

Eye Movement Desensitization and Reprocessing Treatment for Oncological Patients. Preliminary Research Project.

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ABSTRACT

Cancer patients are at high risk for acquiring Post-Traumatic Stress Disorder (PTSD), but few research have evaluated the effectiveness of psychological therapies to treat it. Furthermore, it is understood that the presence of Unprocessed trauma prior to diagnosis increases the likelihood of developing PTSD. No research have examined the quality of traumatic experiences in C sufferers' lives. The study aims to evaluate the effectiveness of Eye Movement Desensitization and Reprocessing therapy (EMDR) in PTSD patients, identify unprocessed traumatic experiences in their pre-diagnosis lives, and analyze these clinical experiences in relation to the primary cancer's localization. Patients with C diagnosis at any stage. Patients with C diagnosis at any stage of the disease were enrolled and received either EMDR. Clinical questionnaires were used to examine patients before and after therapy (follow-up). Patients initially diagnosed receive 10 sessions of psychotherapy, whereas those with recurrence receive 16 sessions. We had three patients: two in the second stage of disease (just before starting medication) and one in his third recurrence. Primary cancer is typically seen in the shoulder, breast, or skin. All patients experienced complete PTSD remission, however some still had unresolved traumatic events from their pre-diagnosis life (mourning). Confirming the efficacy of EMDR in PTSD. Using a powerful psychological tool in C patients is crucial for their mental well-being and quality of life during recovery. The study examines the correlation between raw traumatic episodes previous to PTSD diagnosis and onset, as well as their character.

Clinical data is crucial for planning quality and time-sensitive therapies, as well as developing personalized psychological preventative strategies for individuals.

Keywords: EMDR; Cancer patient; Psychological intervention; Traumatic stress; Unprocessed traumatic experience.

INTRODUCTION

Post Traumatic Stress Disorder (PTSD) is characterized by significant stress or chronic suffering following a life-threatening trauma [1]. Post-traumatic stress disorder causes mental Somatic diseases can lead to cognitive, cardiovascular, gastrointestinal, metabolic, endocrine, and oncological conditions. PTSD causes an increase in carbonylated proteins and lipid peroxidation products in the brain, heart, and liver, indicating oxidative stress, which has been linked to organ dysfunction [2,3]. Research indicates that receiving a cancer diagnosis is a risk factor for PTSD [4,5]. However, current studies suggest that PTSD may also be a cause of numerous organic diseases [5-7].

These findings prompted us to conduct a more in-depth investigation of These findings prompted a more in-depth investigation of this psychological illness. Experimenting with medicines to prevent and treat PTSD after cancer diagnosis is crucial, as well as analyzing potential relapses or post-traumatic growth as a cause.

For the advancement of cancer pathology. It's worth investigating whether there is a link between pre-existing PTSD and cancer location itself [8-10].

Research indicates that existing PTSD treatments are ineffective and may have substantial adverse effects [12]. Eye Movement Desensitization and Reprocessing (EMDR) is a highly effective psychological treatment for cancer patients, reducing symptoms of PTSD, anxiety, and depression in a short period of time and with large effect sizes (13-16).

We want to focus this study on several research and analysis plans. Our primary goal is to evaluate the efficacy of EMDR treatment as both a therapy and a tool.

To avoid the onset of PTSD among cancer patients. We aim to document the presence of PTSD, unprocessed traumatic events, and post-traumatic growth throughout life.

The study aims to evaluate the correlation between pre-diagnosis and cancer localization. Our idea is that a prolonged

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toxic psychological condition may be the reason. Cancer development and localization in the target organ [8–10].

METHODS

Three patients with distinct types of cancer (localizations of primary cancer: shoulder, breast, and skin), two in the second stage of disease (just before starting medication), and one in their third recurrence, were Recruited at Nuova Villa Claudia Hospital between June and November 2019.

They all underwent EMDR. Patients were tested before and after follow-up therapies, including a clinical interview to identify unprocessed traumatic experiences prior to disease start and questionnaires to assess PTSD associated with cancer diagnosis. Patients with the initial diagnosis receive 10 sessions of psychotherapy, whereas those with recurrences receive 16 sessions. All three patients volunteered to participate in the trial.

RESULTS

EMDR treatment resulted in 100% remission of PTSD, total decrease of anxiety and despair in 1/3 of patients, and a significant reduction of 70%.

in the remaining two-thirds of individuals (Figure 1). All three patients described unresolved painful events (mourning) from their pre-diagnosis life.

Prior to cancer diagnosis, all of these patients experienced trauma and post-traumatic growth. Figures 2 and 3 show that 1/3 had one unprocessed traumatic event, 1/3 had two and one post-traumatic growth, and 1/3 had more than ten unprocessed traumatic events and one post-traumatic growth.

DISCUSSION

Although the sample size is small, preliminary results indicate that EMDR therapy is useful in treating PTSD caused by trauma.

Oncological diagnosis. Confirming the efficacy of EMDR for PTSD in cancer patients requires relying on a powerful psychological tool that addresses the emotional side of recovery, which is crucial for patients' psychophysical and quality of life. Assessing the association between PTSD and post-traumatic growth before to cancer diagnosis and initiation is crucial. The nature of these experiences should also be considered. This data also suggests that patients may have post-traumatic growth.

Clinical data can guide treatment planning for better quality and efficiency, as well as a psychological preventative approach. Person understood as a whole. If further analysis

confirms these findings, it may indicate that PTSD can have a deleterious impact on cancer treatment. However, this may also indicate the possibility of preventing. Treatment for PTSD and its impact on health and cancer progression.

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