EMDR for Misophonia, a pilot study

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To evaluate the effect of Eye Movement Desensitisation and Reprocessing (EMDR) as an alternative or additional therapy for misophonia.

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Impulse control disorders NEC
Study type	Interventional

Summary

ID

NL-OMON44467

Source
ToetsingOnline

Brief title
EMDR for Misophonia, a pilot study

Condition

- Impulse control disorders NEC

Synonym
anger/disgust of noise, misophonia

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: EMDR, misophonia

Outcome measures

Primary outcome

Our primary outcome measure will constitute of misophonia symptom severity as measured by the AMisoS-R (Schröder et al. in press)

Secondary outcome

Our secondary study parameters will focus on daily psychosocial functioning and quality of life.

The Dutch versions of the following rating scales will be used to asses psychosocial functioning:

- Sheehan Disability Scale (SDS, Sheehan, 1983)

- Symptom Checklist-90-R (SCL-90R, Derogatis, 1973)

- Euro Quality of life 6 Dimensions (EQ-6D, The EuroQol Group. (2011)

- WHO Quality of Life-BREF (WHOQOL-BREF, WHOQOL group. Development of the World Health Organization WHOQOL-BREF quality of life assessment. The WHOQOL Group. Psychol Med 1998;28:551-8.)

If there are obvious traumatic incidents described, there will be an additional measurement of these specific incidents before and after the EMDR session that targets the incidents: Impact of Events Scale (IES, Horowitz ea, 1979; Dutch translation Brom & Kleber 1985).

Study description

Background summary

Our research group at the Academic Medical Center (AMC) in Amsterdam proposed the first diagnostic criteria (Schröder et al 2013) for misophonia based on the extensive research. Individuals with misophonia experience extreme negative emotions such as anger and disgust when they are exposed to specific human sounds, such as chewing or sniffing. These negative emotions cause individuals to avoid situations where they might be exposed to the trigger sound, compromising the ability to function in daily life. For these symptoms an experimental group therapy was developed at the same department. In the last years, Cognitive behavioural therapy (CBT) in a group has led to a reduction of misophonia symptoms in a considerable number of participating patients. In fact, based on pre- and post-treatment A-MISO-S scores, a reduction of at least 35% of the total score was found in 53% of the patients (Schröder et al, 2017). At this moment we conduct a RCT, comparing CBT treatment to a waiting list at our department (METC; project 2016_295 Cognitive behavioral therapy for Misophonia, RCT).

Since a number of patients do not benefit from our treatment, other treatment options should be investigated. Misophonia can be seen as a conditioned emotional response to the trigger stimuli (Jastreboff & Jastreboff, 2015), possibly mediated by cognitions. Eye Movement Desensitisation and Reprocessing (EMDR) is, as CBT, an effective technique to re-evaluate the conditioned response when there*s a Post-Traumatic Stress Disorder (PTSD) (Korrelboom & Ten Broeke, 2010). Besides of a few case studies (e.g. Dozier, 2015), no systhematic evidence shows a link between PTSD and misophonia. Schröder et al (2013) found no comorbidity with PTSD (2013) in their misophonia sample (n=42). In our new sample (n=622) we found 0,02% comorbidity with PTSD. There*s growing evidence for the use of EMDR for *minor trauma*, in other words for damaging learning experiences that can explain the start or worsening of specific psychiatric symptoms. For example in a recently published randomized controlled trial by Marsden et al (2017) comparing EMDR and CBT for obsessive-compulsive disorder, EMDR and CBT had comparable completion rates and clinical outcomes. There*s also clinical evidence that that EMDR can be effective for treating misophonia, for example in a case study of a patient with PTSD and misophonia by Ross (2015).

We expect that the positive outcome of EMDR with misophonia is dependent on the taxation of the symptoms; only when there*s a clear link between misophonia complaints and damaging learning experiences, EMDR can have a positive effect and will result in a reduction of emotional responses following misophonic stimuli; improvement in social functioning due to the reduction of both negative emotions and avoidance, and improvement in overall quality of daily life.

Study objective

To evaluate the effect of Eye Movement Desensitisation and Reprocessing (EMDR)

as an alternative or additional therapy for misophonia.

Study design

The present study entails a pilot study for patients suffering from misophonia. The patients will be approached as they are on the waitinglist for the group CBT.

Intervention

All patients will, before they are included in this study, at first have an assessment to establish if there are damaging learning experiences that can explain the start or worsening of the symptoms (using the protocol of *the First Method* De Jongh et al, 2010). If they have such experiences, they will receive 1-5 sessions individual EMDR conform basic protocol (De Jongh & Ten Broeke, 2003). Assessments of the misophonia complaints will take place before the start and at the end of treatment.

Study burden and risks

Participants will have to come to the AMC for individual EMDR 1-5 sessions of 60-90 minutes. Furthermore, participants will fill in a small package of questionnaires two times (15-30 minutes). In total, participants will spend a mean of 8 hours on this study. To our knowledge there are no risks involved.

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

Misophonia, Impuls control disorder NOS

Exclusion criteria

Presence of any of the following DSM-IV-TR conditions:
-Major depression
-Primary anxiety disorder
-Bipolar disorder
-Autism spectrum disorders
-Schizophrenia or any other psychotic disorder
-Substance related disorder during the past 6 months
-Any structural CNS disorder or stroke within the last year

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):	20-11-2017
Enrollment:	10
Type:	Actual

Ethics review

Approved WMO Date:	13-11-2017
Application type:	First submission
Review commission:	METC Amsterdam UMC

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	NL62982.018.17