

# Eye movement desensitization and reprocessing (EMDR) versus Cognitive behavioural therapy (CBT) in the treatment of Obsessive compulsive disorder (OCD)

<b>Submission date</b> 06/09/2013	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 05/11/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 06/12/2017	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Obsessive Compulsive Disorder (OCD) is the 4th most common mental disorder and is in the top ten most disabling illnesses described by the World Health Organization. For people struggling with OCD there is one recommended psychological treatment, Cognitive Behavioural Therapy (CBT), based on exposure and response prevention), available in NHS primary care services. Although this is generally a successful treatment, not all patients do well with this approach. The aim of this study is to investigate if Eye Movement Desensitization and Reprocessing (EMDR), a psychological therapy presently used for post traumatic stress disorder, can also be a successful treatment for OCD. The researchers are interested in finding out how EMDR compares to CBT, and also want to know what participants think about using EMDR as a treatment for this disorder.

### Who can participate?

Anyone who has been referred to the Leeds Primary Care Mental Health and Improving Access to Psychological Therapies (IAPT) Service, has a diagnosis of OCD and is seeking treatment for this.

### What does the study involve?

The participants complete an initial diagnostic interview with the study coordinator. Then they are randomly allocated to one of two treatments: CBT or EMDR. The participants are asked to complete an OCD questionnaire at the beginning of every session and at 6 months follow up after the end of treatment.

### What are the possible benefits and risks of participating?

Participation in the study could help to improve participants' symptoms of OCD. There are dedicated research therapists, which means participants will receive treatment fairly quickly, since they will not be placed on the usual waiting list for psychological treatments. In addition, the results of the study will inform the future development of psychological approaches for

OCD. Participants will not be able to choose which of the two treatments they want to have. The research questionnaires will ask participants to rate how often they have experienced some key symptoms of OCD during the previous week. This may be uncomfortable for some people as it may bring up difficult or unpleasant feelings. However, these are questions that patients are asked as part of routine treatment anyway. The only difference to routine psychological treatment is that there is one additional questionnaire used in this study.

Where is the study run from?

Leeds Primary Care Mental Health and IAPT Service (UK)

When is the study starting and how long is it expected to run for?

November 2013 to November 2015

Who is funding the study?

Leeds Community Healthcare NHS Trust (UK)

Who is the main contact person?

Jaime Delgadillo

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## Contact information

### Type(s)

Scientific

### Contact name

Mr Jaime Delgadillo

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

R010

## Study information

**Scientific Title**

Feasibility randomized controlled trial comparing EMDR versus CBT in the treatment of obsessive compulsive disorder

**Acronym**

ECO Trial

**Study objectives**

1. To evaluate the feasibility of (a) recruiting, (b) randomising, (c) completing structured treatment protocols for EMDR and CBT as usual with OCD patients, and (d) measuring outcomes at repeated intervals.
2. We expect comparable outcomes in terms of symptom reduction (effect size), recovery rates (reliable and clinically significant improvements in OCD measure) and treatment completion rates.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Leeds Bradford REC, 15/10/2013, ref: 13/YH/0338

**Study design**

Feasibility randomised controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Other

**Study type(s)**

Treatment

**Participant information sheet**

Not available in web format, please use the contact details to request a patient information sheet

**Health condition(s) or problem(s) studied**

Obsessive Compulsive Disorder

**Interventions**

Participants will be randomly allocated to one of two treatments. Both treatments will be delivered by trained CBT and EMDR therapists.

1. CBT (based on exposure and response prevention) aims to reduce the anxiety and fear associated with OCD and to reduce the need for repetitive or compulsive actions. First, this involves meeting with a therapist to identify the types of situations that bring up or trigger OCD

symptoms and fears. Second, it involves slowly coming into contact with your fears, allowing individuals to learn that they can successfully cope. Repeatedly facing ones fears and learning to manage the uncomfortable feelings and thoughts associated with these fears allows the anxiety to gradually fade away.

2. EMDR is a psychological therapy that also uses the natural healing ability of your body. As with CBT, this firstly involves meeting with a therapist to identify situations that trigger OCD symptoms and fears. Then each current trigger is dealt with using repeated eye movements from side to side, until they are no longer distressing to bring to mind. This process is then repeated with any related past memories. Once the current triggers and past related memories are no longer distressing, it is expected that the uncomfortable thoughts and feelings will fade away.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome measure**

1. Self-rated Yale-Brown Obsessive Compulsive Scale (YBOCS) questionnaire  
Measured at the beginning of every treatment sessions and at 6 months follow-up

### **Secondary outcome measures**

Routine IAPT measures:

1. Obsessive-Compulsive Inventory (OCI) (for obsessive compulsive symptoms)
2. Patient Health Questionnaire (PHQ9) (for depressive symptoms)
3. Generalized Anxiety Disorder (GAD7) (for anxiety symptoms)
4. Work and Social Adjustment Scale (WSAS) (measure of general functioning and adjustment)

### **Overall study start date**

01/11/2013

### **Completion date**

01/11/2015

## **Eligibility**

### **Key inclusion criteria**

Patients have been referred or signposted to an Improving Access to Psychological Therapies (IAPT) service in Leeds and are suitable for treatment in a primary care setting on the basis of:

1. Having a common mental disorder
2. Low risk of harm to self or others

Patients must meet ICD-10 diagnostic criteria for OCD, and this is the person's primary concern or reason for seeking treatment

### **Participant type(s)**

Patient

### **Age group**

Adult

**Sex**

Both

**Target number of participants**

At least 50

**Key exclusion criteria**

This study is embedded in routine primary care mental health services, which specifically supports patients with common mental health problems

1. Patients with severe mental health problems are treated in psychiatric or secondary care mental health services, are routinely referred on to secondary care and therefore will not be recruited to this trial
2. Patients who are unsuitable for treatment in a primary care setting due to acute suicidal risk
3. Patients who meet criteria for alcohol or drug dependence (identified using a validated Severity of Dependence Scale)
4. Patients who do not currently meet diagnostic criteria for OCD as defined by the ICD-10
5. OCD is not the person's primary concern
6. Patients who are currently using prescribed benzodiazepines, which is a contra-indication to EMDR treatment. Potential participants using any other sedatives (e.g. opiates) will be interviewed by the study co-ordinator to determine whether the current dose may pose an obstacle to treatment (in consultation with the prescribing physician)

**Date of first enrolment**

01/11/2013

**Date of final enrolment**

01/11/2015

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Primary Care Mental Health Service**

Leeds

United Kingdom

LS73EX

**Sponsor information****Organisation**

Leeds Community Healthcare NHS Trust (UK)

## Sponsor details

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## Sponsor type

Hospital/treatment centre

## ROR

<https://ror.org/01776ep11>

## Funder(s)

### Funder type

Hospital/treatment centre

### Funder Name

Leeds Community Healthcare NHS Trust (UK)

## Results and Publications

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/01/2018		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No