SKIN

SHORT COMMUMICAITON

Eye Movement Desensitization and Reprocessing (EMDR) Applications in Dermatology: A Call for Future Research

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INTRODUCTION

Certain dermatologic conditions such as atopic dermatitis (AD) and psoriasis have significant psychological components, including chronic pain and itch, anxiety, and depression. Besides pharmacological treatments, psychological interventions have shown promising efficacy in reducing disease burden. Novel treatment approaches including cognitive behavioral therapy and eye movement desensitization and reprocessing (EMDR) have gained attention, yet comprehensive applications of these techniques have yet to be explored.

This letter focuses on the utility of EMDR, which was originally adapted for traumatic stress disorders as it involves manipulation of the brain's processing of distressing memories. It follows an eight-phase approach: history-taking, preparation, assessment, desensitization and reprocessing, incorporation, body scanning, reestablishment, and reevaluation.[1] During the desensitization and reprocessing phase, bilateral sensory stimulation is integrated to recall and reduce the intensity of emotional triggers. Recent literature has explored EMDR in numerous psychosomatic conditions, highlighting its potential for broader therapeutic use.[1]

Preliminary Data on EMDR in Dermatology

Few preliminary studies have investigated EMDR in dermatological conditions, providing important foundations for future research. A prospective, uncontrolled trial evaluated a two-session EMDR protocol in six patients with AD. EMDR targeted the urge to scratch, using the desensitization approach in which patients imagined scratching while simultaneously performing a working memory task, such as guided eye movements. All participants demonstrated reductions in scratching behavior and improvements in self-control at one-month follow-up.[2] Similarly, a case report by Yasar et al. applied a therapist-rotation EMDR model in a patient with stress-exacerbated AD, resulting in reductions in itching severity, depression, anxiety, and emotional dysregulation.[3]

A case series by Gupta et al. evaluated a 3–6 session EMDR protocol in four patients with AD, psoriasis, acne excoriée, and generalized urticaria. EMDR was the sole

psychological intervention, and all patients had stress-exacerbated or treatment-refractory symptoms. All experienced marked improvement by three months, which was maintained during follow-up.[4] Psoriasis, acne excoriee, and generalized urticaria patients may also engage in repetitive scratching secondary to pruritus. Chronic itch in these conditions often begets a vicious itch-scratch cycle which may resemble the positive reinforcement and withdrawal loops seen in addiction.[5] Hence, addiction-focused EMDR techniques may aid in mitigating these physical cravings.

Moore et al. further investigated the efficacy of eye movement-based therapy in psoriasis through a case study. They employed Integral Eye Movement Therapy (IEMT), a less structured protocol aimed at modifying patterns of emotional response and identity formation. After a single session, their patient with stress-induced psoriasis experienced marked clinical improvement, achieving complete remission of lesions that persisted for up to two years.[6] These results underscore the potential of eye movement-based therapies in targeting psychophysiologic disorders that may be precipitated or exacerbated by stress-response pathways.

Clinical Implications & Call for Future Research

Given the growing recognition of psychological therapies as important adjuncts to dermatologic care, innovative strategies such as EMDR may improve patient quality of life. Early findings suggest EMDR can interrupt maladaptive behaviors like the itch-scratch cycle and modulate brain-skin pathways underlying stress-exacerbated dermatologic disease.

Successful implementation requires interdisciplinary collaboration, including referrals to psychology and psychiatry, and the use of screening tools to identify patients whose skin disease may be influenced by unresolved trauma or stress. Future studies should establish standardized protocols, assess longitudinal outcomes, and expand to other dermatologic conditions. By integrating EMDR into practice, dermatologists could reduce reliance on pharmacologic interventions, mitigate chronic itch behaviors, and improve psychosocial outcomes—delivering tangible, patient-centered benefits in routine clinical care.

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