Effectiveness of EMDR for adolescents with Major Depressive Disorder

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the application of EMDR therapy is associated with a significant decrease in severity of depressive symptoms and decrease of percentage of patients meeting DSM-5 criteria for MDD compared to the waiting list. Participants receiving EMDR report after...

Ethical review	Positive opinion
Status	Recruitment stopped
Health condition type	Depressed mood disorders and disturbances
Study type	Interventional

Summary

ID

NL-OMON28950

Source

Condition

• Depressed mood disorders and disturbances

Health condition

Major Depressive Disorder

Research involving

Human

Sponsors and support

Primary sponsor:	GGZ Rivierduinen
Secondary sponsors:	GGZ Delfland
Source(s) of monetary or material Support:	Vereniging EMDR Nederland, EMDR Europe

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Intervention

• Psychosocial intervention

Explanation

Outcome measures

Primary outcome

Main parameter will be the effect of EMDR treatment on depressive symptomatology. Depressive symptoms will be measured by the CDI-2 and K-SADS-PL-5.

Secondary outcome

Secondary parameters focus on the effect of EMDR treatment on comorbid PTSD, anxiety, somatic symptoms and overall social-emotional problems, measured by CATS, SCARED and SDQ. We will examine whether baseline posttraumatic stress symptoms severity, family functioning (measured by the FAD) and having experienced emotional abuse or neglect (CTQ) significantly predicts post-treatment outcome.

Study description

Background summary

Major Depressive Disorder (MDD) in adolescence has a high prevalence and risk of disability, but current treatments show limited effectiveness and high drop-out and relapse rates. Although the role of distressing experiences that relate to the development and maintenance of MDD has been recognized for decades, the efficacy of a trauma-focused treatment approach for MDD has hardly been studied. This study aims to to determine the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy as stand-alone intervention in adolescents diagnosed with MDD. It is hypothesized that the application of EMDR therapy is associated with a significant decrease in severity of depressive symptoms and decrease of percentage of patients meeting DSM-5 criteria for MDD compared to the waiting list. Furthermore, we hypothesize that treatment will be associated with a significant decrease in severity of co-morbid symptoms (i.e., post-traumatic stress symptoms, anxiety and overall social-emotional problems) compared to waiting list. In addition, we will examine whether baseline posttraumatic stress symptoms severity, family functioning and having experienced emotional abuse or neglect significantly predicts post-treatment outcome.

Study objective

the application of EMDR therapy is associated with a significant decrease in severity of depressive symptoms and decrease of percentage of patients meeting DSM-5 criteria for

MDD compared to the waiting list. Participants receiving EMDR report after treatment less comorbid PTSD, anxiety, somatic and social/emotional symptomatology. Higher level of post-traumatic stress symptoms at baseline predicts a stronger reduction of depressive symptomatology. Family dysfunctioning and having experienced emotional abuse or neglect predict smaller reductions of depressive symptomatology during treatment.

Study design

This study is a randomised controlled trial comparing an intervention group EMDR to a waiting list. Assessments are scheduled pre-treatment (T0), post-treatment (T1), at 3-months (T2) and at 6-months (T3) follow-up. Participants in the waiting list condition are offered EMDR treatment after T1, subsequently they are also assessed post-treatment and at 3- and 6-months follow-up. After pre-treatment assessment (T0) participants will be randomized assigned to EMDR or the waiting list. Participants in the EMDR intervention group receive EMDR treatment during six weeks (six sessions). Participant in the waiting list condition receive EMDR treatment during six weeks after a waiting time of eight weeks. To assess DSM-5 diagnosis of MDD as well as other diagnoses, a semi-structured face-to-face interview (K-SADS-PL-5; Kaufman et al., 2016) is conducted at all assessment points. Self-report questionnaires are also filled in at all assessment points. The FAD and CTQ are only filled in at baseline.

Intervention

Participants in the EMDR intervention group receive EMDR treatment during six weeks (six sessions). Participant in the waiting list condition receive EMDR treatment during six weeks after a waiting time of eight weeks.

Contacts

Public GGZ Rivierduinen Corine Paauw

071-8908888 Scientific GGZ Rivierduinen Corine Paauw

071-8908888

Eligibility criteria

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Age Adolescents (12-15 years) Adolescents (12-15 years) Adolescents (16-17 years) Adolescents (16-17 years)

Inclusion criteria

(a) age 12-18 years (b) Major Depressive Disorder (MDD) as primary classification (DSM-5) (c) identified memories of at least one distressing or traumatic event related to the depressive symptomatology

Exclusion criteria

(a) suicidal attempt or serious non-suicidal self-injury requiring hospitalization in the past month (b) substance dependence

Study design

Design

Study phase:	N/A
Study type:	Interventional
Intervention model:	Other
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Treatment

Recruitment

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NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	02-11-2020
Enrollment:	64
Туре:	Actual

IPD sharing statement

Plan to share IPD: No

Ethics review

Approved WMO Date: Application type: Review commission:

03-12-2020 First submission METC Leiden-Den Haag-Delft (Leiden) metc-ldd@lumc.nl

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register NTR-new CCMO ID NL9008 NL77425.058.20

Study results

Summary results N/A