

Several researches have shown that life stress events, both physical than emotional abuses, are associated with a poorer response and remission outcomes for commonly prescribed antidepressants, earlier illness onset, greater severity of symptoms, suicidal behaviours, and comorbidity. Thus, traumatic events are connected, directly or indirectly, to the treatment resistant depression (TRD) condition. Consequently it is possible to hypothesize that TRD patients who have experienced traumatic events could obtain a benefit from evidence-based trauma-focused psychotherapies. Because this topic has never been investigated, the aim of this pilot trial was to evaluate whether trauma-focused cognitive-behavioral therapy (TF-CBT) and/or Eye Movement Desensitization and Reprocessing (EMDR) can have an effect for obtaining depressive symptoms remission in these patients.

We carried out a single-blind randomized controlled trial with TRD patients that have experienced at least three traumatic events over their lifetime comparing EMDR (N=12) and TF-CBT (N=10). Patients received 3 individual sessions per week, lasting 60 min each over a period of 8 weeks in addition to drugs treatment-as-usual. The primary outcome measure was the reduction of depressive symptomatology as measured by Montgomery-Åsberg Depression Rating Scale (MADRS). Secondary outcomes were focusing on the reduction of a wide range of symptoms relating to depression. The symptomatological assessments were performed at 4 timepoints: baseline (T0), 4 (T4), 8 (T8) and 12 (T12) weeks. After 24 weeks a phone clinical interview was carried out.

Our preliminary results indicate that both EMDR than TF-CBT decrease depressive, anxiety and sleep disturbances symptoms, but only EMDR permitted to obtain a complete remission, in particular with significant greater reduction of depressive symptomatology as measured by MADRS and BDI. Furthermore, the 50% and more than 80% of TRD patients treated with TF-CBT and EMDR respectively, were in a remission state after about 6 months from the beginning of the protocol.

Our study suggests that evidence-based trauma-focused psychotherapies, in particular EMDR, allow a significant reduction in a wide range of symptoms that characterized TRD condition given a substantial well-being benefit to these patients.

I kindly ask to include this presentation in the EDEN symposium (part-2)