EMDR as an innovative strategy in the treatment of OCD

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Interventional

Summary

ID

NL-OMON29117

Source
Nationaal Trial Register

Brief title
EMDRERP

Health condition

Obsessive Compulsive disorders (OCD)

Sponsors and support

Primary sponsor: Department of Clinical Psychology, Utrecht University, The Netherlands
Source(s) of monetary or material Support: The EMDR Research Foundation

Intervention

Outcome measures

Primary outcome

YBOCS (every week from baseline to return-to-baseline; also at 6 months FU)

Secondary outcome

SCID-I, OCI-R, OBQ-44, BDI-II, WHOQOL-BREF (baseline, after treatment, 6 months FU);

WHOQOL-BREF (also last session EMDR);

VASs (last session of a) exploration phase, and b) EMDR);

Actual drop-out.

Study description

Background summary

Background and Objectives: A widely accepted first-line treatment for obsessive-compulsive disorder (OCD) is exposure and response prevention (ERP). However, approximately half of the patients do not respond optimally to this treatment, and about 25% of OCD patients refuse the treatment or drop-out prematurely. Hence, the development of innovative strategies for OCD is of paramount importance. Recent studies suggest that overall treatment resistance is likely associated with the intrusive images (e.g., causing illness and death) that 90% of the OCD patients experience. Eye Movement Desensitization and Reprocessing (EMDR) has established efficacy in reducing the impact of traumatic images in various disorders. Therefore, the aim is to critically evaluate the additive effect of EMDR to ERP on treatment acceptability, drop-out, and outcome.

Study objective

The aim of this study is to critically examine the effect of EMDR added to ERP on treatment acceptability and outcome in patients with OCD.

Study design

Using a multiple baseline single case series design 10 OCD patients first enter a baseline phase of 3 to 7 weeks (no-treatment control condition), followed by a 4 weeks exploration phase (attention control condition). Hereafter patients start the active treatment phase (6 sessions EMDR + 15 sessions ERP; treatment condition), followed by a 6 weeks return-to-baseline phase (no-treatment control condition). OCD severity is weekly assessed using the YBOCS (primary outcome measure) from start baseline to end of return-to-baseline phase, and at 6 months FU. Secondary outcome measures (SCID-I, OCI-R, OQ-44, BDI-II, WHOQOL-BREF) are completed at start baseline, after treatment, and after 6 months FU. Also two VASs on a) willingness to fully engage in ERP, and b) inclination to drop out during ERP are administered after the exploration phase (in which ERP is explained), and after EMDR. Finally, actual drop-out is monitored.

Intervention

There are weekly sessions. In the exploration phase 4 sessions of 45 minutes each are held for case conceptualisation and psycho-education. This is followed by the active treatment

phase with a total of 21 sessions of 90 minutes each: 4 sessions exploration; 6 sessions (90 min.) EMDR; 15 sessions (90 min) Exposure and Respons Prevention (ERP)

Contacts

Public

Scientific

Eligibility criteria

Inclusion criteria

Patients are eligible when: a) they meet sufficient criteria for OCD, as established with the Structured Clinical Interview for DSM-IV disorders, and b) their total score on the YBOCS is over 15 (moderate to severe OCD symptoms).

Exclusion criteria

Patients are excluded when: a) they already received ERP or EMDR less than 1 year ago, or b) they suffer from psychotic disorders, substance abuse/addiction, or a severe depression (score on Beck Depression Inventory-II >30), or c) insufficient knowledge of the Dutch language, or d) mental retardation (IQ<80). The use of anti-depressants is permitted, provided that dosages are kept constant during the study, and usage has started at least 3 months before entering the trial.

Study design

Design

Study type:	Interventional
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)

Control:	N/A , unknown

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	01-12-2017
Enrollment:	10
Type:	Anticipated

Ethics review

Positive opinion

Date:	14-11-2018
Application type:	First submission

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	ID
NTR-new	NL7426
NTR-old	NTR7668
Other	: 17/562

Study results

Summary results

Rijkeboer, M., Broeke, E., ten, Koekebakker, J. (2017). EMDR in de behandeling van de obsessieve-compulsieve stoornis:
Back to the future. In: HJ Oppenheim, H. Hornsveld, E. ten Broeke & A. de Jongh, Praktijkboek EMDR, Deel II. Pearson: Amsterdam