

Eye movement desensitization and reprocessing *versus* cognitive behavioral therapy in the treatment of inpatients with obesity, binge eating disorder, and traumatic experiences: a randomized controlled trial.

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Overweight and obesity are linked with binge eating disorder (BED). Traditionally, cognitive behavioral therapy (CBT) is the therapeutic approach indicated for both inpatient and outpatient treatment of BED. Eye movement desensitization and reprocessing (EMDR) could be more effective for the treatment of BED, in particular with patients who have experienced one or more traumatic experiences. A two-arm randomized controlled trial (RCT) was thus run to test the hypothesis that a 4-week EMDR intervention was more effective than a parallel CBT intervention in the treatment of inpatients with obesity and BED who experienced at least a traumatic event. Sample included 31 inpatients, who were randomly assigned to EMDR (n=16) or CBT (n=15). Outcomes were the reduction of binge eating symptoms, emotional eating, psychological distress, and trauma-related variables, and the improvement of emotion regulation from baseline to treatment completion. Results showed no statistically significant difference between the two treatment conditions, while statistically significant improvements were observed in the whole sample and in several outcome variables: depression, anxiety, stress, emotional eating, binge eating, two Difficulties in Emotion Regulation Scale (DERS) domains (Clarity and Strategies), and the DERS total score, two Impact of Event Scale-Revised (IES-R) sub-scales (Intrusion and Hyperarousal) and the IES-R total score, but with small standardized sizes of improvements (Cohen's d). Both interventions may have yielded similar benefits; however, the absence of a control group prevented a clear attribution of these improvements to the interventions, as all participants were concurrently undergoing a structured residential multidisciplinary treatment. Future studies should include larger samples, longer treatment protocols, and follow-up assessments, as well as comparison groups of inpatients not receiving experimental treatments, to better isolate the specific effects of EMDR and CBT.

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