

# Eye Movement Desensitisation and Reprocessing (EMDR) versus Cognitive Behavioral Therapy (CBT) in the treatment of panic disorders with or without agoraphobia: A Randomized Controlled Trial.

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<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Anxiety disorders and symptoms
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON34803

### Source

ToetsingOnline

### Brief title

EMDR vs. CBT in the treatment of panic disorders: A RCT

### Condition

- Anxiety disorders and symptoms

### Synonym

panic disorder with or without agoraphobia

### Research involving

Human

## Sponsors and support

**Primary sponsor:** Sint Elisabeth Ziekenhuis

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** CBT, EMDR, Panic disorder, Quality of life

## Outcome measures

### Primary outcome

Primary outcomes are the symptoms of a panic disorder with or without agoraphobia, measured with the SCID-I, and the quality of life as measured with WHOQOL-Bref.

### Secondary outcome

Secondary outcomes are the severity of a panic disorder, measured with the ACQ and BSQ. The seriousness of the agoraphobia measured with the MI and the number of panic attacks, measured with registering form panic attacks.

## Study description

### Background summary

Numerous studies has been done to the impact of psychological interventions in the treatment of panic disorders with or without agoraphobia. Several controlled studies has showed that Cognitive Behavior Therapy (CBT) appear to be effective. Patients who have been treated with CBT are between 40 up to 90 % free of panic attacks. The differences in treatment effects are strongly stipulated by the selected population. When there is incidence of more agoraphobia and/or presence of more co-morbidity, the success percentage of the treatment goes down. Nowadays it\*s clear that CBT for many patients, also on the longer period, is an effective treatment. Nevertheless there is a group of patients which after CBT treatment need more or additional treatment. Furthermore there are indications that when the follow-up period longer lasts,

the chance becomes larger that new complaint occurs and that a patient who was after CBT symptom free has a increased risk on developing other affective impairments. Although the effectiveness of EMDR has been extensively evaluated in its approach to trauma and post traumatic stress disorder (PTSS), this can't be said of the application of EMDR in the field of other anxiety disorders like panic disorders with or without agoraphobia. From a theoretical point of view there are several arguments for which EMDR could play a role in the treatment of panic disorders. A first panic attack is traumatizing for many patients because of its unexpectedly and life-threatening feelings and losing control. The first panic attack has a conditioning frightening impact for a next panic attack. There is also evidence that a first panic attack has the same development on the information process as a traumatic event which leads to PTSS. Research showed that panic memories have a lot in common with trauma memories look like PTSS. In addition, there are indications that a panic disorder often start after a stressful life event.

## **Study objective**

The aim of this study is to compare Eye Movement Desensitization and Reprocessing (EMDR), with an empirically proven effective treatment, namely Cognitive Behavioral Therapy (CBT) in the treatment of panic disorders with or without agoraphobia. The expectation is that EMDR in the treatment of a panic disorders with or without agoraphobia, as well as CBT leads, to reduction of the symptoms of the panic disorder. This reduction of symptoms, so the expectation, will be larger for the EMDR then for CBT when patients nowadays still have charge of traumatic experience memories, like for example the first panic attack. Furthermore the quality of life is considered as an important measuring outcome at numerous psychiatric and physical disorders. Research has shown that the quality of life improved at patients with a panic disorder after CBT. This research will also examine what the impact of the treatment is for the quality of life. The expectation is that EMDR in the treatment of a panic disorder with or without agoraphobia, as well as CBT lead, to an improvement of the quality of life. This improvement of quality of life, so the expectation, will be larger for the EMDR then for CBT when patients nowadays still have charge of traumatic experience memories like for example the first panic attack.

## **Study design**

This study is a Randomized Controlled Trial (RCT) with a follow-up period of 3 months. Patients will be assigned at random to one of these two treatment groups (EMDR versus CBT). The inclusion period for participation will be two years and three months. The research has a total duration of two and a half years.

## **Intervention**

Two treatments will be compared directly with each other (EMDR vs CBT). A treatment protocol will be used in both group, which exists of 13 weekly treatment sessions which take approximately 45 to 60 minutes each time. The interventions in both treatment groups differ from each other from the first treatment session.

### **Study burden and risks**

There are no health risks attached to participation in this study.

## **Contacts**

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## **Trial sites**

### **Listed location countries**

Netherlands

## **Eligibility criteria**

### **Age**

Adults (18-64 years)

Elderly (65 years and older)

### **Inclusion criteria**

Primary diagnosis of panic disorder with or without agoraphobia according to the DSM-IV-TR.  
Age between 18 and 65.  
Sufficient fluency in Dutch to complete treatment and research protocol

## Exclusion criteria

Dementia, Psychosis, serious depression, bipolar disorder, personality disorders, substance dependence (alcohol not more than a weekly use of 20 units a week), current use of tranquilizers, and patients who are using anti-depressants

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL  
Recruitment status: Recruitment stopped

Start date (anticipated): 26-02-2010

Enrollment: 160

Type: Actual

## Ethics review

Approved WMO  
Date: 02-02-2010

Application type: First submission

Review commission: METC Brabant (Tilburg)

Approved WMO  
Date: 08-02-2013

Application type: Amendment

## 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
CCMO	NL30843.008.09