ISRCTN16396325 https://doi.org/10.1186/ISRCTN16396325

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

Submission date
06/09/2013

Recruitment status
No longer recruiting

Registration date
05/11/2013

Overall study status
Completed

Last Edited
06/12/2017

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] Individual participant data

Plain English Summary
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
jaime.delgadillo@nhs.net

Contact information

Type(s)
Scientific

Contact name
Mr Jaime Delgadillo

Contact details
Primary Care Mental Health Service
Reginald Centre, 2nd Floor
263 Chapeltown Rd
Leeds
United Kingdom
LS73EX
+44 (0)1138434388
jaime.delgadillo@nhs.net

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 hypothesis
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

Condition
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

Overall study end date
01/11/2015

Eligibility

Participant 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

Participant 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)

Recruitment start date
01/11/2013

Recruitment end date
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
c/o Ms Linda Dobrzanska
Stockdale House
Headingly Business Park
Victoria Road
Leeds
England
United Kingdom
LS6 1PF
+44 (0)113 203 3473
linda.dobrzanska@nhs.net

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?
Results article	results	01/01/2018		Yes	No
HRA research summary			28/06/2023	No	No