to chronic inflammation

(Marques-Feixa et al., 2021; Plaza et al., 2010; Macarenco et al., 2021).

Research gap:

- No prior trauma-focused studies in autoimmune disease



Core Question

Can trauma integration through IoPT influence autoimmune activity by reducing psychological suffering?

Trial design

- 70 outpatients (25-57 years)
- Randomised to TAU or IoPT+TAU
- The experimental group divided into five smaller groups
- One module every two weeks (1 intention/module)
- 10 IoPT modules over 5 moths

Eligibility criteria

Inclusion:

- aged 18-60
- confirmed Hashimoto disease diagnosis
- anti-TPO or TgAb exceeded the reference range

Exclusion:

- currently receiving another form of psychological treatment
- under psychotropic medication
- neurodevelopmental disorders

Outcome measures

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

- Anti-thyroid peroxidase (anti-TPO)
- Thyroglobulin antibodies (TgAb)
- Maltreatment Abuse and Exposure Scale (MAES)
- 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)
- The Outcome Rating Scale and Session Rating scales (ORS-SRS)

What Happened in the IOPT Sessions

Initial intention

- illness or related symptoms

Later intentions & recurrent themes

- trauma behind the illness
- never a single trauma!
- sometimes: big T trauma as trigger – but developmental trauma behind
- entry points: trauma of love & becoming a perpetrator
- suppressed rage – taking the aggressor in – loyalty
- not recognizing parts of the self as self



IoPT effects

Dissociation & alexithymia

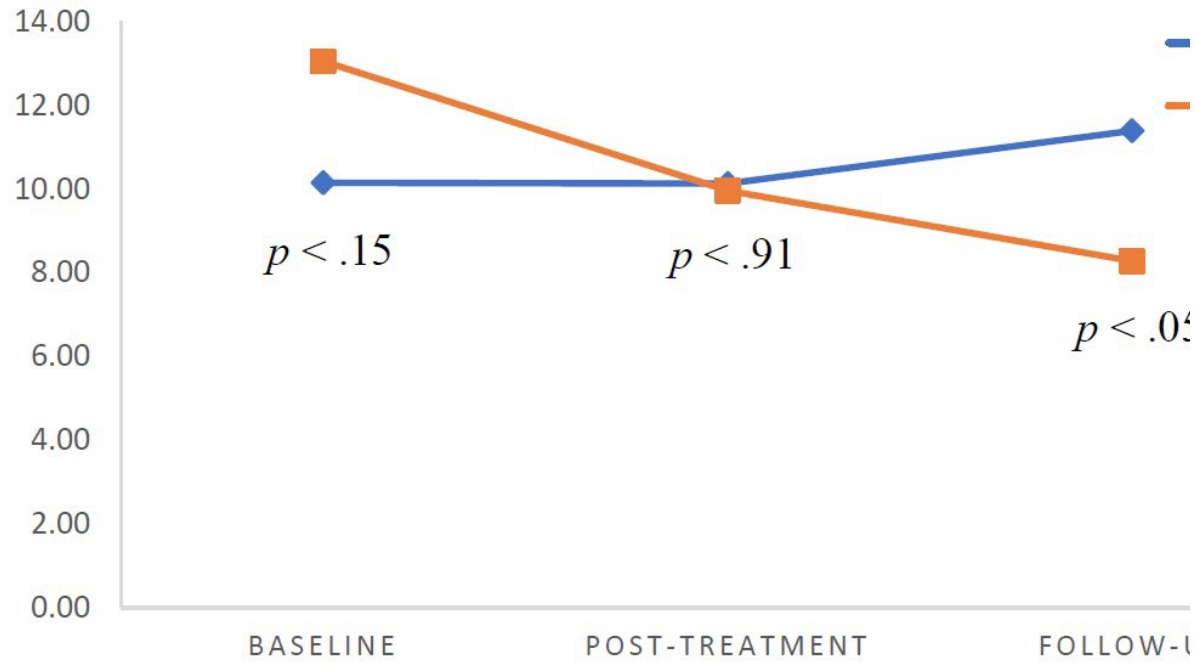


Figure 3. DES

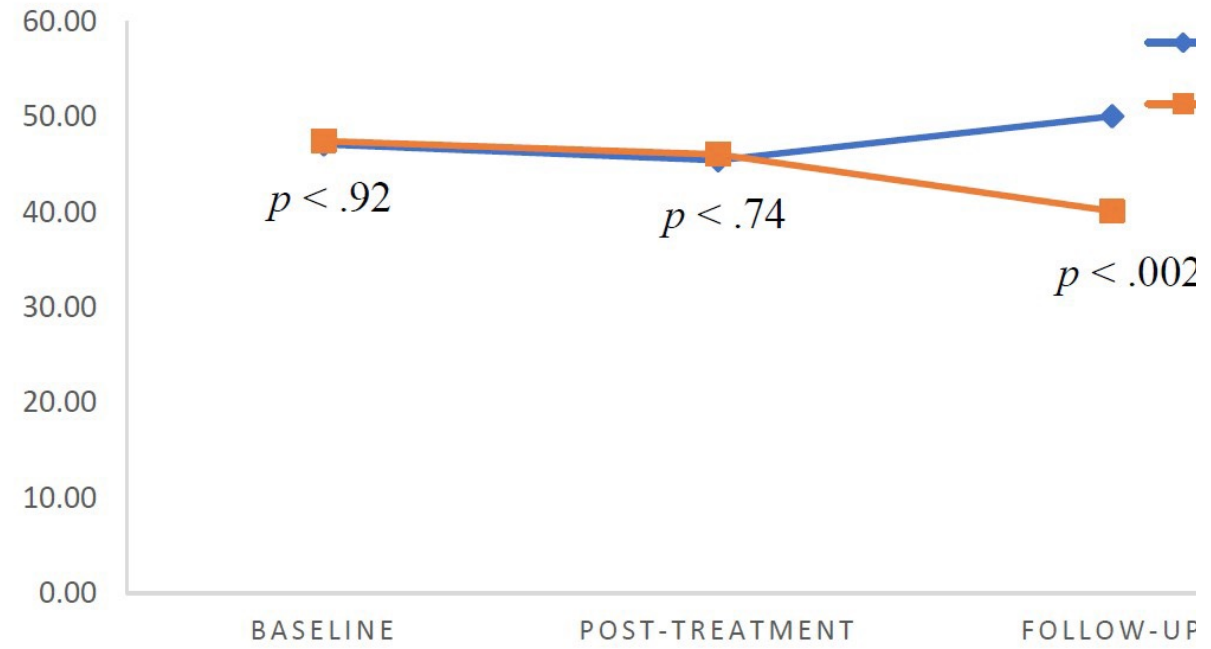


Figure 4. TAS-20

Depression & anxiety & stress

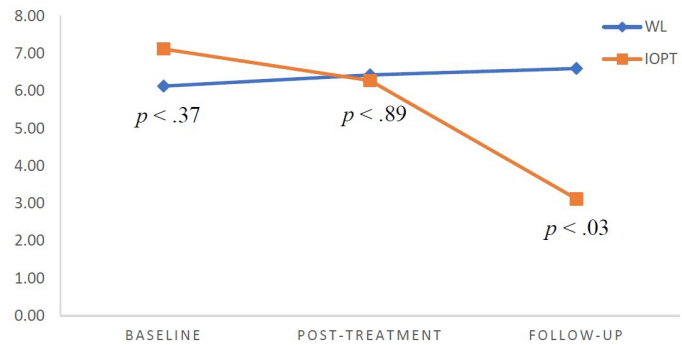


Figure 5. DASS-Depression

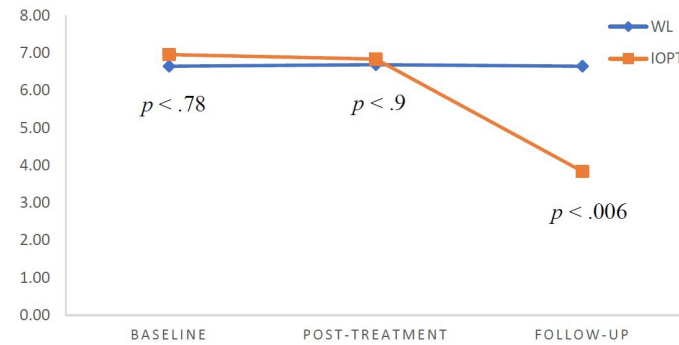


Figure 6. DASS-Anxiety

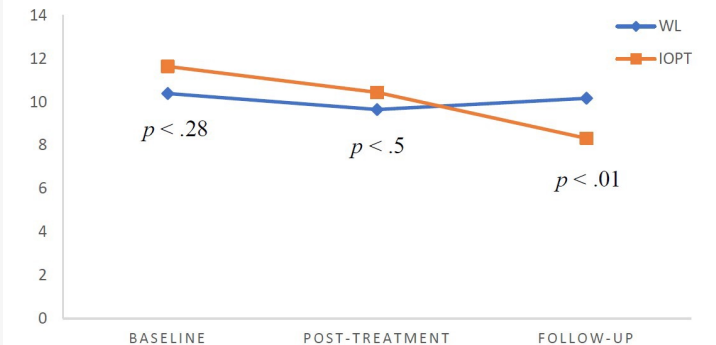


Figure 7. DASS-Stress

State anger & trait anger & anger in

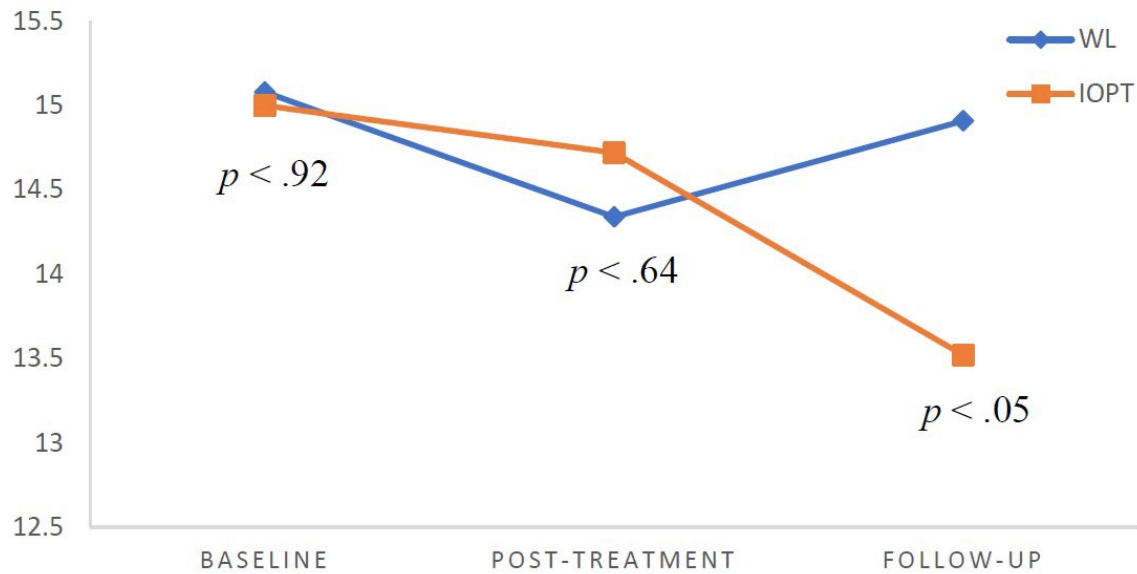


Figure 13. STAXI ANGER IN

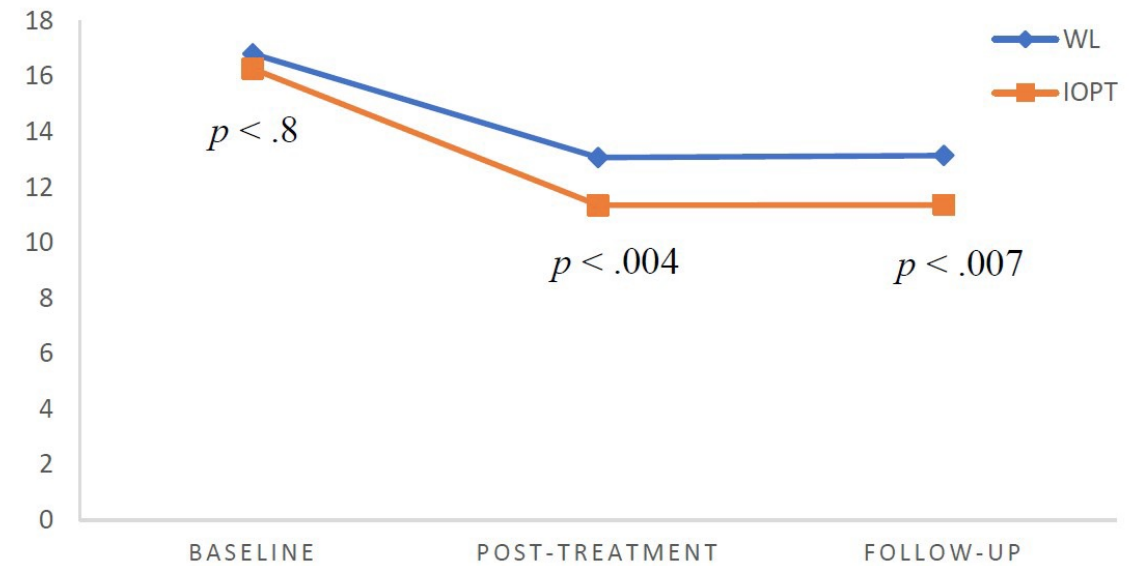


Figure 10. STAXI STATE

Quality of life

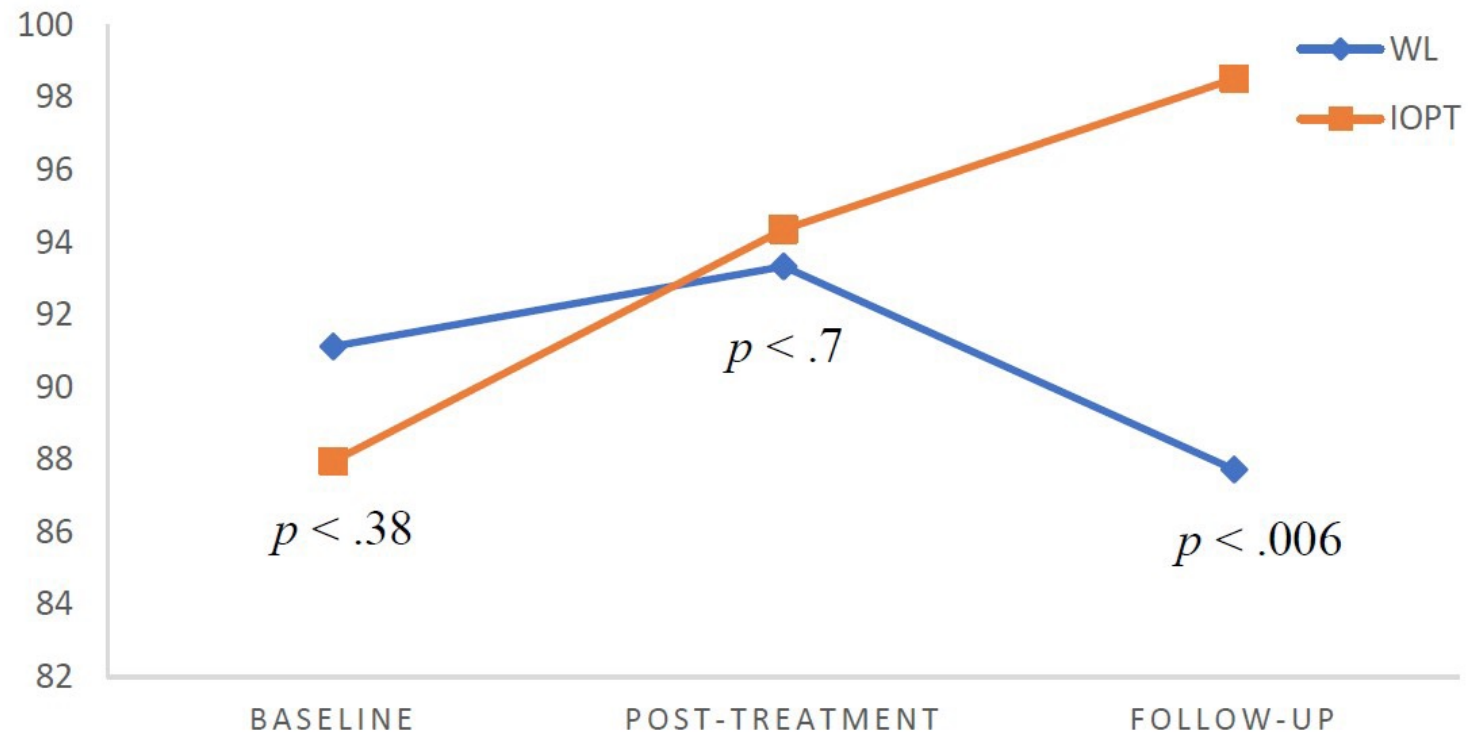


Figure 8. QOLBREF

Anti-thyroid peroxidase (anti-TPO)

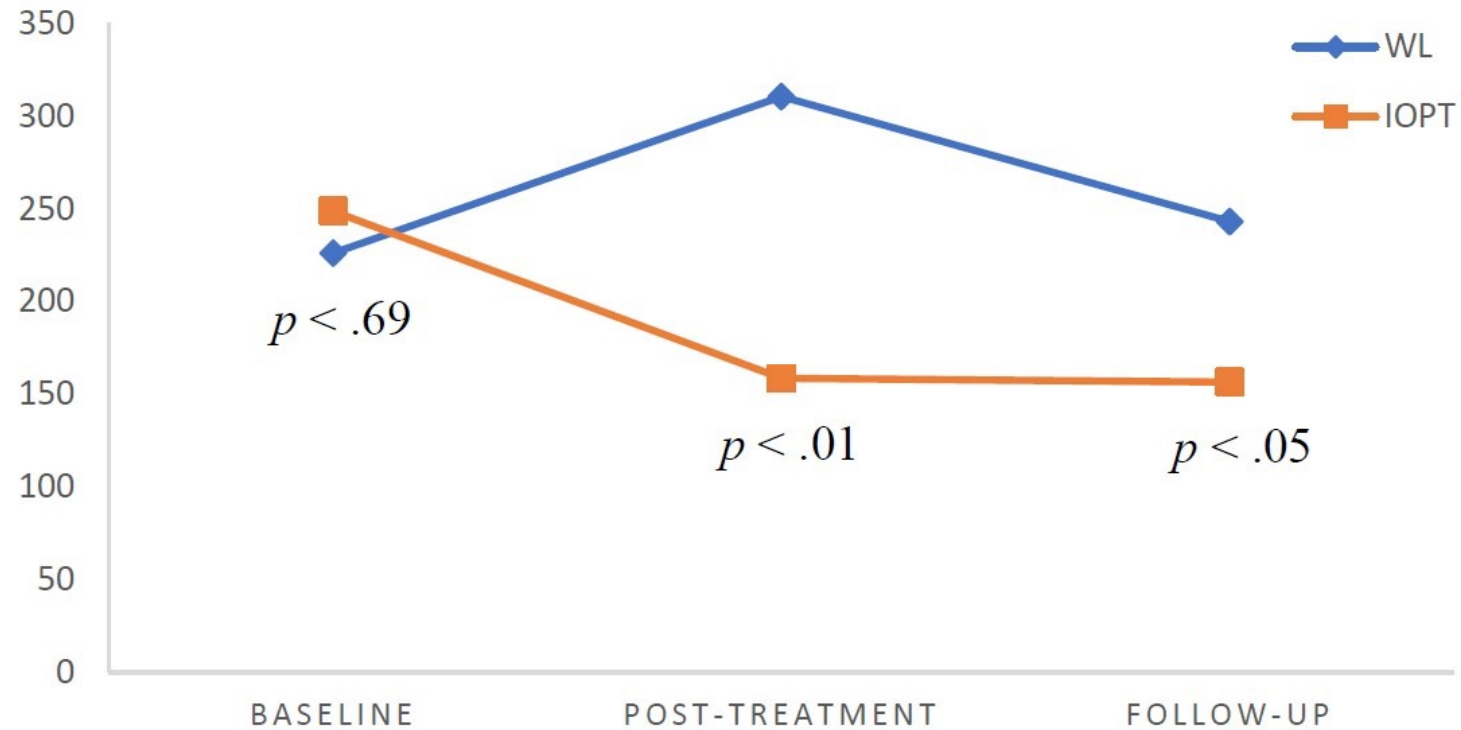


Figure 1. ATPO

Why Did Improvements Appear Later?

“Sleeper effect” - Trauma integration often continues:

- after sessions end
- delayed emotional processing
- gradual nervous-system reorganization
- Therapeutic intensity (1 intention → every 2 weeks → 5 months)
- The psyche may require time for:
 - integration
 - restructuring
 - emotional differentiation

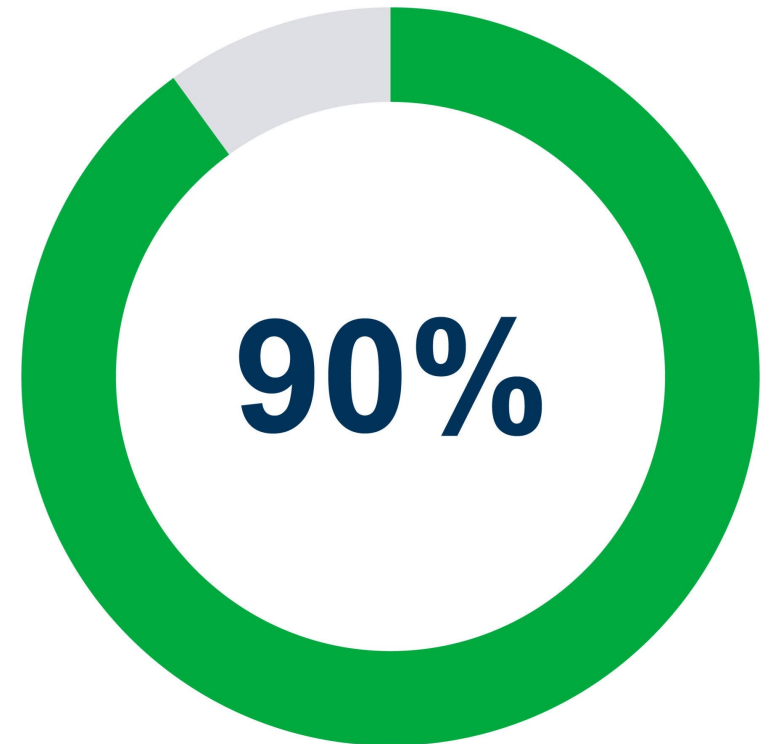


Integration takes time...

The Trauma Profile Was Striking

Over 90% reported multiple childhood traumas

- emotional neglect
- emotional abuse
- physical abuse
- sexual abuse
- witnessing violence






Limitations

- Small sample
- High attrition in TAU
- Antibody findings sensitive to missing-data assumptions
- **Therefore**
 - Replication is essential
 - Improve participants retention



A group of diverse individuals are seated in a circle on a wooden floor, participating in a group session. They are looking towards each other, suggesting an interactive environment. The room has white walls and a wooden floor.

IoPT+TAU may offer psychological benefits for HT patients and could potentially influence immunological outcomes.



Why This Study Matters for IoPT

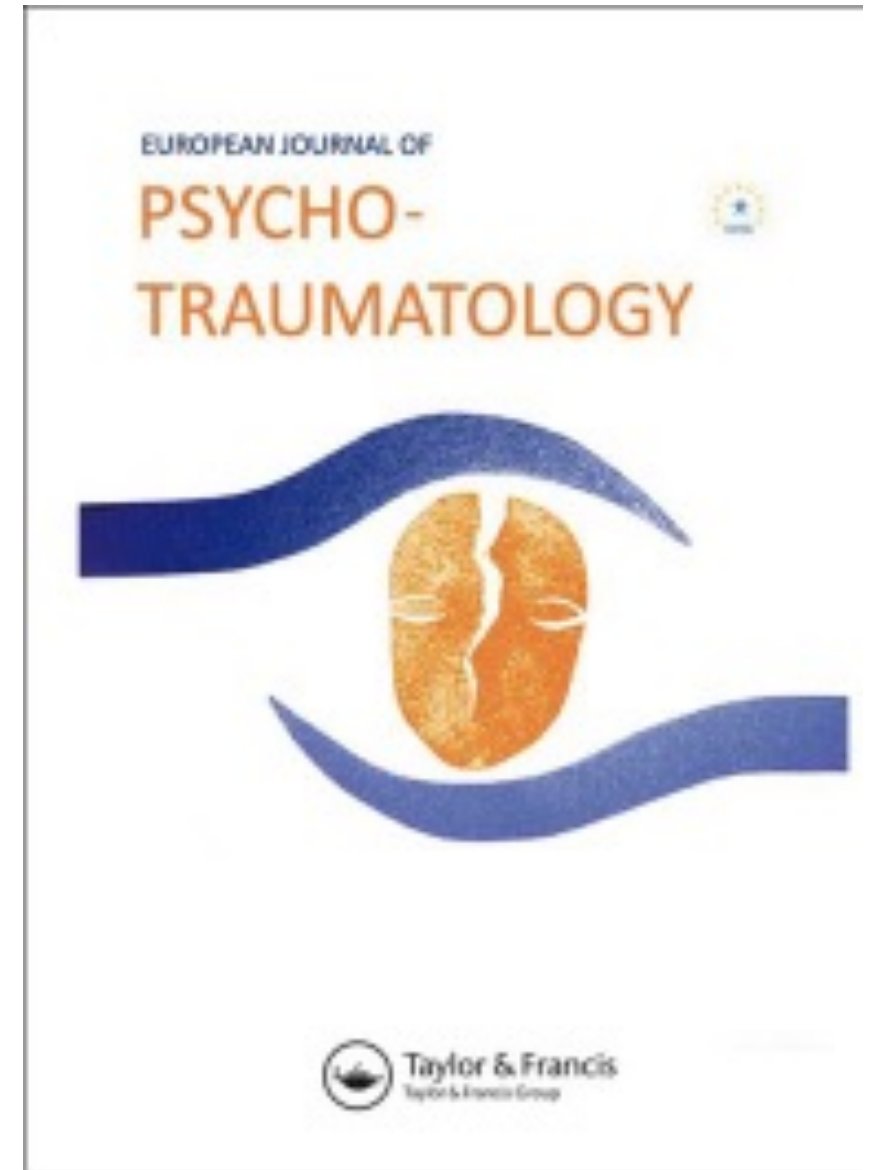
The first RCTs on IOPT

Publication in a high-impact trauma journal, 2025

Scientific support

It opens a bridge between:

- psychotraumatology
- psychoneuroimmunology
- autoimmune medicine



The body may carry
what the psyche could not integrate

