

CASE REPORT

Use of Therapist Rotation Model for Eye Movement Desensitization and Reprocessing (EMDR) in a Patient with Atopic Dermatitis

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Abstract

Atopic dermatitis (AD) is described by lichenification, pruritus and excoriation of the skin. Up to 70% of patients may experience stressful life events before onset of AD. In this study, we aimed to present use of Eye Movement Desensitization and Reprocessing (EMDR) for psychotherapy of an AD patient. Our second goal is to demonstrate the effect of therapist rotation model (TRM) for this group of patients. We used EMDR and TRM based on Van Minnen's model. We compared test results including depression, anxiety, and AD disease severity before and after EMDR sessions. Our patient's depression and anxiety scores decreased after EMDR therapy. EMDR may be useful for psychogenic component and itching complaint of AD. TRM may be rational, effective and tolerable for these patients.

Keywords: EMDR, Atopic Dermatitis, Trauma, Psychogenic Stress

INTRODUCTION

Atopic dermatitis (AD) is an inflammatory skin disease, and it has a chronic relapsing course (1). AD is characterized by pruritus, erythema, lichenification, and excoriation of the skin (2). Bidirectional association has been demonstrated between AD and psychiatric conditions. While AD contributes to depression and anxiety disorders, psychosocial stressors are considered as risk factors for AD (3,4,5).

Multidisciplinary approaches have been offered and various psychotherapy models have been performed for AD patients (6,7).

Eye Movement Desensitization and Reprocessing (EMDR) is a validated psychotherapeutic Approach, the goal of which is to treat traumatic memories and related symptoms. Despite its initial use for trauma-related disorders, EMDR therapy is now effectively applied for a

wide variety of stress related physical disorders such as chronic pain and psychogenic seizures (8,9).

The key aspect of EMDR is the patient's attention being directed to an external stimuli, such as doing conjugate eye movements or exposing the patient to alternating bilateral audio stimulation while the patient is simultaneously focused on a recognized source of emotional distress. The therapy parameters were the mental image of the traumatic or stressful situation; the negative cognition (NC) associated with the image, the positive cognition (PC) with which the patient wishes to replace the negative cognition. PC is estimated by using validity of cognition (VOC) scale. The amount of disturbance associated with the emotion is measured using subjective units of disturbance (SUD) scale (10). The therapist rotation model (TRM) is a novel approach for EMDR (10). The aim of this model is to increase use of trauma-focused therapies (TFTs) by group supervision of the therapists. TRM was successfully used for patients with post-traumatic stress disorder (PTSD) (11). We found only two case reports of EMDR therapy for the dermatologic diseases (12,13). Thus, in this study, we aim to demonstrate the effect of EMDR on AD patients. Our second goal is to use TRM in these patients.

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