

**Eye Movement Desensitization and Reprocessing in Children and Adolescents with Congenital Heart Disease (ConHD) and Medically Related Subthreshold PTSD: a Randomized Controlled Trial**

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Introduction. About 3 in every 10 children/ adolescents admitted to a hospital or undergoing medical treatment, develop elevated symptoms of posttraumatic stress disorder (PTSD). If untreated, subthreshold PTSD seriously affect quality of life, psychosocial functioning and long-term psychiatric comorbidity. Research into subthreshold PTSD due to pediatric medical treatment and/or hospitalization is scarce. Even less is known about the treatment of subthreshold PTSD in youth with ConHD. Eye Movement Desensitization and Reprocessing (EMDR) is a fast, innovative and non-invasive psychotherapy for posttraumatic stress symptoms. Effectiveness of EMDR in medically related trauma in children has not previously been systematically investigated.

Methods. Included are children aged 4 to 16 who have undergone a one-time (trauma type I; patients from emergency unit) or repeated (trauma type II) hospitalization/ medical treatment for ConHD up to 5 years ago. Participating children are first screened for PTSD symptoms. Thereafter, children with subthreshold PTSD are randomly assigned to 1) ca. 6 sessions of standardized EMDR or 2) care as usual (CAU = medical care only). Follow-up measurements take place after 2 and 8 months.

Results. Preliminary analysis from the screening assessment at baseline reveals that 68% of all participating children were symptom-free and 32% show elevated, subthreshold PTSD symptoms at baseline. Data gathering and screening of patients will be ongoing until February 2018. Outcomes of this assessment and the EMDR intervention as such will be presented during the conference.

Conclusions. Our data show that symptoms of PTSD were experienced by 1 in every 3 pediatric patients. Clinical implications and specific needs for psychosocial care will be discussed. Our results indicate that children with ConHD should be structurally screened and if needed treated for PTSD symptoms. Possibilities to provide psychosocial interventions are discussed