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Brief review

BEYOND POST-TRAUMATIC STRESS DISORDER (PTSD): STATE OF THE ART ON PSYCHOLOGICAL DISORDERS IN WHICH EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR) CURRENTLY SHOWS CLINICAL EFFICACY

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SUMMARY

Eye Movement Desensitization and Reprocessing (EMDR) was originally developed as a treatment for post-traumatic stress disorder (PTSD), but its applications have expanded significantly in recent years. This narrative review explores the current state of evidence for EMDR's clinical efficacy across a spectrum of psychological disorders beyond PTSD. We examine findings from randomized controlled trials, systematic reviews, and meta-analyses - including the comprehensive systematic review by Scelles and Bulnes (2021) - that assess EMDR's impact on anxiety disorders, depression, obsessive-compulsive disorder (OCD), somatic symptom disorders, pain, addiction, and personality disorders. While the mechanism of action remains debated, empirical evidence suggests EMDR can yield outcomes comparable to or superior to established psychotherapies in certain contexts. A critical discussion is offered regarding the methodological limitations in existing studies and the importance of integrating EMDR within broader evidence-based treatment frameworks.

Key words: *EMDR – PTSD - clinical efficacy*

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INTRODUCTION

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic intervention originally developed for the treatment of PTSD (Shapiro 1989). However, its scope has significantly expanded, fueled by growing empirical support and theoretical developments such as the Adaptive Information Processing (AIP) model. According to AIP, dysfunctionally stored memories contribute to psychopathology across diagnostic categories, not only PTSD (Shapiro 2001). This theoretical flexibility has opened EMDR to a transdiagnostic application framework.

A pivotal systematic review by Scelles and Bulnes (2021) catalogued 90 empirical studies focused on the use of EMDR outside the context of PTSD. Their work underscores EMDR's growing relevance in treating a range of psychological and somatic conditions - including anxiety disorders, depressive disorders, OCD, pain, and addictions - while also identifying critical methodological challenges. This article aims to integrate such findings with recent meta-analyses and RCTs, providing a current state-of-the-art perspective.

EMDR IN ANXIETY DISORDERS

Eleven studies identified by Scelles and Bulnes (2021) demonstrate EMDR's efficacy in anxiety-related conditions, particularly panic disorder, specific phobias, and generalized anxiety disorder (GAD). Several case series and RCTs, including those by Faretta (2012) and Fernandez and Faretta (2007), indicate that EMDR produces comparable outcomes to CBT, with some evidence suggesting faster symptom resolution. A meta-analysis by Yunitri et al. (2020) confirmed EMDR's effectiveness in reducing anxiety, panic, and phobic symptoms.

EMDR AND DEPRESSIVE DISORDERS

EMDR has shown positive outcomes in mood disorders across multiple trials. Scelles and Bulnes (2021) reviewed 10 studies, including RCTs comparing EMDR to CBT and treatment-as-usual (TAU). EMDR was found to produce similar or superior outcomes in patients with major depressive disorder (MDD), particularly in treatment-resistant cases (Minelli et al. 2019) and those with cardiovascular comorbidities (Behnammoghadam et al. 2015). These findings are consistent with meta-analyses by Carletto et al. (2021) and Dominguez et al. (2021), which reported moderate to large effect sizes.

OBSESSIVE-COMPULSIVE DISORDER (OCD)

Seven studies were reviewed in the Scelles and Bulnes (2021) analysis, with mixed findings. While the combined protocols of EMDR and Exposure and Response Prevention (ERP) yielded clinical improvements, standalone EMDR showed less consistent results. Marsden et al. (2018) found no significant difference between EMDR and CBT, while Nazari et al. (2011) reported that EMDR outperformed citalopram in symptom reduction.

PAIN AND SOMATOFORM DISORDERS

Among the most robust findings in the review were those concerning chronic and acute pain. Twenty-two studies reviewed demonstrated significant reductions in pain intensity, distress, and somatic symptoms. Notably, EMDR was effective in treating phantom limb pain (De Roos et al. 2010), fibromyalgia (Friedberg 2004), and migraine (Marcus 2008). In some cases, a single EMDR session produced lasting pain relief (Maroufi et al. 2016). In somatoform disorders such as tinnitus and psychogenic seizures, EMDR produced results superior to pharmacological interventions (Demirci et al. 2017).

PERSONALITY DISORDERS AND COMPLEX TRAUMA

Though limited to case studies, EMDR has shown promise in treating borderline personality disorder (BPD) and other disorders of adult personality. Reports included in the Scelles and Bulnes (2021) review demonstrate EMDR's capacity to reduce emotional dysregulation, self-injurious behavior, and dissociative symptoms over extended treatment protocols (Brown & Shapiro 2006).

ADDICTION

The evidence for EMDR in addiction is mixed. While Hase et al. (2008) reported positive outcomes in alcohol cravings, and Bae et al. (2015) in pathological gambling, a more recent RCT by Markus et al. (2020) found no additive benefit over standard treatment. Dropout rates were notably higher in addiction-related studies, possibly due to the emotional demands of the EMDR protocol.

MECHANISMS OF ACTION

The mechanisms by which EMDR exerts its effects remain debated. Scelles and Bulnes (2021) categorize explanations into psychological (orienting response, working memory competition), psychophysiological (REM-like brain activity), and neurobiological (modulation of colliculo-amygdalar pathways) accounts. Despite their diversity, all models converge on the idea that EMDR facilitates memory reconsolidation and affective processing.

LIMITATIONS OF THE EVIDENCE

Approximately one-third of the studies reviewed were RCTs. The rest included case reports and observational studies, limiting generalizability. Scelles and Bulnes (2021) noted moderate overall methodological quality, heterogeneous protocols, and small sample sizes as recurring limitations. Furthermore, many studies lacked clear diagnostic exclusion of trauma, blurring the boundaries between trauma- and non-trauma-related symptomatology.

CONCLUSION

EMDR has demonstrated clinical utility in several psychological conditions beyond PTSD, including anxiety, depression, somatic disorders, and personality disorders. While not universally superior to CBT, EMDR often matches its efficacy and offers unique benefits in terms of session brevity and tolerability. The systematic review by Scelles and Bulnes (2021) supports its broader implementation but calls for more rigorous research. Future investigations should standardize protocols, differentiate trauma-related from non-trauma-related cases, and include long-term follow-ups. Understanding EMDR's transdiagnostic mechanisms may redefine how we conceptualize memory-based interventions in psychotherapy.

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