Treating eating disorder symptoms with Eye Movement Desensitization and Reprocessing (EMDR)

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This study will clarify to what extent adding the EMDR protocol in the treatment of ED will lead to a change in self-reported PTSD symptoms, injured self-image, clinical perfectionism and negative body perception as underlying transdiagnostic...

Ethical review	Approved WMO
Status	Recruiting
Health condition type	Eating disorders and disturbances
Study type	Interventional

Summary

ID

NL-OMON51841

Source
ToetsingOnline

Brief title
EMDR-ED study

Condition

- Eating disorders and disturbances

Synonym
'eating disorder' and 'Anorexia Nervosa'

Research involving
Human

Sponsors and support

Primary sponsor: Emergis (Goes)
Source(s) of monetary or material Support: onderzoeksbudget binnen de instellingen. Mogelijk wordt er subsidie aangevraagd bij de Vereniging EMDR Nederland (VEN)

Intervention

Keyword: 'eating disorders', effectiveness, EMDR

Outcome measures

Primary outcome

The first main transdiagnostic ED mechanism investigated in this study is change in PTSD complaints in the EMDR phase compared to the baseline and TAU phase. Symptom severity of PTSD complaints will be measured with the PTSD Checklist for DSM-5 (PCL-5). The Dutch version of the PCL-5 (Boeschoten et al., 2014) is a self-report questionnaire with 20 items, which measures the 20 symptoms of PTSD according to the DSM-5.

The transdiagnostic factors of ED decreasing self-reported negative body perception, recovery of the injured self-image and clinical perfectionism will be measured with the EDI-3. The Eating Disorder Inventory-3 (EDI-3; Van Strien, 2014) is a 91-item self-report questionnaire that measures psychological and behavioral characteristics associated with anorexia nervosa and bulimia nervosa. The EDI-3 consists of 12 scales: : pursuit of thinness, bulimia, body dissatisfaction, low self-esteem, personal alienation, interpersonal insecurity, interpersonal alienation, interoceptive problems, emotional dysregulation, perfectionism, asceticism, and fear of adulthood.These 12 scales are subdivided into 5 composite scales: Eating Disorder Risk, Ineffectiveness, Interpersonal Problems, Affective Problems and Overcontrol. The low self-esteem scale is used in this study to measure the transdiagnostic factor injured self-image and the perfectionism scale to measure the

transdiagnostic factor perfectionism.

The degree of self-reported negative body perception is measured with the body dissatisfaction scale of the EDI-3 and the total score of the Body Attitude Test (BAT; Dutch version, Lichaams Attitude Vragenlijst). The BAT was developed by Probst, Van Coppenolle and Vandereycken (1995); it is a self-report instrument intended to measure subjective body experience and attitude toward one*s body. It differentiates between clinical and non-clinical individuals and between patients with anorexia nervosa versus patients with bulimia nervosa. It is composed of 20 items which yield four factors: negative appreciation of body size, lack of familiarity with one's own body, general body dissatisfaction, and a rest factor. It is composed of 20 items which yield four factors: negative appreciation of body size, lack of familiarity with one's own body, general body dissatisfaction, and a rest factor. Every item can be scored at a 6-point scale (0-5) and the sum of all items results in the total score. The higher the score, the more problematic the body attitude and perception (>70 is very problematic).

Secondary outcome

The secondary study parameters are changes in the transdiagnostic factors which are positively associated with reduction in ED symptoms: fears related to food, weight and appearance, urge-driven behaviours related to food, such as binge eating, fasting or compensatory behaviours (hyperactivity, vomiting, laxatives) and associated with an increase in Body Mass Index (BMI) after the onset of EMDR therapy comparing to baseline and TAU phase. The ED symptoms will be

assessed every two weeks over a baseline period, during TAU, during EMDR and

after the interventions with the EDI-3 subscales *pursuit of thinness* and

Bulimia and by calculating the BMI (weight/height2) of the participants.

Study description

Background summary

Several studies show that both adults and adolescents with an eating disorder have a history of traumatic experiences that can lead to Post-Traumatic Stress Disorder (PTSD) symptoms(Brewerton et al., 2020; Brewerton et al., 2021; Ferrell, Russin). & Flint, 2020). However, due to the eating disorder, these symptoms are not always on the surface. Due to the distraction that the eating disorder gives and because of the severe underweight of overweight, there can be a flattening of emotions. In this way, the fears related to the trauma can also be smoothed out. In addition, binge eating and vomiting may provide a means of coping to numb or avoid trauma-related feelings. A complicating factor for the treatment of PTSD complaints is that negative experiences are only processed if arousal can be experienced (Beer & Hornsveld, 2012). This is often not the case in people with an eating disorder, the eating disorder and the PTSD symptoms perpetuate each other and makes the treatment complex. In addition to PTSD symptoms, many patients have experiences that are not pleasant and for which they blame themselves, for example experiences in which they have not been able to stand up for themselves sufficiently. These small trauma experiences also maintain the eating disorder. In addition to a positive image of what the eating disorder brings in their lives (like feeling good or worth something because of the eating disorder) (Fairburn 2013), the bar should always be higher and more perfect (Fairburn et. al., 2003) and the EMDR-ES protocol also focuses on these mechanisms.

Body image problems are the most obvious risk factors for the development of an eating disorder (Stice, 2002), and are central traits in individuals with an ED (American Psychiatric Association, 2013). Moreover, the chance of relapse is high if the negative body image problems are not treated or not treated sufficiently. Without a reduction in the fear of becoming fat and without an improvement in body perception, criteria for recovery are not met. Various studies have shown that weight recovery often leads to a more negative body and self-esteem, so that the patients are motivated to lose weight again (Fennig, Fennig & Roe, 2002). For sustainable recovery from an eating disorder, paying specific therapeutic attention to body experience is important.

To recover from the eating disorder, trauma treatment for clients who have had

bad experiences seems a necessary step. This assumption is supported by suggestions from previous research (Brewerton et al., 2021). Current guideline treatments for eating disorders, such as Family Based Therapy (FBT) for Adolescents and Cognitive Behavioural Therapy - Enhanced (CBT-E) (Fairburn, 2008), Maudsley Model of Anorexia Treatment for Adults (MANTRA) (Schmidt et al., 2020) and Supportive Clinical Management (SSCM) for adults do not prioritize processing of negative past experiences (Hilbert, Hoek & Schmidt, 2017; Hay et al., 2014; National Steering Committee Multidisciplinary Development in Mental Health and Care, 2006).Previous research suggests that trauma treatment through EMDR may contribute to improving this care (Balbo et al., 2017; Beer & Jacobs, 2021; Bloomgarden, 2008; Pepers & Swart, 2014; Zaccagnino et al., 2017). In response , Beer (2021) developed the protocol for EMDR in the treatment of eating disorders (EMDR-ES).

Study objective

This study will clarify to what extent adding the EMDR protocol in the treatment of ED will lead to a change in self-reported PTSD symptoms, injured self-image, clinical perfectionism and negative body perception as underlying transdiagnostic factors. All four transdiagnostic phenomena will be assessed every two weeks over a baseline period, during TAU, during EMDR and after the interventions.
The secondary objective of this study is to examine whether intended changes in the transdiagnostic factors are positively associated with reduction in ED symptoms (fears related to food, weight and appearance, urge-driven behaviours related to food, such as binge eating, fasting or compensatory behaviours [hyperactivity, vomiting, laxatives]) and to an increase in Body Mass Index (BMI) after the onset of EMDR therapy comparing to baseline and TAU phase. ED symptoms will be assessed every two weeks over a baseline period, during TAU, during EMDR and after the interventions.

Study design

A multiple case study will be performed with one group of participants. Various quantitative measurements (questionnaires and BMI) are performed during 4 phases:
- phase A: Baseline
- phase B: Treatment as usual (TAU)
- phase C: EMDR
- phase D: follow up measurements.

Intervention

Phase A: Period between start of study and start of TAU: 8 to 14 weeks
Measurements:
- start: personal data, Height, weight, EDI-3, EDE-Q, BAT and PCL-5

- every 2 weeks: weight, BAT, PCL-5 and EDI-3

Phase B: Treatment as usual: Multiple day family therapy (in Dutch: MeerGezinsDagbehandeling: MGDB), duration 26 weeks.
Measurements:
- start: length, EDE-Q
- every 2 weeks: weight, PCL-5, BAT and EDI-3

Phase C: EMDR-ED: min. 6 and max. 18 sessions of 90 minutes: Duration: max. 18 weeks.
Measurements:
- start: length, EDE-Q
- every 2 weeks: weight, PCL-5, BAT and EDI-3

Phase D: No treatment. Duration: 8 weeks:
Measurements:
- start: length
- every 2 weeks: weight, PCL-5, BAT and EDI-3
- Length and EDE-Q again at last measurement

Participants are first offered the regular treatment: Multi-family day treatment (MGDB). These treatment is already a regular form of treatment in mental health care, the effectiveness of which has been established in previous research.

Following this regular treatment, the subjects will be offered a minimum of 6 and a maximum of 18 sessions of EMDR of 90 minutes. These sessions focus on:
- Incriminating memories of negative past experiences
- Fears related to food, weight and appearance
- Urge-driven behavior related to food, such as binge eating, fasting, or compensatory behavior (hyperactivity, vomiting, laxatives)
- Negative self image
- Clinical perfectionism
- Negative body perception.
The EMDR therapy in this study will be performed without the use of medical devices.

Study burden and risks

There is no risk associated with participating in this study. The regular treatment is part of the recommended treatments for people with an eating disorder as described in the guidelines of care for eating disorders. In addition, practical experience has already been gained with the EMDR-ED protocol, which has shown that people can benefit from this treatment and that there are no special risks associated with it.

However, the treatments can be difficult, for example because the subject

starts working with unpleasant memories from the past that he/she may prefer not to think about anymore. The therapist will support the subject in this as well as possible so that there are no special risks involved and it can especially help in recovery.

Participation in the measurements takes time, which can be experienced as a disadvantage. However, this also has the advantage that it is clearly mapped out whether and how the treatment helps in recovery.

Contacts

Public
Emergis (Goes)

Oostmolenweg 79
Kloetinge 4481 PM
NL
Scientific
Emergis (Goes)

Oostmolenweg 79
Kloetinge 4481 PM
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adolescents (12-15 years)
Adolescents (16-17 years)
Adults (18-64 years)

Inclusion criteria

A maximum of 10 patients aged 12 to 19 years who agree tot participate in the

studie will be included. Patients are known to have an eating disorder (Anorexia Nervosa, Bulimia Nervosa or other specified feeding and eating disorder). The sample will be recruited from regular referrals at the eating disorder department from GGzE (mental health centre Eindhoven).

Exclusion criteria

The exclusion criteria for participation in the study are:
- insufficient command of the Dutch language
- acute suicidality
- severe psychosis

Study design

Design

Study type: Interventional

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Treatment

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	10-03-2023
Enrollment:	10
Type:	Actual

Ethics review

Approved WMO

Date:	12-05-2022
Application type:	First submission
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

Approved WMO

Date:	18-11-2022
Application type:	Amendment
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)
Approved WMO Date:	23-03-2023
Application type:	Amendment
Review commission:	METC Erasmus MC, Universitair Medisch Centrum Rotterdam (Rotterdam)

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	NL80189.078.22