

Improving mental health in primary care: novel psychological and pharmacological treatments

Nicola Wiles, Daniela Strelchuk and Charlotte Archer
26 January 2026



Ongoing research

Multi-centre randomised controlled trial examining the efficacy of a novel psychological intervention (EMDR) for depression (the EYE-D trial)	Nicola Wiles
Development of a prototype for a guided self-help EMDR intervention for PTSD in primary care	Daniela Strelchuk
Mixed-methods research programme to investigate the use of beta-blockers for anxiety in primary care	Charlotte Archer

Background

- Anxiety, depression and PTSD are common mental health conditions in UK primary care
 - prevalence: 8%, 13% and 12%
- Only ~50% of people with anxiety and depression respond to the most common treatments



antidepressants



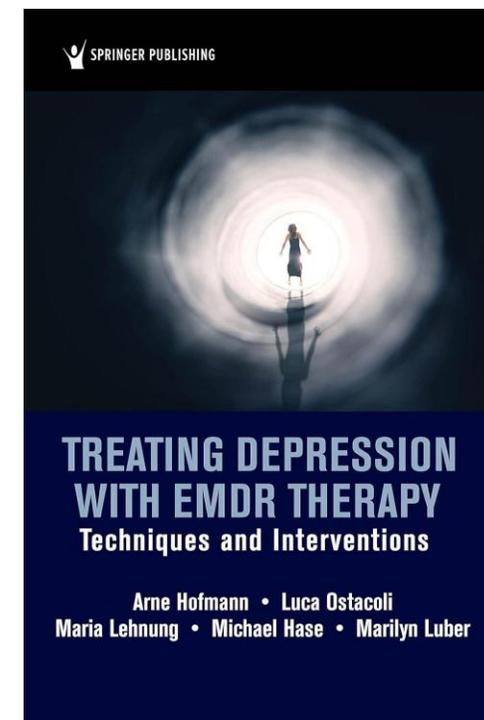
cognitive behavioural therapy (CBT)

- Effective treatment options for PTSD but access limited
- Novel approaches to treatment are needed



Background

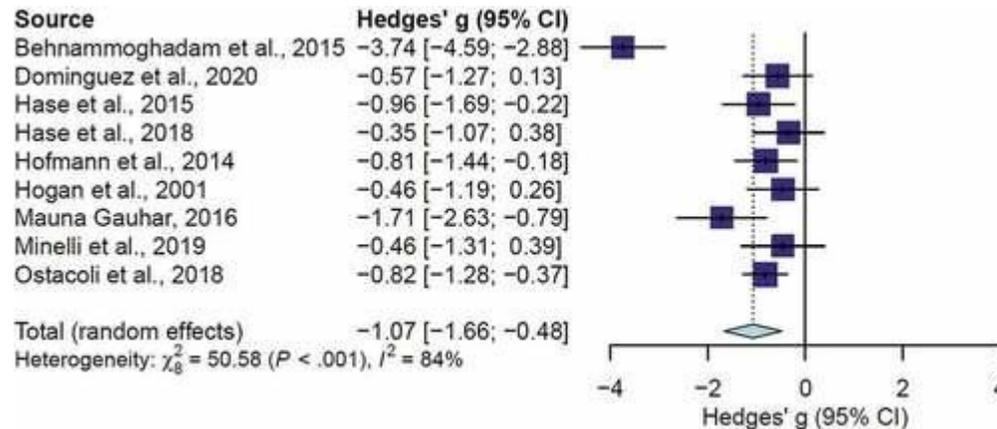
- Eye movement desensitisation and reprocessing therapy (EMDR)
 - NICE-recommended trauma-focused psychological intervention for PTSD
- Protocol adapted for depression
 - DeprEnd: Hofmann et al., 2023
 - Focus: Eliciting and reprocessing dysfunctionally stored memories



Background

- Many people with depression talk about distressing past events
- Stressful life events or traumatic experiences associated with an increased risk of depression and poorer prognosis (Nelson et al, 2017; Humphreys et al, 2020; Buckman et al, 2022;)
- Targeting memories linked to depression using EMDR
 - provides a new avenue for treatment
 - NICE guidance (NG222): discuss stressful experiences in the initial primary care consultation
- EMDR may reduce depressive symptoms but no definitive evidence of efficacy

Total N: 22 to 83
low quality
heterogeneity

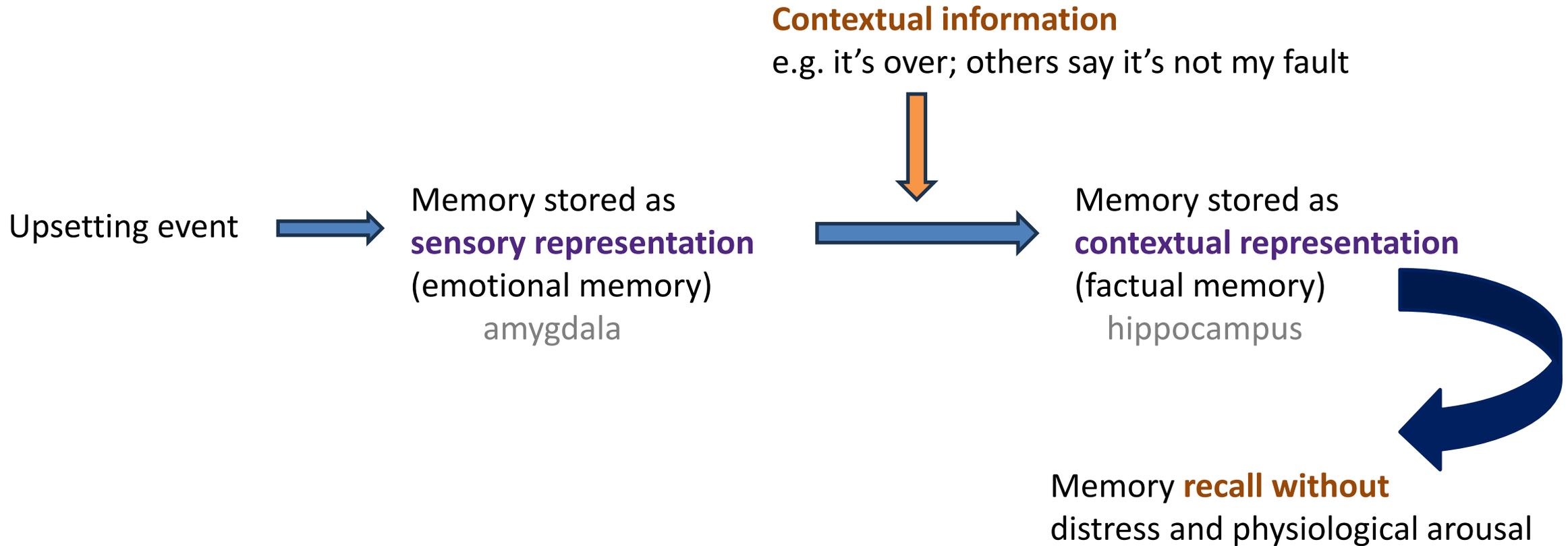


from: Carletto et al, 2021. Eur J Psychotraumatol. 2021
<https://doi.org/10.1080/20008198.2021.1894736>

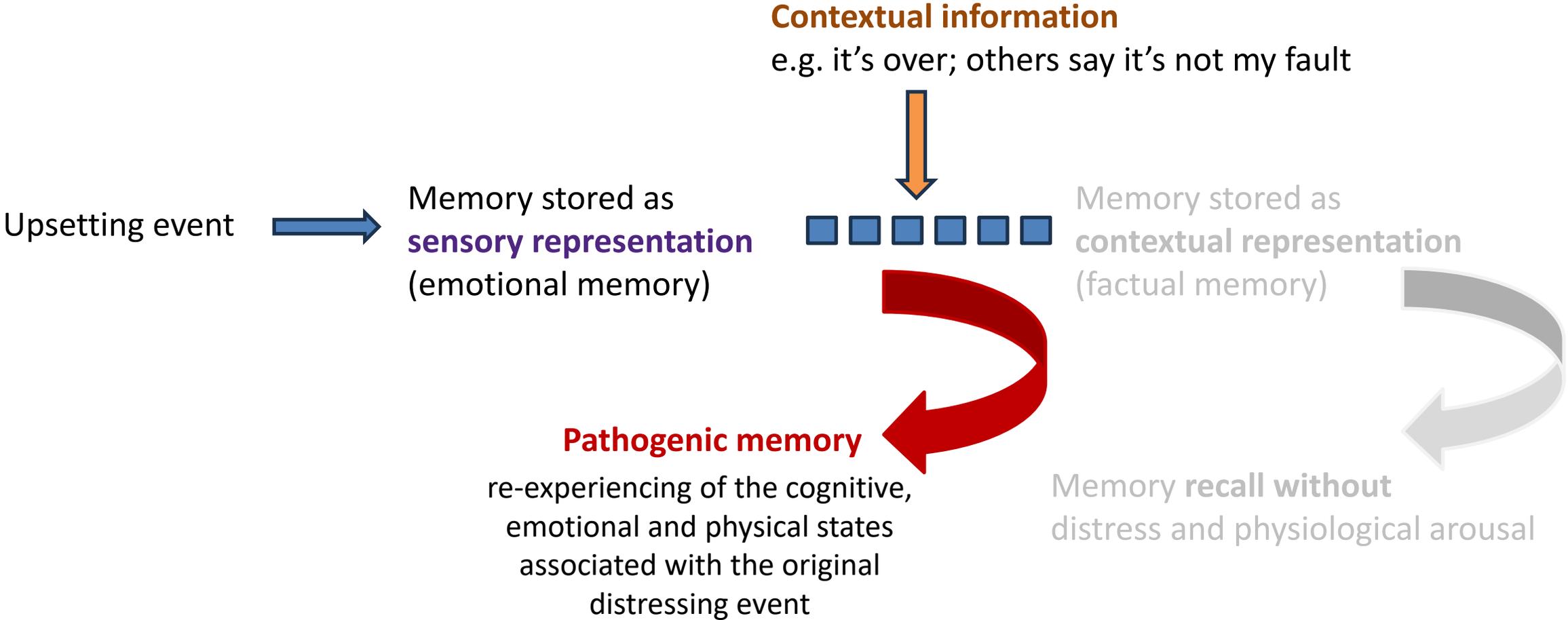
How does EMDR work?

- Unclear
- Cognitive behavioural therapy (CBT)
 - skills to change unhelpful thoughts and behaviours
- EMDR focuses on reprocessing pathogenic memories
 - reduce emotional salience
 - enable more positive beliefs and behaviours

Adaptive Information Processing (AIP) model



Adaptive Information Processing (AIP) Model



Mechanism: Working memory hypothesis

- Leading theory of how EMDR enables shift from emotional to factual memory
- Bilateral stimulation: (**dual task**) eye movements whilst recalling the memory
- Processing
 - ↓ Vividness and emotional intensity of memories
 - Self-beliefs become more positive
- Leading to symptom reduction



EYE-D Trial: EMDR for depression



- **Primary Efficacy Objective:**
 - To determine the efficacy of EMDR (in addition to usual GP care) in improving depressive symptoms in primary care patients with depression, compared with usual care
- **Primary Mechanistic Objective:**
 - To determine whether reductions in:
 - Vividness and emotional intensity of depression-related memories;
 - Negative self-beliefs;
 - Re-living, avoidance and hyper-arousal symptoms linked to past stressful events measured during treatment (16 weeks) mediate the effect on depression at 26 weeks

EYE-D Trial: EMDR for depression



- **Qualitative Study**
 - To understand patients' and therapists' views and experiences of UC and EMDR as treatments for depression
 - To explore patients' and therapists' views on how EMDR impacted the intensity of memories, self-beliefs and symptoms linked to past stressful events
 - To explore similarities and differences between EMDR for depression and EMDR for PTSD
- **Intervention costing exercise**
 - To estimate the cost of delivering EMDR in the NHS

Trial Outline

- **Setting:** GP practices from three regions in England
- **Inclusion criteria:**
 - Aged 18+
 - Depression (ICD-10 & BDI-II score ≥ 14)
 - Willing to work on memories of past stressful experiences related to their depression

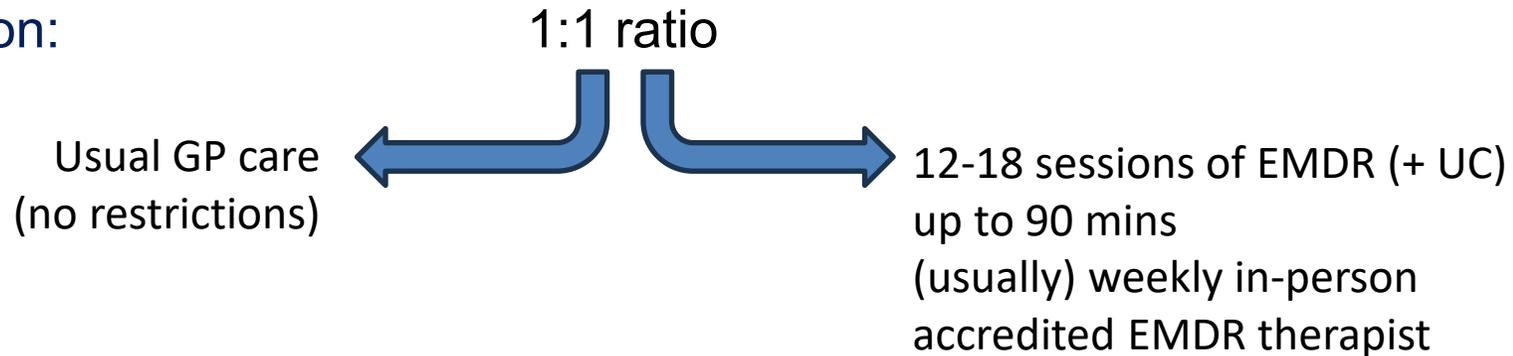


- **Exclusion criteria:**
 - PTSD/cPTSD
 - Substance use disorder in past 12m
 - Bipolar disorder, psychosis, schizophrenia
 - Moderate/Severe personality disorder
 - Dissociative disorder/Dementia
 - History of repeated contacts with secondary care services or community mental health teams
 - History of repeated self-harm
 - Receiving psychotherapy or secondary care for depression

Trial Outline

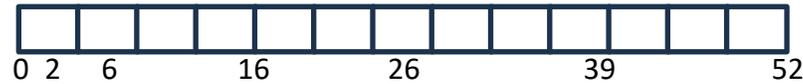
- Recruitment via two routes: record search & in-consultation referral
- Phone screen
- Baseline appointment: consent + eligibility

- Randomisation:

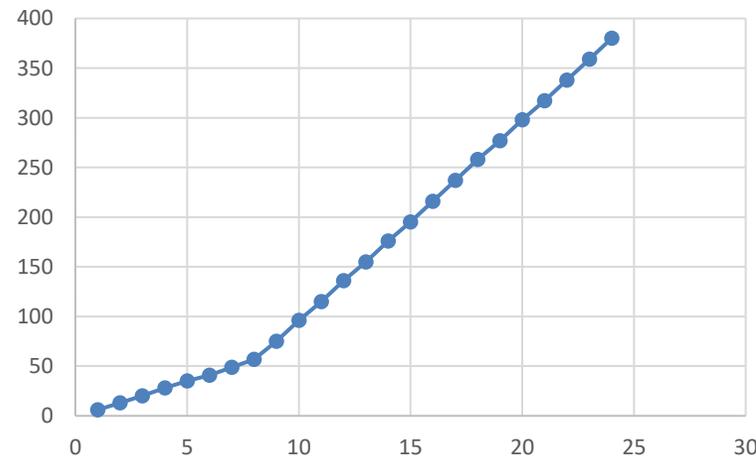


Trial Outline

- Six follow-ups over 52 weeks



- Primary efficacy outcome: Depressive symptoms (BDI-II score) at 26 weeks
- Secondary efficacy outcomes: incl. remission (BDI-II score <10), anxiety, function
- Target sample size: 380 individuals
 - 90% power
 - difference 0.38SD
 - two-sided 5% significance level
- Internal pilot
 - recruit as planned
 - intervention engagement
- Current status:
 - Bristol to open to recruitment shortly



Any questions?





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Guided self-help EMDR for PTSD in primary care

Daniela Strelchuk, Katrina Turner, Stan Zammit, Nicola Wiles

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Post-traumatic stress disorder (PTSD)

- Develops in response to trauma
- Symptoms: re-living, avoidance, hypervigilance
- Poor life quality
- Economic burden

NHS England Budget (2024-2025)	£179 billion
PTSD Annual Cost	£40 billion

EMDR for PTSD

- Effective psychological treatment, recommended by NICE guidelines
 - Comparable to TF-CBT
- EMDR usually provided in-person in secondary care services



Problem



Long waiting lists



Difficulties accessing treatment

Potential solution

- Low intensity intervention delivered as part of a stepped care model

Clinician guided self-help EMDR



Research aim

- To prepare the ground for the development of a guided, self-help EMDR intervention for mild/moderate PTSD in primary care



Phase 1 – Portfolio (review of self-help interventions and apps for PTSD)



Phase 2 – Focus group/Qualitative interviews

Phase 1: Are there any guided self-help interventions for PTSD?



Research

Guided, internet based, cognitive behavioural therapy for post-traumatic stress disorder: pragmatic, multicentre, randomised controlled non-inferiority trial (RAPID)

BMJ 2022 ; 377 doi: <https://doi.org/10.1136/bmj-2021-069405> (Published 16 June 2022)

Cite this as: *BMJ* 2022;377:e069405



Jonathan I Bisson , clinical professor in psychiatry¹, Cono Ariti, study statistician², Katherine Cullen, research officer³,

- CBT based intervention for mild/moderate PTSD to one traumatic event
- Findings: guided self-help CBT was *non-inferior* to individual face-to-face CBT

TF-CBT vs EMDR

- EMDR does not require a detailed description of the trauma
- No homework in EMDR

Are there any guided self-help EMDR interventions?

Randomized controlled trial: Self-care traumatic episode protocol, computerized EMDR treatment of COVID-19-related stress.

 EXPORT  Add To My List     Database: APA PsycInfo Journal Article

Citation

Moench, J., & Billsten, O. (2021). Randomized controlled trial: Self-care traumatic episode protocol, computerized EMDR treatment of COVID-19-related stress. *Journal of EMDR Practice and Research*, 15(2), 99–113. <https://doi.org/10.1891/EMDR-D-20-00047>

Full text from publisher

Cited by 4

- Based on the principles of group EMDR
- Findings: decreased depression/anxiety and stress post-treatment; >90% found the intervention helpful

Review of PTSD apps available in UK

► Eur J Psychotraumatol. 2020 Jan 9;11(1):1701788. doi: [10.1080/20008198.2019.1701788](https://doi.org/10.1080/20008198.2019.1701788) 

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‘Help for trauma from the app stores?’ A systematic review and standardised rating of apps for Post-Traumatic Stress Disorder (PTSD)

[Lasse Bosse Sander](#)^{a,✉}, [Johanna Schorndanner](#)^a, [Yannik Terhorst](#)^{b,c}, [Kerstin Spanhel](#)^a, [Rüdiger Pryss](#)^d, [Harald Baumeister](#)^c, [Eva-Maria Messner](#)^c

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PMCID: PMC6968629 PMID: [32002136](https://pubmed.ncbi.nlm.nih.gov/32002136/)

ABSTRACT

Background: Mobile health applications (apps) are considered to complement traditional psychological treatments for Post-Traumatic Stress Disorder (PTSD). However, the use for clinical practice and quality of available apps is unknown.

Objective: To assess the general characteristics, therapeutic background, content, and quality of apps for PTSD and to examine their concordance with established PTSD treatment and self-help methods.

Method: A web crawler systematically searched for apps targeting PTSD in the British Google Play and Apple iTunes stores. Two independent researchers rated the apps using the Mobile App Rating Scale (MARS). The content of high-quality apps was checked for concordance with psychological treatment and self-help methods extracted from current literature on PTSD treatment.

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ABSTRACT

1. Introduction

2. Method

3. Results

4. Discussion

5. Conclusion

Appendix. Literature search for psychological treatment and self-help methods for post-traumatic stress disorder (PTSD)

Funding Statement

Author contributions

Acknowledgments

Disclosure statement

Review of EMDR apps for PTSD available in US

A Review of Mobile Applications for Facilitating EMDR Treatment of Complex Trauma and Its Comorbidities

SYLVIA A. MAROTTA-WALTERS, KSHIPRA JAIN, JEFFREY DINARDO, PARAMJIT KAUR, AND SHOBILA KALIGOUNDER [Authors Info & Affiliations](#)

JOURNAL OF EMDR PRACTICE AND RESEARCH • 1 Jan 2018 • Vol 12, Issue 1 • DOI: 10.1891/1933-3196.12.1.2

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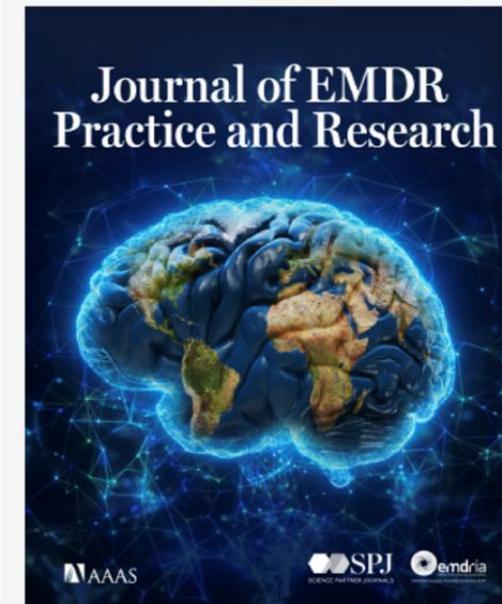


Abstract

With the continued advancement in technology, there is a rise in the development and utilization of mobile health applications (mHealth apps) that claim to be using eye movement desensitization and reprocessing (EMDR) theory and techniques to facilitate the therapeutic process. However, there are concerns regarding the quality of these apps and the safety of clients who may be using them, particularly for those who may present with complex posttraumatic conditions and associated comorbidities. Hence, this study evaluates current EMDR apps to determine their



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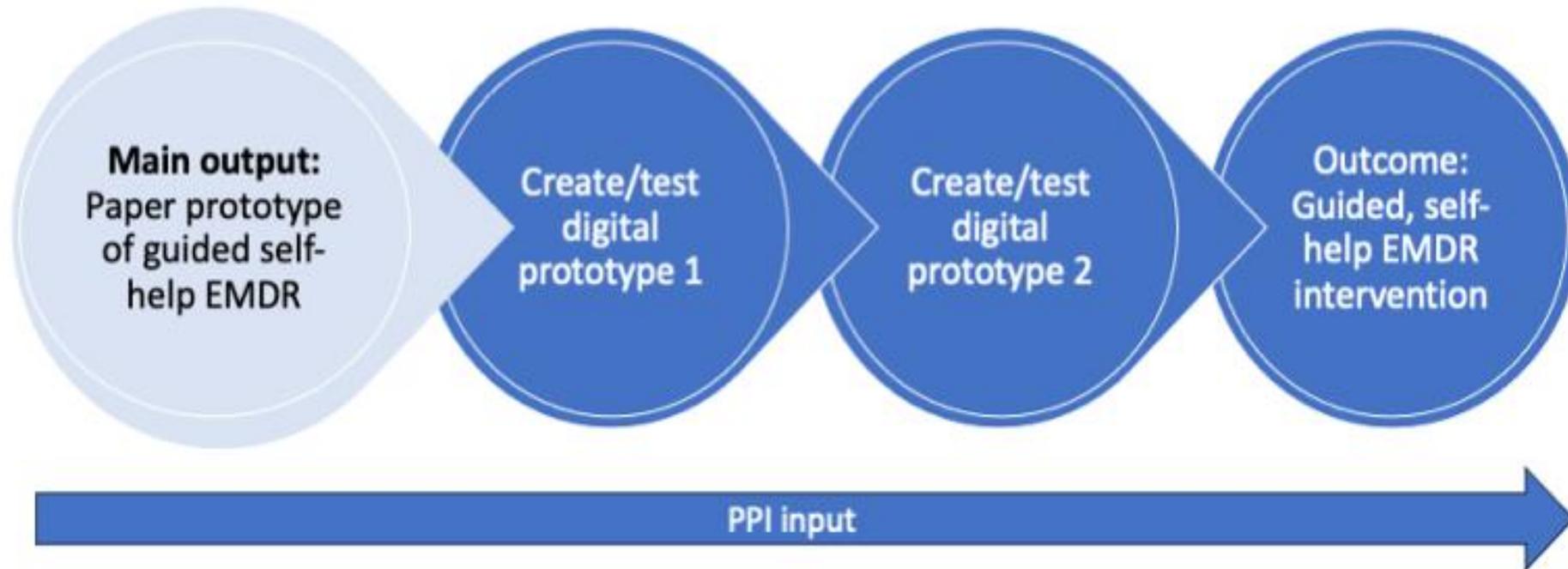
Phase 1 – Summary

- Limited but encouraging evidence to support the development of a guided self-help EMDR intervention

Phase 2: Qualitative interviews/focus groups

- PTSD patients
- EMDR therapists
- GPs/mental health nurses
- Psychological Well-Being Practitioners

Main output and future directions



Any questions?



Investigating the use of beta-blockers for the treatment of anxiety disorders in primary care

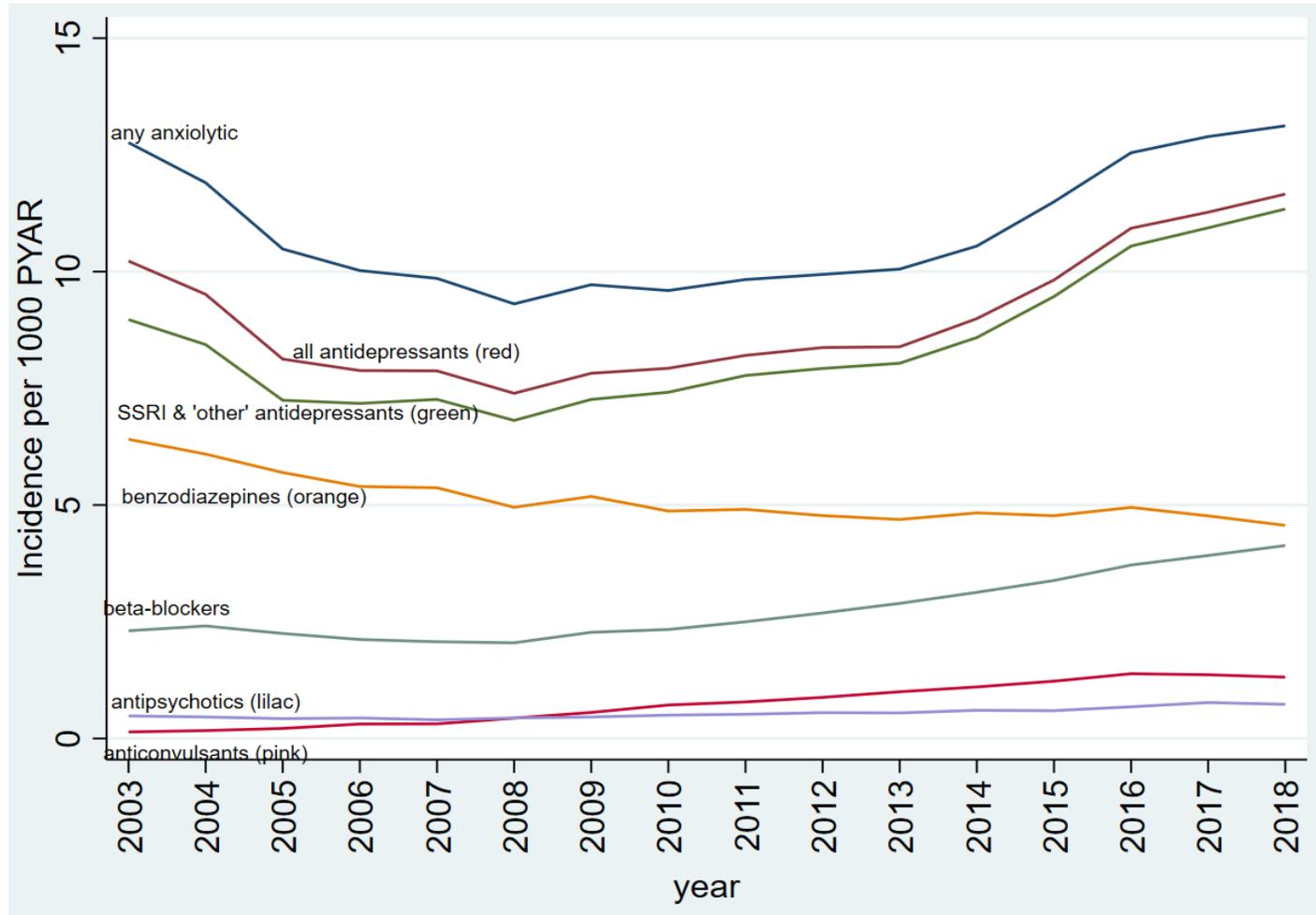
Dr Charlotte Archer

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Incident anxiolytic prescriptions between 2003 and 2018 using CPRD data



176 practices
2,569,153
patients

~50% prescribed for
6months+

But other indications
could be included

BNF Drugs Interactions Treatment summaries What's changed?

NICE > BNF > Drugs > Propranolol hydrochloride

Propranolol hydrochloride

Anxiety with symptoms such as palpitation, sweating and tremor

By mouth

Adult
40 mg once daily, then increased if necessary to 40 mg 3 times a day.

Background

- Beta-blockers **do not feature in NICE** guidelines - no clinical guidance on when/how they should be used
- Evidence is inconclusive - physical symptoms not psychological
- Potential under-recognised risk of toxicity in overdose
- A systematic review (propranolol data up to 2014) highlights the need for more robust evidence in this area
- Are beta-blockers a safe and effective treatment for anxiety?



NICE National Institute for Health and Care Excellence

NICE guideline

Generalised anxiety disorder and panic disorder in adults: management

Clinical guideline
Published: 26 January 2011
Last updated: 15 June 2020
www.nice.org.uk/guidance/cg113

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Report highlights 'toxic' risk of beta blocker to prevent overdose deaths

BY COMMUNICATIONS TEAM
6TH FEBRUARY 2020

The toxicity of a commonly prescribed beta blocker needs better recognition across the NHS to prevent deaths from overdose, our new report warns today (6 February 2020).

The **report** focuses on propranolol, a cardiac drug that is now predominately used to treat migraine and anxiety symptoms. It is highly toxic when taken in large quantities and patients deteriorate quickly, making it difficult to treat. The investigation highlighted that these risks aren't known widely enough by medical staff across the health service, whether issuing prescriptions to at risk patients, responding to overdose calls or carrying out emergency treatment.

Increase in overdose deaths

The impact was shown in the case that prompted our investigation. Emma, a 24-year old woman, took an overdose of both propranolol and citalopram (an anti-depressant). She called an ambulance, but her condition quickly worsened.

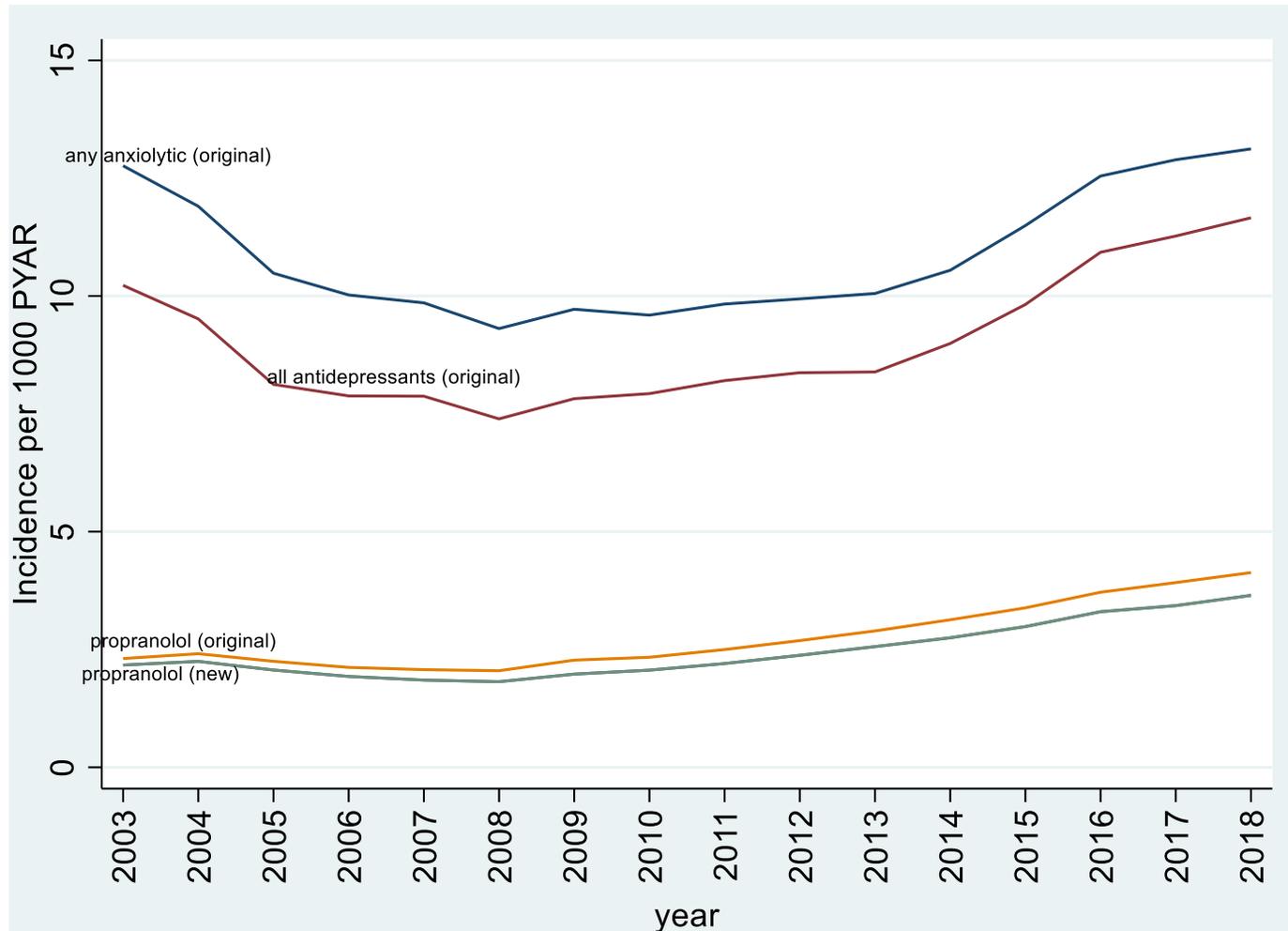
Launching Fellowship Programme of work



1. Secondary analysis of CPRD data - Investigate trends in prescribing of beta-blockers *excluding* treatment for other indications
2. Systematic review of the effectiveness of beta-blockers as an anxiety treatment
3. Qualitative interviews with GPs: views on beta-blockers and on designing/conducting a trial

(1) CPRD

Incident anxiolytic prescriptions between 2003 and 2018 using CPRD data – with other indications excluded



176 practices
2,569,153
patients

(2) Systematic review of effectiveness...



- Randomised controlled trials (RCT) and cross-over design trials
- Included papers...n=10 [*panic disorder/social anxiety*; N =179 (range: 11-85)]
- Meta-analyses conducted by comparator group, random-effects models
 - No evidence for a beneficial effect of beta-blockers compared with either placebo or benzodiazepines (social phobia/panic disorder)
- High (or unclear) risk of bias across multiple domains





(3) Qualitative interviews (n=17)

Why are beta-blockers prescribed for anxiety?

Pragmatic prescribing

- A tool in the 'toolbox'
- Licenced for anxiety

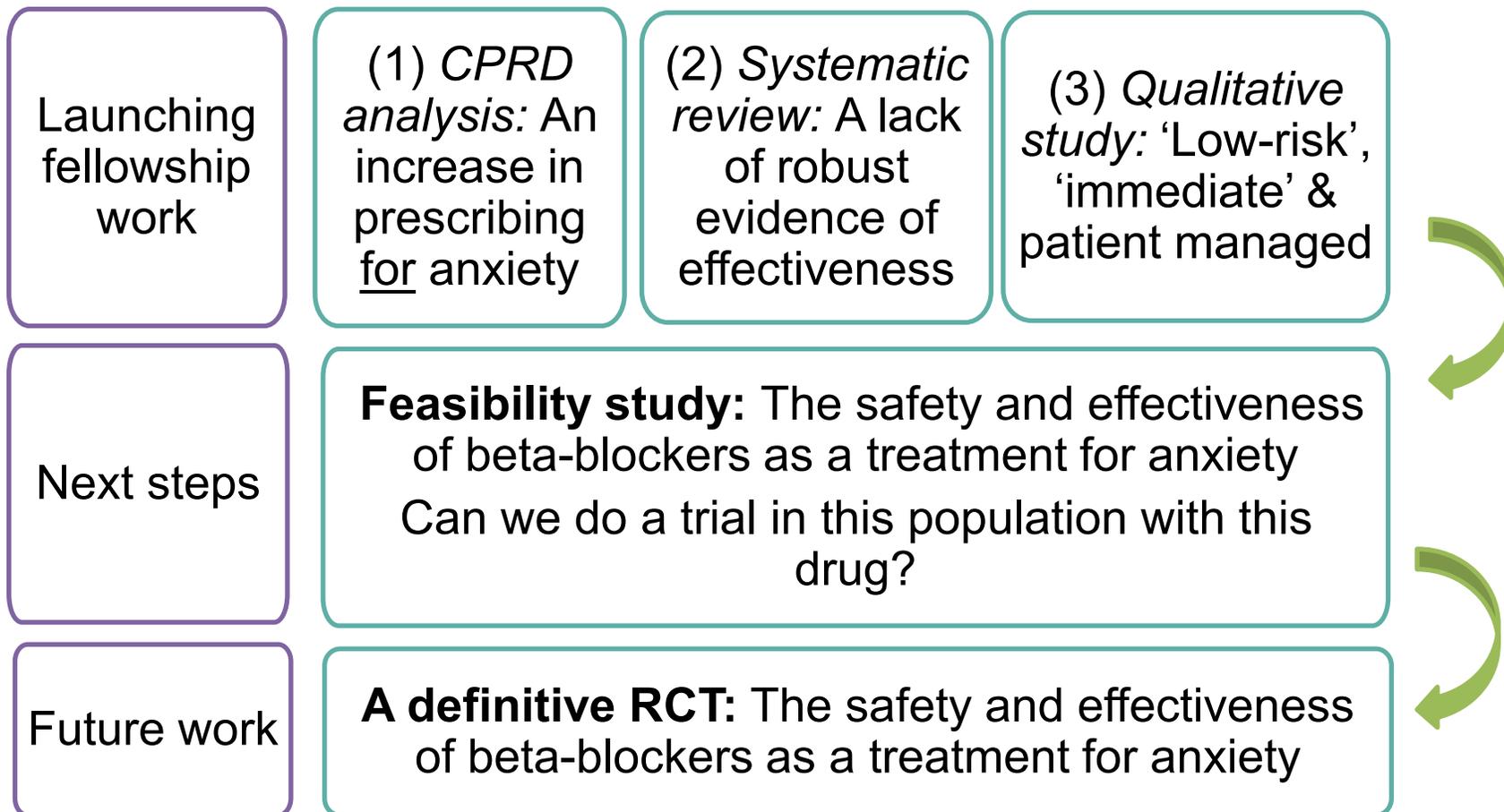
Safety-driven prescribing

- A 'low-risk' drug
- Alternative to benzodiazepines

Patient-driven prescribing

- Immediate effect
- Not 'mood-altering'
- Patient-managed treatment

The next steps...



Any questions?



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