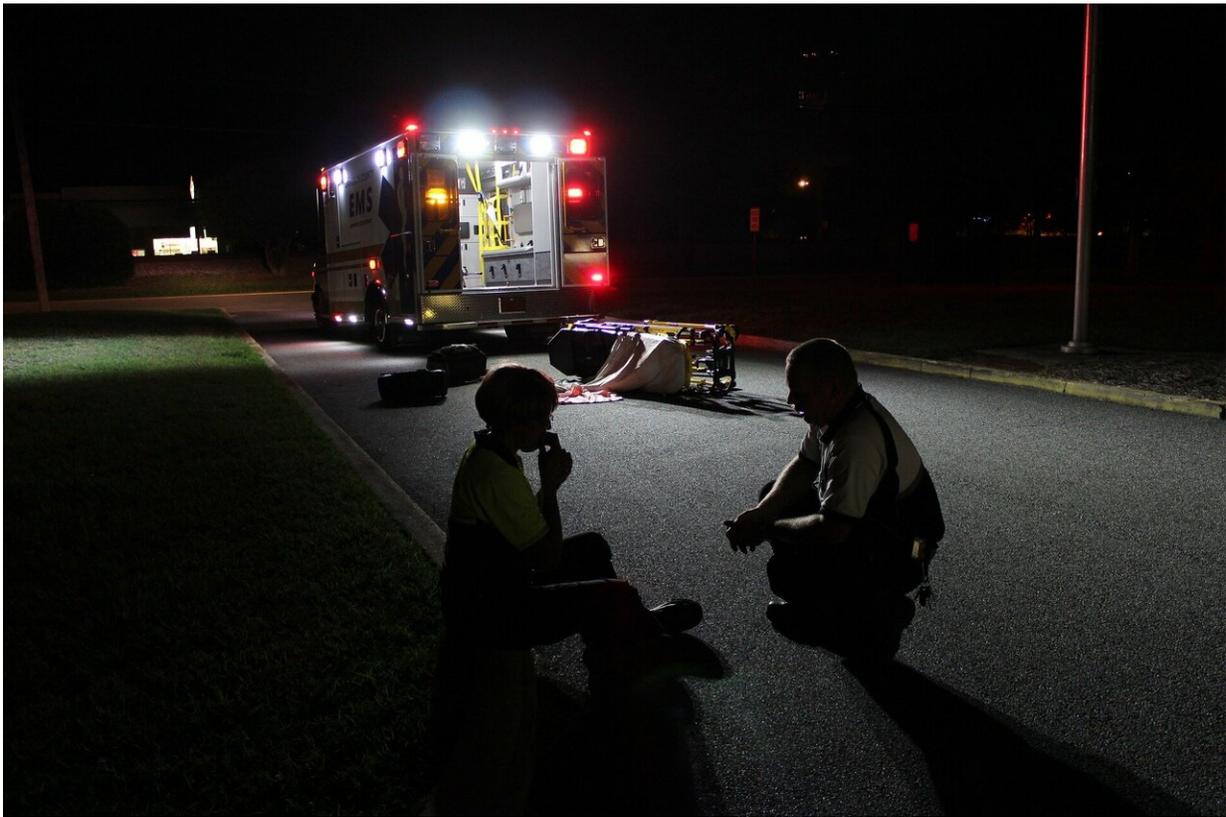


# A new psychotherapeutic approach to treatment-resistant PTSD

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Veterans with post-traumatic stress disorder (PTSD) tend to benefit less from evidence-based treatments than other PTSD populations. A novel intervention, multi-modular motion-assisted memory desensitization and

reconsolidation (3MDR), was developed to improve outcomes for veterans who did not sufficiently benefit from evidence-based treatments.

It combines known therapeutic techniques of virtual reality and eye movement desensitization and reprocessing therapy (EMDR) in a novel context in which patients walk on a treadmill while interacting with personal trauma-related images and music.

The goal of this study was to evaluate the efficacy of 3MDR for veterans with treatment-resistant PTSD. In a [randomized controlled trial](#), 3MDR was compared to a non-specific treatment component control group. Primary outcome was clinician-rated PTSD symptoms at baseline, after 3MDR, and at the 12-week and 16-week follow-up (primary end point).

Results showed a decrease in PTSD symptom severity from baseline to end point significantly greater for 3MDR as compared to the control group, with a large effect size. In addition, the [dropout rate](#) was low (7%), and 45% of the patients in the 3MDR group improved clinically.

In this trial, 3MDR significantly decreased PTSD symptoms in veterans with, on average, a history of four unsuccessful treatments. The low dropout rate may be indicative of high engagement. However, a lack of significant differences on secondary outcomes limits conclusions that can be drawn on its efficacy and underlines the need for larger phase III trials. These data show emerging evidence for 3MDR and its potential to progress PTSD treatment for veterans

**More information:** Marieke J. van Gelderen et al. Interactive Motion-Assisted Exposure Therapy for Veterans with Treatment-Resistant Posttraumatic Stress Disorder: A Randomized Controlled Trial, *Psychotherapy and Psychosomatics* (2020). [DOI: 10.1159/000505977](https://doi.org/10.1159/000505977)

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