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Eye movement desensitisation and reprocessing therapy for depression

Submission date 20/06/2025	**Recruitment status** Not yet recruiting	[X] Prospectively registered [X] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [X] Record updated in last year
Registration date 30/07/2025	**Overall study status** Ongoing	
Last Edited 18/12/2025	**Condition category** Mental and Behavioural Disorders	

Plain English summary of protocol

Background and study aims
Depression is a common condition in primary care and a leading cause of disability and lost work days. Only half of patients respond to the most common treatments (antidepressants and cognitive behavioural therapy (CBT)). Eye movement desensitisation and reprocessing therapy (EMDR) is a NICE-recommended trauma-focused intervention for post-traumatic stress disorder (PTSD). The protocol has been adapted for depression. It emphasises the importance of reprocessing dysfunctionally stored memories that may arise after stressful life events (e.g. job loss) or traumatic experiences (e.g. childhood abuse) and which may predispose to and maintain depression. Targeting memories linked to depression using EMDR provides a new avenue for treatment that may act via different mechanisms. There is some evidence that EMDR may reduce depressive symptoms. However, there is no robust evidence of efficacy, and it is unclear how EMDR works.

This study aims to establish the effects of EMDR (in addition to usual GP care (UC)) compared with UC for patients with depression in primary care. An embedded mechanistic study will determine whether key memory-processing mechanisms mediate reductions in depression and if working memory capacity is associated with treatment response. A nested qualitative study will examine the acceptability of EMDR for depression, further explore mechanisms, and identify possible causes of differing responses. An intervention costing exercise will estimate the cost of delivering EMDR in the NHS

Who can participate?
Adult patients over 18 years old who are currently depressed, not already receiving a talking therapy and who are willing to work on the memories of past stressful experiences related to their depression.

What does the study involve?
Participants will be randomly assigned to one of two groups:
- EMDR Therapy - where they are offered up to 18 individual EMDR sessions with a therapist. Each session will last up to 90 minutes and will usually take place weekly. Therapy will be provided in person.
- Usual Care - Participants continue to receive usual care from their GP.

For both groups, participants will be asked to fill in short questionnaires at 2, 8, 16 and 39 weeks, and some longer questionnaires at 26 and 52 weeks after joining the study. They may also be approached for an interview about their views of EMDR and/or their experiences of taking part in the study.

What are the possible benefits and risks of participating?
Participants will have an opportunity to help evaluate this new treatment for depression, which they will hopefully find interesting and rewarding. Whether they are allocated EMDR or usual care, it is hoped that this treatment will help them develop ways of managing their depression better. However, this cannot be guaranteed.

As with any talking therapy for depression, participants may find EMDR therapy sessions emotionally challenging or upsetting. The experienced therapists will be able to provide support within the EMDR sessions. As part of the questionnaires, participants will be asked about difficult or stressful events that have happened in their lives. They will also be asked about the memories of events that they think might be related to their depression. This will help the researchers to understand how EMDR therapy works. These questions may be difficult to answer. The researchers will also approach the screening appointment and interviews in a sensitive and supportive way. They will be able to contact a study clinician to offer support if necessary. If there are concerns about a participant's safety or the safety of others, the researchers may have to inform the participant's GP. Wherever possible, they would speak with the participant beforehand. They would only pass information to the GP without the participant' s agreement if they had immediate concerns for the participant's welfare, or the welfare of others (for example, if the participant disclosed having thoughts of harming themselves, or someone else).

Where is the study run from?
If allocated to EMDR, this would be provided in person and would take place at their GP surgery, other NHS premises or local University site (depending on local arrangements). Follow-up questionnaires can be completed by videocall, telephone, or, where feasible, in person. There is also the option to complete questionnaires by post or online.

When is the study starting and how long is it expected to run for?
March 2025 to December 2028

Who is funding the study?
National Institute for Health and Care Research, UK

Who is the main contact?
Eye-d-trial@bristol.ac.uk

Contact information

Type(s)
Public

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Integrated Research Application System (IRAS)
338392

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
CPMS 60219, NIHR160513

Study information

Scientific Title
A randomised controlled trial evaluating the efficacy and mechanisms of eye movement desensitisation and reprocessing therapy (EMDR) compared to treatment as usual for adults with depression in primary care

Acronym

EYE-D

Study objectives
To establish the efficacy of eye movement desensitisation and reprocessing therapy (EMDR) (in addition to usual GP care (UC)) compared with UC for adult patients with depression in UK primary care. The null hypothesis is that there is no difference in depressive symptoms (mean BDI-II score) at 26 weeks post-randomisation between intervention and comparator groups.

An embedded mechanistic study will determine whether reductions in depression are mediated via key memory-processing mechanisms and if working memory capacity is associated with treatment response. A nested qualitative study will examine the acceptability of EMDR for depression, the application of EMDR for depression compared to PTSD, further explore mechanisms, and identify possible causes of differing responses that could explain trial results. An intervention costing exercise will estimate the cost of delivering EMDR in the NHS.

Ethics approval required
Ethics approval required

Ethics approval(s)
submitted 08/07/2025, South West - Frenchay Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)207 104 8106, 2071048075; frenchay.rec@hra.nhs.uk), ref: 25/SW/0087

Study design
Interventional randomised controlled trial with nested qualitative study

Primary study design
Interventional

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Mood [affective] disorders

Interventions
-

Intervention Type
Other

Primary outcome(s)
Depressive symptoms will be measured using the Beck Depression Inventory (BDI-II) as a continuous variable at 26 weeks post-randomisation

Key secondary outcome(s))
1. Proportional change in depressive symptoms will be measured using the Beck Depression Inventory-II (BDI-II) at 26 and 52 weeks post-randomisation
2. Remission of depressive symptoms (BDI-II < 10) will be measured using the Beck Depression Inventory-II (BDI-II) at 26 and 52 weeks post-randomisation
3. Symptoms of depression will be measured using the Patient Health Questionnaire-9 (PHQ-9)

at 26 and 52 weeks post-randomisation
4. Symptoms of anxiety will be measured using the Generalized Anxiety Disorder-7 (GAD-7) at 26 and 52 weeks post-randomisation
5. Impairment in functioning will be measured using the Work and Social Adjustment Scale (WSAS) at 26 and 52 weeks post-randomisation
6. Quality of life will be measured using the EuroQol five-dimension five-level scale (EQ-5D-5L) at 26 and 52 weeks post-randomisation
7. Capability will be measured using the ICEpop CAPability measure for Adults (ICECAP-A) at 26 and 52 weeks post-randomisation
8. Continuous score on the Beck Depression Inventory-II (BDI-II) will also be measured at 52 weeks post-randomisation

Data on PHQ-9 and GAD-7 will also be collected as part of the brief follow-ups at 2, 8, 16 & 39 weeks

Completion date
31/12/2028

Eligibility

Key inclusion criteria
1. Aged ≥18 years
2. Have a BDI-II score ≥14
3. Meet ICD-10 depression criteria
4. Are willing to discuss past stressful experiences related to their depression

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 years

Upper age limit
99 years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Have a diagnosis of PTSD/complex PTSD
2. Have a substance use disorder (including alcohol dependence) within the last 12 months

3. Have bipolar disorder, schizophrenia or psychosis
4. *Have a current diagnosis of moderate/severe personality disorder
5. Have a dissociative disorder
6. Have dementia
7. Are currently under secondary care for depression (including those referred but not yet seen) at eligibility screening
8. *Have a history of repeated contacts with secondary care services or community mental health teams
9. *Have a history of repeated self-harm
10. Are currently receiving psychotherapy for depression at eligibility screening
11. Unable to complete self-administered questionnaires in English
12. Taking part in another trial of an intervention for mental health

*Criteria at the discretion of the clinical PI, who will use their judgement in deciding if the patient should be excluded based on these factors

Date of first enrolment
01/01/2026

Date of final enrolment
31/10/2027

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
University of Exeter
Health and Community Sciences
Exeter NO COUNTRY SPECIFIED, assuming England
England
-

Study participating centre
University College London
Division of Psychiatry
London NO COUNTRY SPECIFIED, assuming England
England
-

Study participating centre

University of Bristol
Centre for Academic Mental Health,
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Sponsor information

Organisation
University of Bristol

ROR
https://ror.org/0524sp257

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 4.0	22/10/2025	04/12/2025	No	Yes
Protocol file	version 3.0	06/11/2025	04/12/2025	No	No
Study website			16/12/2025	No	No