

Comparing EMDR with CBT for the treatment of anorexia nervosa

Submission date 13/10/2019	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 22/10/2019	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 14/02/2025	Condition category Mental and Behavioural Disorders	<input type="checkbox"/> Individual participant data
		<input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

Anorexia nervosa (AN) is a severe mental disorder in which a person fears gaining weight or becoming fat, even though they might be very underweight. A person with AN may reduce their food intake, increase exercise and use laxatives or vomiting in order to control their weight and size. Some people with AN and other eating disorders have experienced trauma in their childhood and it is thought that the disorder may be a way of coping with negative emotions and experiences.

Eye movement desensitization and reprocessing (EMDR) is a type of talking therapy in which a person recalls memories of traumatic events and is guided by the therapist to move their eyes or hands in a certain way. This is thought to help the mind process the experience and make it less troubling. EMDR has been used in people with post-traumatic stress disorder (PTSD), but little is known about whether it might help people with AN.

This study aims to compare EMDR with cognitive behavioural therapy (CBT, another widely used talking therapy) in people with AN.

Who can participate?

Girls and women aged 15-25 years with AN

What does the study involve?

The participants will be randomly allocated to receive 16 sessions of EMDR or CBT. They will be followed up after the last treatment session and 6 months after that.

What are the possible benefits and risks of participating?

There are no potential risks envisaged other than the possibility of a worsening of the participants' condition. Any health conditions or side effects will be managed according to the best clinical practice in the center. Participants will be evaluated on a case-by-case basis by the researchers to decide whether they should continue participating in the study.

Where is the study run from?

Presidio San Paolo Psychiatric Hospital (Italy)

When is the study starting and how long is it expected to run for?
May 2017 to December 2024

Who is funding the study?
Italian EMDR Association (Italy)

Who is the main contact?
Dr Sara Bertelli, sara.bertelli@asst-santipaolocarlo.it

Contact information

Type(s)
Scientific

Contact name
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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
0000306

Study information

Scientific Title
Eye Movement Desensitization and Reprocessing (EMDR) versus Cognitive-Behavioral Therapy (CBT) in the treatment of anorexia nervosa: a randomized clinical trial

Acronym
EMDR-DCA

Study objectives
This study aims to investigate the differences in clinical and neurophysiological outcome in anorexia nervosa after treatment with CBT or EMDR therapy

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 14/03/2018, Comitato Etico Milano Area 1, ASST Santi Paolo e Carlo (74 via GB Grassi, 20157 Milan, Italy; +39 02 8184 4118; comitatoetico.hsp@asst-santipaolocarlo.it), ref: 0000306

Study design

Single-center interventional randomized longitudinal trial study

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Anorexia nervosa

Interventions

Participants will receive 16 Cognitive-Behavioral Therapy (CBT) or Eye Movement Desensitization and Reprocessing (EMDR) sessions with a licensed psychotherapist in a block-randomized order. First follow-up (T1) will be at the end of 16 sessions and second follow-up (T2) 6 months after the last session.

Adverse events (AEs) are highly underreported in psychological RCTs. In line with recent recommendations, the investigators will report the proportion of patients who deteriorate on clinical measures in both the experimental and control groups. They will explain how AEs were defined and recorded and will try to identify AEs that are plausibly related to the intervention

Intervention Type

Behavioural

Primary outcome(s)

Eating disorder severity measured using the global score of the Eating Disorder Examination (EDE) questionnaire from T0 (baseline) to T1 (after 16 therapy sessions)

Key secondary outcome(s))

1. Eating Disorder Severity measured using the global score of the Eating Disorder Examination (EDE) questionnaire from T1 (after 16 therapy sessions) to T2 (6 months after the last session)
2. Emotional regulation ability assessed using the Difficulties in Emotion Regulation Scale (DERS) at baseline, T1 and T2
3. Psychosocial impairment severity assessed using the Clinical Impairment Assessment (CIA) questionnaire at baseline, T1 and T2
4. Attitudes towards the body assessed using the Body Attitudes Test (BAT) at baseline, T1 and T2
5. Dissociative symptoms assessed using the Dissociative Experiences Scale (DES) at baseline, T1 and T2
6. Attachment assessed using the Adult Attachment Interview (AAI) at baseline, T1 and T2
7. Body mass index (BMI) assessed by measuring weight and height at baseline, T1 and T2
8. Brain activity measured using high-density electroencephalography (EEG) using 64 scalp electrodes during the AAI at baseline and T1

Completion date

15/12/2024

Eligibility

Key inclusion criteria

1. Females aged 15-25 years
2. Newly diagnosed with anorexia nervosa using DSM-V criteria

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

15 years

Upper age limit

25 years

Sex

Female

Total final enrolment

53

Key exclusion criteria

1. Inability to speak or read Italian language
2. Any general medical condition interfering with eating habits, including metabolic disorders
3. Perinatal trauma or severe neurological disorder
4. Any severe psychiatric comorbidity (excluding personality disorders)
5. Psychotherapy of any kind in the previous year
6. EMDR or CBT psychotherapy in the medical history

Date of first enrolment

14/03/2018

Date of final enrolment

15/05/2024

Locations

Countries of recruitment

Italy

Study participating centre

Department of Mental Health and Addiction, San Paolo University Hospital, ASST Santi Paolo e Carlo

via Antonio di Rudinì 8

Milano

Italy

20142

Sponsor information

Organisation

ASST Santi Paolo e Carlo

ROR

<https://ror.org/0026m8b31>

Funder(s)

Funder type

Other

Funder Name

Associazione per l'EMDR in Italia [Italian EMDR Association]

Results and Publications

Individual participant data (IPD) sharing plan

The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Other

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes