



EMDR and Cardiac Events

The literature on the psychological impact of cardiac events is rich. A brief survey of articles on this topic gives many references. To cite just a couple, Peter Donders, in 2005, published an article in the [Netherlands Heart Journal](#). In that article, they state "Cardiovascular diseases have a number of consequences for the patient's psychological well-being and social life. The diagnosis of cardiovascular disease can be a fearful event for many patients."

The [American Psychological Association](#) asserts "Depression can also complicate the aftermath of a heart attack, stroke, or invasive procedure such as open-heart surgery. The immediate shock of coming so close to death is compounded by the prospect of a long recuperation, as well as the fear that another, potentially more serious event could occur without warning.

The result is often feelings of depression, anxiety, isolation, and diminished self-esteem. According to the National Institutes of Mental Health (NIMH), up to 65 percent of coronary heart disease patients with a history of heart attack experience various forms of depression. Though such emotions are not unusual, they should be addressed as quickly as possible. Major depression can complicate the recovery process and worsen your condition. Prolonged depression in patients with cardiovascular disease has been shown to contribute to subsequent heart attacks and strokes."

In 2013, the NCBI published a reference to a literature review article on [psychological factors and coronary heart disease](#)

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Their summary reflects the data indicated above.

There have been several studies over the years utilizing EMDR with people having suffered cardiovascular events. Here are some of the studies and their results...



Studies

Peregrinova L., & Jordan J. (2017). [Psychotherapy for posttraumatic stress disorders among cardiac patients after implantable cardioverter defibrillator shocks. Feasibility and implementation of a psychocardiological therapy manual in inpatient cardiac rehabilitation.](#) Heart Mind, 1, 42-9.

ABSTRACT:

Context:

The reported psychopathological symptoms in patients following implantable cardioverter defibrillator (ICD) shocks differ. Reports concern mostly psychosocial distress with trauma-related symptoms: high hyperarousal, re-experiencing, and avoidance behavior. Patients suffering from these impairments require targeted therapy. Until now, only a few publications report psychological treatment for patients with ICD shocks. The present work aimed to examine whether the implementation of the specific psychotherapy, including eye movement desensitization and reprocessing (EMDR), during inpatient cardiac rehabilitation is safe and feasible (health-care study) and to explore whether this intervention leads to a reduction of psychopathology in cardiac patients after ICD shocks. As we have no control group design, we can only describe the change, but we do not know whether the health status would be the same without our intervention. Methods: Twenty cardiac patients who were distressed after receiving ICD shocks were included in this study. Before and after the 3-5-week psychocardiological inpatient treatment (cardiac rehabilitation including psychotherapy) as well as 6 and 12 months after discharge, the patients were assessed for the following psychological variables: posttraumatic stress, depression, anxiety, and various measures of vital exhaustion and self-efficacy (Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders-4th Edition Disorders [SCID], Impact of Events Scale-Revised [IES-R], Beck Depression Inventory [BDI], Hospital Anxiety and Depression Scale [HADS] [Hospital Anxiety and Depression Scale-Anxiety (HADS [A])/Hospital Anxiety and Depression Scale-Depression (D)], Shortened Maastricht Exhaustion Questionnaire [MQ], and General Self-Efficacy Scale [SE]). Results: At baseline, 84.2% (n = 16) of the participants suffered from posttraumatic stress symptoms as assessed by the SCID (68.4% [n = 13] measured by the IES-R). Symptoms of depression were observed in 72.2% (BDI) or 63.2% (HADS [D]) of patients and anxiety in 78.9% of patients (HADS [A]). The measurements confirm a significant reduction in the symptoms of posttraumatic stress (IES-R: P = 0.000), depression (BDI: P = 0.009; HADS [D]: P = 0.000), anxiety (HADS [A]: P = 0.000), and vital exhaustion (MQ: P = 0.006), 1 year after patients underwent treatment. No significant changes were observed in perceived SE (P = 0.194). No significant correlations between medical variables and psychopathology were found (adequate/inadequate shocks; the number of shocks; primary/secondary prevention). No appropriate/inappropriate shocks were delivered within the treatment period. Conclusion: Our results suggest that an inpatient cardiac rehabilitation program with intensive targeted psychotherapy including EMDR is a safe intervention for posttraumatic stress in patients who are distressed after receiving ICD shocks. In particular, patients accepted the EMDR treatment, emotional arousal was tolerable, and no cardiac complications occurred during EMDR confrontation. Future strategies could be investigating the impact of intervention on long-term effect, stability, and mortality in this population. Also, our study showed that some patients had a very long time between ICD shocks and the beginning of the professional therapy. Hence, this leads to the finding that a waiting control group could be acceptable by the ethical commission.

Studies

Arabia, E., Manca, M. L., & Solomon, R. M. (2011). [EMDR for survivors of life-threatening cardiac events: results of a pilot study.](#) Journal of EMDR Practice and Research, 5(1), 2-13.



ABSTRACT:

Elevated psychophysiological parameters and heightened physiological reactivity to trauma-related cues are acquired changes following trauma exposure. Measuring improvement in these variables is an appropriate evaluation of outcome in treatment studies. Heart Rate Variability (HRV) is a computerized measure of physiological responsiveness derived from Holter ECG recording. Four female outpatients with persistent post-traumatic symptoms and personal impairment following "small t" trauma exposure underwent a course of

EMDR treatment and were assessed at baseline, end of treatment, day 30 and day 90 of follow-up, using self-report symptom scales and 90-min Holter ECG recordings. Symptom scores decreased between baseline and end of treatment, with improvement maintained at follow-up. Several HRV measures changed favorably in different recording intervals. HRV is a feasible and sensitive method to measure physiological changes in the treatment of individuals distressed by "small t" trauma. Further investigation is advisable to expand these preliminary data.



Studies

Behnammoghadam, M., Alamdari, A. K., Behnammoghadam, A., & Darban, F. (2015). [Effect of eye movement desensitization and reprocessing \(EMDR\) on depression in patients with myocardial infarction \(MI\)](#). *Global journal of health science*, 7(6), 258.

ABSTRACT:

Background:

Coronary heart disease is the most important cause of death and inability in all communities. Depressive symptoms are frequent among post-myocardial infarction (MI) patients and may cause negative effects on cardiac prognosis. This study was conducted to identify the efficacy of EMDR on depression of patients with MI.

Methods:

This study is a clinical trial. Sixty patients with MI were selected by simple sampling and were separated randomly into experimental and control groups. To collect data, demographic questionnaire and Beck Depression Questionnaire were used. In the experimental group, EMDR therapy was performed in three sessions alternate days for 45-90 minutes, during four months after their MI. Depression level of patients was measured before, and a week after EMDR therapy. Data were analyzed using paired -t- test, t-test, and Chi-square.

Results:

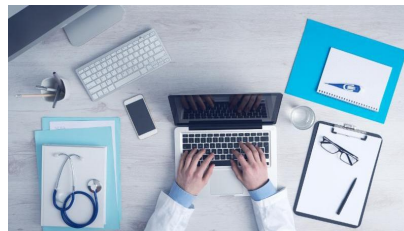
The mean depression level in experimental group 27.26 ± 6.41 before the intervention, and it was 11.76 ± 3.71 after the intervention. Hence, it showed a statistically significant difference ($P < 0.001$). The mean depression level in control group was 24.53 ± 5.81 before the intervention, and it was 31.66 ± 6.09 after the intervention, so it showed statistically significant difference ($P < 0.001$). The comparison of mean depression level at post-treatment, in both groups, showed statistically significant difference ($P < 0.001$).

Conclusion:

EMDR is an effective, useful, efficient, and non-invasive method for treatment and reducing depression in patients with MI.

Studies

Klaff, F. (2016). [EMDR therapy as portal to a child's processing of a medical condition: A case study and session deconstruction](#). *Journal of EMDR Practice and Research*, 10(3), 189-198.



ABSTRACT:

This case study demonstrates the effective use of EMDR in helping a child manage fears triggered by a life-threatening chronic medical condition-congenital heart failure. It is well documented that chronic childhood illness creates ongoing stress and psychological problems for children and their families. Evidence suggests that interventions enhance coping skills improve psychological functioning. EMDR has the potential to contribute to this end. Deconstructive analysis of a single EMDR session illustrates the working of Shapiro's adaptive information processing (AIP) model. It demonstrates that the child can spontaneously open up channels of association to uncover, process, and resolve fears relating to the medical condition, as well as other concerns. A case is made for targeting whatever current, overt problem or symptom the child presents, because this inevitably serves as a portal to more covert, even unconscious core issues. Past, current, and future fears and traumatic experiences emerge and are processed to resolution. Also highlighted is the importance of integrating the individual EMDR treatment component into a family systems treatment approach for an optimum outcome, because the illness impacts the whole family, ergo, the child. Recommendations for EMDR treatment planning and implementation with chronic illness are offered.



Studies

Shapiro, F. (2014). [The role of eye movement desensitization and reprocessing \(EMDR\) therapy in medicine: addressing the psychological and physical symptoms stemming from adverse life experiences.](#) The Permanente Journal, 18(1), 71.

ABSTRACT:

Background:

A substantial body of research shows that adverse life experiences contribute to both psychological and biomedical pathology. Eye movement desensitization and reprocessing (EMDR) therapy is an empirically validated treatment for trauma, including such negative life experiences as commonly present in medical practice. The positive therapeutic outcomes rapidly achieved without homework or detailed description of the disturbing event offer the medical community an efficient treatment approach with a wide range of applications.

Methods:

All randomized studies and significant clinical reports related to EMDR therapy for treating the experiential basis of both psychological and somatic disorders are reviewed. Also reviewed are the recent studies evaluating the eye movement component of the therapy, which has been posited to contribute to the rapid improvement attributable to EMDR treatment.

Results:

Twenty-four randomized controlled trials support the positive effects of EMDR therapy in the treatment of emotional trauma and other adverse life experiences relevant to clinical practice. Seven of 10 studies reported EMDR therapy to be more rapid and more effective than trauma-focused cognitive behavioral therapy. Twelve randomized studies of the eye movement component noted rapid decreases in negative emotions and vividness of disturbing images, with an additional 8 reporting a variety of other memory effects. Numerous other evaluations document that EMDR therapy provides relief from a variety of somatic complaints.

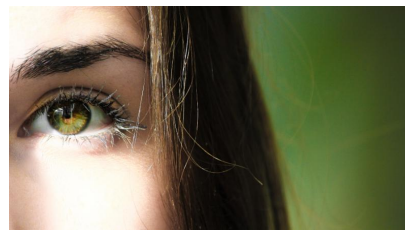
Conclusion:

EMDR therapy provides physicians and other clinicians with an efficient approach to address psychological and physiologic symptoms stemming from adverse life experiences. Clinicians should, therefore, evaluate patients for experiential contributors to clinical manifestations.

Studies

The following article is not in English, but Google translated the citation/abstract:

Peregrinova, L., & Hamann, B. (2017). [\[Eye movement desensitization and reprocessing in psychocardiological settings\]](#) Psychotherapeut, 62(6), 520-527. German.



ABSTRACT:

According to the guidelines of cardiological societies, patients should be screened for trauma symptoms in addition to depression and anxiety after receiving implantable cardioverter defibrillator (ICD) shocks. This has resulted in an increasing number of patients seeking psychocardiological help. The effective processing of acute cardiac events, which is experienced as traumatic, represents an important prerequisite for further coping with the underlying chronic cardiac disease. However, trauma-specific treatment strategies after ICD shocks are not published. This article aims to present the trauma-specific technique of eye movement desensitization and reprocessing (EMDR) in patients after ICD shocks. The clinical experiences confirm the safety and acceptance of this method by the patients.

These articles all indicate significant promise for the use of EMDR with patients with cardiovascular issues. More research is needed for EMDR therapy to become a "go-to" treatment for these patients.

You, as always, are invaluable in this endeavor!

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