

Eye movement desensitization and reprocessing (EMDR) versus stabilisation in the treatment of traumatised asylum seekers and refugees

Submission date 17/09/2012	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 08/10/2012	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 22/02/2016	Condition category 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

Traumatised asylum seekers and refugees are often clinically considered a complex population. Many of them suffer from posttraumatic stress disorder (PTSD), which may be related not only to traumatic experiences but also to current stressful situations, such as an insecure residency status. For the psychological treatment of single traumatic events, Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive-Behavioral Therapy (CBT) are considered "treatments of choice", meaning that they should be offered to patients with PTSD. Both are treatments that involve confrontation with traumatic memories. Whether these treatments also work well with asylum seekers and refugees has been a question of debate. It is considered "good clinical practice" to use a phased model of treatment with these patients, in which treatment initially focuses on psychosocial stabilisation and only later, if at all, on the traumatic memories. There are however indications that this group could benefit from early EMDR, without first undergoing a long stabilisation phase. The study has been designed to answer the question: is EMDR better than stabilisation in reducing posttraumatic symptoms in traumatised asylum seekers and refugees? The aim of the study is to improve the treatment of traumatised asylum seekers and refugees. Considering previous study outcomes, we expect that EMDR will work better than stabilisation.

Who can participate?

Participants will be adult asylum seekers and refugees who suffer from PTSD and who have applied for outpatient treatment.

What does the study involve?

In this study, participants will be randomly assigned to either 12 hours of EMDR or 12 hours of stabilisation. Another group of patients will be asked to participate in a waitlist condition. The study aims to include 108 participants. Participants will answer interview questions and questionnaires on trauma symptoms, anxiety and depression, quality of life, and ways of coping with stressful situations.

What are the possible benefits and risks of participating?

The study has been ethically approved and no side effects are expected from participating. Participation brings no specific benefits. Patients who decide not to participate are entitled to the usual care.

Where is the study run from?

The study is run from Centrum 45, which is a Dutch psychotrauma expert centre.

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

The study has started in September 2009, and we expect to finish it by the end of 2012.

Who is funding the study?

The study is partially funded by ZonMW, the Netherlands organization for health research and development, and updates on the progress of the study may be found on their website, www.zonw.nl (add /en/ for information in English).

Who is the main contact?

Jackie June ter Heide

j.ter.heide@centrum45.nl

Study website

<http://www.centrum45.nl/>

Contact information

Type(s)

Scientific

Contact name

Ms Jackie June ter Heide

Contact details

Foundation Centrum '45

Nienoord 5

Diemen

Netherlands

1112 XE

+31 (0)20 6 274 974

j.ter.heide@centrum45.nl

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

NARCIS OND1324839

Study information

Scientific Title

Eye movement desensitization and reprocessing (EMDR) versus stabilisation in the treatment of traumatised asylum seekers and refugees: a randomised controlled trial

Study objectives

Eye movement desensitization and reprocessing (EMDR) will be more efficacious than stabilisation or waiting list in reducing post-traumatic stress, anxiety and depression, and increasing quality of life.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Medical Ethical Committee, University of Leiden, 25/07/2007, ref: P06.211

Study design

Randomised controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Hospital

Study type(s)

Treatment

Participant information sheet

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

Health condition(s) or problem(s) studied

Post Traumatic Stress Disorder (PTSD)

Interventions

72 participants are randomly assigned to either EMDR or stabilisation as usual, and 36 participants are non-randomly assigned to a waitinglist group.

Intervention Type

Other

Phase

Not Applicable

Primary outcome measure

Posttraumatic stress disorder (PTSD) as measured by the Clinician-Administered PTSD Scale (CAPS) and the Harvard Trauma Questionnaire (HTQ)

Secondary outcome measures

1. Anxiety and depression as measured by the Hopkins Symptom Checklist (HSCL-25)
2. Quality of life as measured by the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF)
3. Coping styles as measured by the Cope-Easy

Overall study start date

01/09/2009

Completion date

31/12/2012

Eligibility

Key inclusion criteria

1. Patients who newly apply for treatment at Centrum 45
2. Patients who have applied for asylum in the Netherlands (i.e. are asylum seekers or refugees)
3. Patients who are at least 18 years old
4. Patients who meet the criteria for a posttraumatic stress disorder (PTSD)-diagnosis according to the DSM-IV-TR (APA, 2000)

Participant type(s)

Patient

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

108

Key exclusion criteria

1. Patients who suffer from serious depression (i.e. with high suicidal intent and/or psychotic features)
2. Patients who suffer from alcohol or substance dependence
3. Patients who suffer from psychotic disorder, bipolar disorder, cognitive disorders, or automutilation or eating disorders threatening their physical health.

Date of first enrolment

01/09/2009

Date of final enrolment

31/12/2012

Locations

Countries of recruitment

Netherlands

Study participating centre

Foundation Centrum '45

Diemen

Netherlands

1112 XE

Sponsor information

Organisation

The Netherlands Organisation for Health Research and Development [ZonMw] (Netherlands)

Sponsor details

Postbox 93 245

The Hague

Netherlands

2509 AE

+31 (0)70 349 51 11

info@zonmw.nl

Sponsor type

Government

Website

<http://www.zonmw.nl/en/>

ROR

<https://ror.org/01yaj9a77>

Funder(s)

Funder type

Government

Funder Name

ZonMw, ref: 100002036

Alternative Name(s)

Netherlands Organisation for Health Research and Development

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

Netherlands

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?
Results article	results of pilot study	01/05/2011		Yes	No
Results article	results	01/10/2016		Yes	No