

RESULTS OF A RCT COMPARING THE EFFICACY OF EMDR AND CBT IN PATIENTS WITH DEPRESSION

Recurrent depression implies tremendous social and financial costs in the form of impaired relationships, lost productivity, continued use of drugs, and inappropriate use of health services and general practitioners. Increased evidence suggests a significant relationship between recurrent depressive disorders, stressful life events and psychological traumas. Trauma-focused Cognitive-Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) are the two first-line treatments of the psychological effects of traumas according to international guidelines. Neurobiological findings about the autonomic arousal and the regulation of the window of tolerance increase the efficacy of EMDR trauma processing and consequently the effectiveness in improving depressive symptoms and quality of life of patients.

In the presentation we'll show the results of a randomized clinical controlled trial with patients with recurrent depression comparing EMDR and CBT as adjunctive treatment to TAU (antidepressant medication). The research was performed in three clinical centers in Italy, Spain and Germany according to the indications of the EDEN Group (European Depression EMDR Network). The main purpose of this study was to investigate the efficacy of EMDR in treating recurrent depression as compared to CBT, in order to check the role of EMDR as an elective intervention also in this specific population. Furthermore, as a secondary aim, to evaluate the efficacy on quality of life and depression-associated symptoms.

The majority of patients were able to significantly reduce their depressive symptoms after 15 therapy sessions. EMDR treatment appears to be as effective as CBT in reducing depressive symptoms with a trend of superiority when the processing of traumas begins. Both treatments are effective in reducing anxiety and in improving quality of life. In the presentation clinical consideration about the EMDR treatment of depression will be proposed, with particular emphasis on resources and difficulties to overcome. Although other studies are needed, the results suggests that EMDR could be a reliable and effective treatment of Depression.

Learning goals:

1. is EMDR comparable to CBT in treating depression?
2. in which aspect EMDR could be considered more effective than CBT in the treatment of depression?
3. How to develop resources in depressive patients?
4. How to regulate autonomic arousal and the window of tolerance in the treatment of depression?

I kindly ask to include this presentation in the EDEN symposium (EDEN part1)