



EMDR AND BREAST CANCER

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Poster presented at the EMDRIA Conference, San Diego, California, June 20-23, 2002

INTRODUCTION

For most women the diagnosis and the treatment of breast cancer is a trauma. Some recent studies indicate that cancer related PTSD symptoms are frequent in breast cancer patients while others still see depression as the most relevant psychological symptom following the diagnosis and treatment of breast cancer. In a European study we aimed at establishing the frequency and relevance of PTSD symptoms in breast cancer patients. In a second study we tested different trauma focused intervention approaches for breast cancer patients, including EMDR (Eye Movement Desensitization and Reprocessing).

METHODS

In a project funded by the European Commission, 156 breast cancer patients rated a comprehensive set of standardized psychological and quality of life scales. The relevance of different aspects of psychological distress and quality of life was examined. A short questionnaire (BC-PASS: Breast Cancer-Psychosocial Assessment Screening Scale) was developed for the use in medical routine care. It can also be used as a screening scale for PTSD symptoms in breast cancer patients. The BC-PASS was translated and tested in six European countries (N = 240).

In the second study breast cancer patients were screened for PTSD symptoms in settings of medical routine care by use of the BC-PASS. If the critical score of Factor C: „Emotional Stress Reaction“ was exceeded, they were randomly assigned to three treatment groups (2: Resource focused Cognitive Behavior Therapy; 3: Resource focused EMDR; 4: Resource focused EMDR and CIPBS (Conflict Imagination, Painting and Bilateral Stimulation). Post-treatment testing was 3 months after pretest. As an additional group (group1) we included breast cancer patients of a specialized rehabilitation clinic (intense medical, psychological and physiotherapeutic aftercare) before and after a 3- or 4week inpatient program. In each group 10 subjects were treated (N = 39: one dropout in group 2). 9 months follow up data is available for only 13 subjects at the moment.

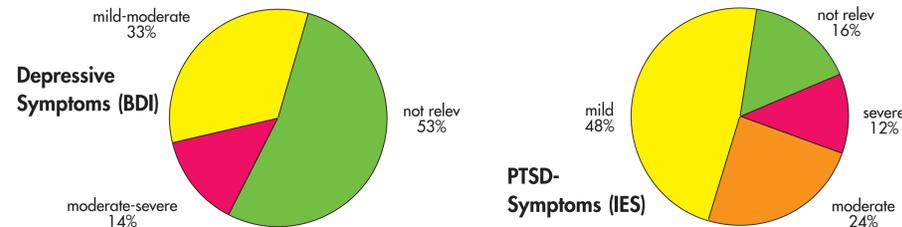
RESULTS

Moderate and severe PTSD symptoms were reported by 36% of breast cancer patients in the first study while only 14% showed moderate or severe depressive symptoms. Quality of life was significantly associated with the severity of PTSD symptoms but not with the severity of the breast cancer diagnosis or the treatment (mastectomy vs. breast conserving surgery). In the second study all four groups showed pre-post improvements. EMDR and EMDR+CIPBS was most effective in reducing PTSD symptoms (Table 1).

CONCLUSION

PTSD Symptoms play an important role for women diagnosed with breast cancer. The study highlights the need for routine screening for PTSD symptoms in breast cancer patients. The results suggest that special psychotherapeutic interventions including EMDR and EMDR related procedures are necessary and effective. More research is needed.

SYMPTOMS OF DEPRESSION AND PTSD



TREATMENT: PRE-POST MEANS

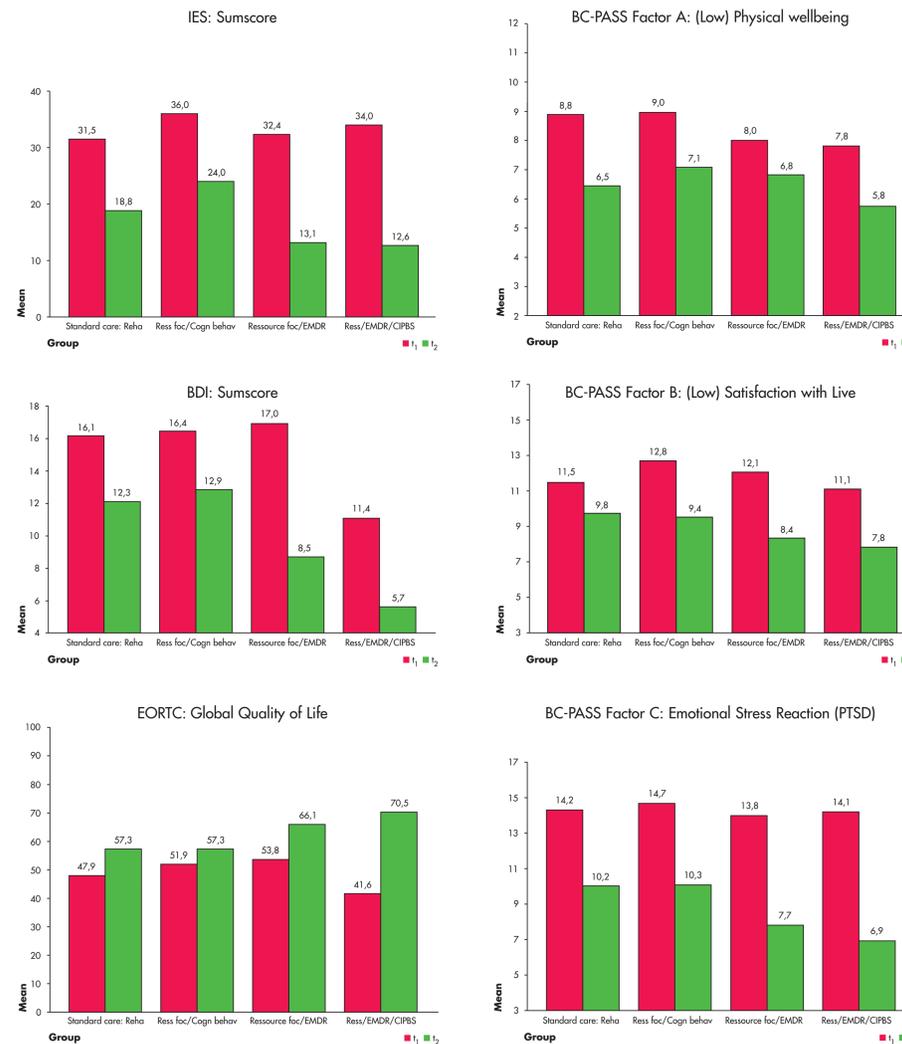


TABLE 1

Pre-treatment and post-treatment means (M) and standard deviations (s) for the two main outcome measures IES and BDI

| Scale | Group | n | Age | Number of specific sessions | Pre | | Post | | Pre-post differences | Differences between groups (post) |
|-------------------------|-----------------------------|----|------|-----------------------------|------|-------|------|-------|----------------------|-----------------------------------|
| | | | | | M | s | M | s | | |
| IES Sumscore (15 items) | 1: Standard Rehabilitation | 10 | 50,2 | 5,3 | 31,5 | 14,19 | 18,8 | 11,73 | p = .010 | } n.s. } p < .01 } n.s. |
| | 2: Res. foc. Cognit. Behav. | 9 | 54,7 | 4,9 | 36,0 | 11,41 | 24,0 | 11,01 | p = .013 | |
| | 3: Res. foc. EMDR | 10 | 51,9 | 5,1 | 32,4 | 8,99 | 13,1 | 4,07 | p < .000 | |
| | 4: Res. foc. EMDR + CIPBS | 10 | 49,6 | 5,1 | 34,0 | 6,41 | 12,6 | 10,10 | p < .000 | |
| | | 39 | 51,5 | 5,1 | 33,4 | 10,34 | 16,9 | 10,38 | | |

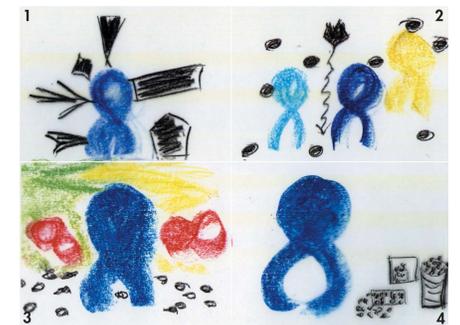
| Scale | Group | n | Age | Number of specific sessions | Pre | | Post | | Pre-post differences | Differences between groups (post) |
|--------------|-----------------------------|----|------|-----------------------------|------|------|------|------|----------------------|-----------------------------------|
| | | | | | M | s | M | s | | |
| BDI Sumscore | 1: Standard Rehabilitation | 10 | 50,2 | 5,3 | 16,1 | 9,29 | 12,3 | 9,47 | p = .05 | } n.s. } p < .05 } p < .05 |
| | 2: Res. foc. Cognit. Behav. | 9 | 54,7 | 4,9 | 16,4 | 8,04 | 12,1 | 4,04 | n.s. | |
| | 3: Res. foc. EMDR | 10 | 51,9 | 5,1 | 17,0 | 7,50 | 8,5 | 2,63 | p < .01 | |
| | 4: Res. foc. EMDR + CIPBS | 10 | 49,6 | 5,1 | 11,4 | 5,48 | 5,7 | 2,31 | p < .011 | |
| | | 39 | 51,5 | 5,1 | 15,2 | 7,72 | 9,6 | 5,95 | | |

CIPBS CASE EXAMPLES

CIPBS (Conflict Imagination, Painting and Bilateral Stimulation) is based on an EMDR related procedure, combined with elements of Guided Imagery Therapy.



Patient K, 56 years
Situation: one day after the patient received the message, that she probably has a relapse
Safe place: colors of the sky, connection to waves and to the universe
 1: SUD 10
 4: SUD 1-2



1: it hits me very hard, all movement stops
 2: I can move in different ways and develop strategies. The chunk doesn't hit me anymore, the projectiles became rounder
 3: more sunshine, I have to watch the trash, the red color has to do with the love of my husband and my children
 4: it feels good to get ideas, I do what needs to be done next, everything is in place



Patient P, 35 years
Situation: fear of last chemotherapy, the patient thinks she is not able to go, but if not, she might die
Safe place: lying in a hammock, enjoying nature
 1: SUD 10
 6: SUD 1-2



1: horror, disgust, terrible nausea, indescribable terrible
 2: sadness, desperation, helplessness, feeling very small, fear
 3: just extreme exhaustion
 4: comfort, protection, security, advice
 5: to sleep for a long time, being supported, light, doing good things, pleasant smells,
 6: good company, advice, I can decide



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