

EMDR Therapy: Promising Treatment of Post-Traumatic Stress Disorder in Children in Madagascar

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EMDR (Eye Movement Desensitization and Reprocessing) therapy is the main treatment for psychotrauma recommended by the WHO and the HAS since 2007 for the treatment of Post-Traumatic Stress Disorder or PTSD, occurring after a traumatic event [1]. Indeed, it is an effective technique that consists in an adaptive processing of the information contained in the psychic trauma by the eye movements that the therapist induces by having his fingers followed by the adult or child patient [2]. It is the reference treatment in Western countries because validated by several studies and which allows the restitution "ad integrum" of the psychic trauma, that is to say that there is a return of the patient to his behavior and his previous normal life [3]. In Madagascar, no case has yet been reported regarding the use of this form of therapy. The present study aims to report the effectiveness of EMDR therapy through a clinical case. This is a 6-year-old boy, taken by his mother to an outpatient unit of child psychiatry, for frequent urination, almost 10 times or more during the day. In its history, the beginning of the troubles dates back 1 year, and to these signs are added nightmares with revival of scenes of car accidents, startles, night terrors and palpitations, with difficulties of concentration at school.. His history revealed, a traumatic event 1 year before which corresponded to the sudden death of his father after an accident on the public road, which the child witnessed because he himself was in the car. To these is added repeated medical consultations with the pediatrician, finding no somatic pathology at the etiology, and capillary blood sugar has returned to normal. In his biography, he is an only child, whose mother works from home and lives with his grandmother. Physical examination revealed pollakiuria, with no signs of dehydration. The urinary tract ultrasound and urine strip returned normal. The diagnosis of PTSD with somatic conversion was therefore retained. A first session of psycho education and preparation for the mother was started, followed by EMDR therapy itself, which consisted first of all in stabilizing the child and his mother by learning a stress self-management exercise for the first session, and which was to be done at home. Then, a week later, a second session corresponded to the desensitization and reprocessing of the traumatic event drawn by the child, and which ended in a complete session ranging from a SUD=9 to a SUD=0, SUD (Subjective Unit of Disturbance) being a scale from 0 (no disturbance) to 10 (maximum of disturbance) quantifying the level of disturbance of the child in relation to the past event but felt in the present time.. The third session after another week was the reassessment where the child no longer had PTSD symptoms and urination returned to normal. A total cure was therefore observed after 3 sessions of EMDR therapy.

PTSD is one of the long-term disorders or illnesses in psychiatry that require drug therapy based on antidepressants such as Serotonin Reuptake Inhibitor (SSRIs) [4]. In recent years, a study on EMDR therapy compared to Fluoxetine shows that EMDR therapy gives better results. And as drug management is delicate in young patients and often a source of debate and sometimes many controversies, the choice of EMDR therapy was preferred and contributed to the achievement of clinical cure [6]. As the cost of medicines weighs heavily in African countries like Madagascar, this form of therapy has proven to be largely affordable and easily acceptable to parents, which has contributed to the well-being of the child.

Keywords: EMDR, PTSD, DSM V, child therapy

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