

Surveillance proposal consultation document

2018 surveillance of [obsessive-compulsive disorder and body dysmorphic disorder: treatment](#) (NICE guideline CG31)

Surveillance proposal

We propose to update the guideline on [obsessive-compulsive disorder and body dysmorphic disorder](#).

Reasons for the proposal to update the guideline

The recommendations in this guideline were largely based on consensus because of inadequate quantity and quality of evidence. However, information gathered through the surveillance review indicates that clinical practice has progressed in the following areas since publication of the guideline:

- rapid advances in information technology and telecommunications and introduction of technology-enhanced cognitive behavioural therapy (CBT) intervention
- advances in transcranial magnetic stimulation (TMS) and deep brain stimulation technology for treatment of obsessive-compulsive disorder (OCD)
- introduction of new pharmacological interventions and new augmentation therapies among treatment resistant groups
- practice variation in stepped care approach particularly access to specialist care services for children
- new treatment strategies for hoarding disorder
- limited access to current NICE recommended treatments.

In addition, service delivery and provision of mental health (including Child and Adolescent Mental Health Services [CAMHS]) has changed since the guideline was developed indicating a need to update the guideline so that it remains relevant to clinical practice in the UK.

Overview of 2018 surveillance methods

NICE's surveillance team checked whether recommendations in [obsessive-compulsive disorder and body dysmorphic disorder](#) (NICE guideline CG31) remain up to date. The 2018 surveillance followed the static list review process, consisting of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Consulting on the proposal with stakeholders (this document).

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Cochrane reviews

Using the static list process, we searched for new Cochrane reviews related to the whole guideline. We found no relevant Cochrane reviews published between April 2013 and October 2018.

Previous surveillance

[Previous surveillance in 2011](#) identified 20 studies that were considered to have no impact on recommendations.

The [2013 evidence update](#) included 16 studies in the following areas:

- Initial treatment options – adults (telemental health and technology interventions)
- Acceptance and commitment therapy
- Initial treatment options for adults –SSRIs or group CBT
- Initial treatment options – children and young people
- Long-term outcomes after family-based CBT
- Choice of drug treatment in adults (switching drug treatments)
- Maintenance drug treatment
- Add-on treatment with antipsychotics
- Add-on treatment with acetylcysteine
- Add-on treatment with anticonvulsants
- Poor response to initial treatment in children and young people (CBT plus SSRIs)
- Areas not currently covered by NICE guideline CG31 (transcranial magnetic stimulation)

Evidence from the identified studies was considered to be consistent with, or not deemed to impact the recommendations at the time of the surveillance.

In September 2013, 27 clinical guidelines (including NICE guideline CG31) were consulted on as the first candidates for a static list. Following the consultation NICE guideline CG31 was placed on the [static list in February 2014](#).

Ongoing research

We checked for relevant ongoing research; of the 3 ongoing studies identified, none were assessed as having the potential to change recommendations.

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to NICE guideline CG31.

We sent questionnaires to 14 topic experts and received 4 responses.

Advice from topic experts indicated a need to update the guideline in the following areas:

- Deep brain stimulation and transcranial magnetic stimulation (areas not currently covered by NICE guideline CG31)

From 3 systematic reviews highlighted by topic experts, 2 systematic reviews ([Zhou et al. 2017](#); [Trevizol et al. 2016](#)) evaluated the efficacy of TMS and repeated TMS and the other systematic review ([Alonso et al. 2015](#)) evaluated efficacy and tolerability of deep brain stimulation for treatment of OCD.

Evidence from the identified systematic reviews was inconclusive due to mixed findings and low quality studies. Nonetheless, topic experts indicated that there is consistent emerging evidence supporting the use of neurostimulation and rising demand from the patients for the intervention.

- Technology interventions for OCD

NICE guideline CG31 recommends (1.5.1.1) that in the initial treatment of adults with OCD, low intensity psychological treatments (including exposure and response prevention [ERP]) (up to 10 therapist hours per patient) should be offered if the patient's degree of functional impairment is mild and/or the patient expresses a preference for a low intensity approach. Low intensity treatments include:

- brief individual cognitive behavioural therapy (including ERP) using structured self-help materials
- brief individual CBT (including ERP) by telephone

- group CBT (including ERP) (note, the patient may be receiving more than 10 hours of therapy in this format).

Findings from 1 randomised controlled trial ([Lenhard et al. 2016](#)) on internet-based CBT for OCD suggest potential benefits. Computerised CBT is not covered in current recommendations.

- Pharmacological treatments options, adults

NICE guideline CG31 recommends that adults with OCD with moderate and mild functional impairment who are unable to engage in low intensity CBT (including ERP), or for whom low intensity treatment has proved to be inadequate, should be offered the choice of either a course of an SSRI or more intensive CBT (more than 10 therapist hours per patient) (recommendations 1.5.1 Initial treatment options).

Findings from a large NIHR funded network meta-analysis on pharmacological and psychotherapeutic interventions for management of OCD in adults ([Skapinakis et al. 2016](#)) generally support current recommendations on pharmacological treatments. Topic experts highlighted many studies on new add-on pharmacological treatments including: antipsychotics added to SSRIs and add-on treatment with acetylcysteine which are not currently covered in the recommendations. Findings from the highlighted studies (8 small randomised controlled trials and 1 systematic review: [Paydary et al. 2016](#); [Emamzadehfard et al. 2016](#); [Dold et al. 2015](#); [Pittenger et al. 2015](#); [Afshar et al. 2014](#); [Dold et al. 2013](#); [Rodriguez et al. 2013](#); [Haghighi et al. 2013](#); [Ghaleiha et al. 2013](#)) suggest that the new combined pharmacological interventions may result in improvement of OCD symptoms.

- Initial treatment options, children and young people

NICE CG31 recommends 'following multidisciplinary review, for a child (aged 8–11 years) with OCD or BDD with moderate to severe functional impairment, if there has not been an adequate response to CBT (including ERP) involving the family or carers, the addition of an SSRI to ongoing psychological treatment may be considered' (1.5.5.2).

A topic expert indicated that the current recommendation to reserve SSRI, as a second line treatment for young people with OCD, may adversely affect the treatment responses. No evidence was identified through the surveillance review to indicate the optimum treatment strategy for young people with OCD.

Implementation of the guideline

A topic expert indicated that medication management or adequate CBT provision for people with OCD is often not available through Improving Access to Psychological Therapies (IAPT) services. This is despite OCD being listed as a condition that is covered by the [IAPT](#) programme which aims to improve the delivery of, and access to, evidence-based psychological therapies within the NHS.

Currently recommendation 1.5.6.1 recommends that 'an SSRI should only be prescribed to children and young people with OCD or BDD following assessment and diagnosis by a child

and adolescent psychiatrist who should also be involved in decisions about dose changes and discontinuation'. Topic experts expressed that unavailability of UK CAMHS consultants is making this recommendation challenging to implement.

Views of stakeholders

We are consulting on this surveillance proposal to get a wider view from stakeholders.

In this consultation, in addition to expressing views on the proposal, we also request stakeholder feedback on the following:

- The use of transcranial magnetic stimulation in clinical practice and any relevant evidence on this intervention
- Treatment approaches for young people with OCD and whether SSRIs are increasingly being used as first-line treatment
- How often people with OCD are referred to IAPTS (improving access to psychological therapies services) and whether there are barriers with access to treatment
- Whether the stepped care pathway currently recommended in CG31 needs reconsideration
- A topic expert indicated that people with OCD who have ego-dystonic paedophilic or violent thoughts and images are inappropriately reported to Safeguarding. This causes great distress to the individuals concerned, and wastes professionals and court time. Is this a reasonable consideration in risk assessment for individuals with OCD?

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline we identified the following points in the guideline that should be amended.

[Transition from children's to adults' services for young people using health or social care services](#) (February 2016) NG43 published after publication of NICE guideline CG31. A cross referral to NG43 from recommendation 1.1.2 (Continuity of care) in NICE guideline CG31 may be useful.

Overall surveillance proposal

After considering all evidence and other intelligence and the impact on current recommendations, we propose that an update is necessary.

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