

Review of Clinical Guideline (CG31): Obsessive-compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder

Guideline Review Consultation Comments Table
1-14 February 2011

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
CCBT Ltd	Yes		<p>Following the TA097 (Computerised Cognitive Behavioural Therapy), a panel heard on the 17th Nov 2005 STS's (parent company of CCBT Ltd) appeal of the review of OCFighter (formally BT STEPS) on an number of accounts.</p> <p>“The appeal panel considered that the Appraisal Committee accepted the absolute clinical efficacy of OCFighter. However the panel considered that FAD 1.5 could be misinterpreted to suggest that that OCFighter was ineffective”.</p> <p>In a future update, the above</p>	

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
			point needs to be made clear (the absolute clinical efficacy) as it does not form a part of the current OCD guidelines.	
RCN	Yes			
British Association for Psychopharmacology	No	<p>According to your document, only four responses were received on this important consultation. This is disappointing, especially in the light of the advances reported in the scientific literature including several RCTs of good quality that inform on important clinical questions relating to OCD treatment that NICE 2005 was unable to address. We believe a review of this guideline by NICE is timely- indeed the BAP is currently reviewing its 2005 OCD recommendations. Below, we list some of that new evidence that the Guideline Group may wish to consider.</p> <p>Group respondents highlighted the fact that new evidence existed for pharmacological treatment, specifically augmentation therapies, among treatment resistant groups. We agree that treatment-resistant OCD is a major health problem for UK, for which evidence-based recommendations are lacking, and so sound guidance on this topic is much needed. Indeed the previous NICE guidelines were only able to provide a narrative review on this owing to lack of data.</p>	<p>Long-term efficacy of SSRI in OCD.</p> <p>Relapse prevention in OCD using SSRI.</p> <p>The optimal dose of SSRI for OCD.</p> <p>HR-QOL benefits of treatment for OCD.</p> <p>SSRI in children- first or second line.</p> <p>Effectiveness of adding CBT to SSRI in OCD.</p> <p>Pharmacological methods of improving CBT outcomes.</p>	

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
		<p>Since the last guideline, there have been new positive randomised controlled trials of second generation antipsychotics (reviewed in: Fineberg N A et al., J. Psychopharmacology 20,(1),(2006), 97-103; Kordon A, et al, Journal of Clinical Psychopharmacology. Oct;28(5):550-4, 2008) as well as at least 2 positive meta-analyses for antipsychotic augmentation (Skapinakis P, et al., European Neuropsychopharmacology. Jan 15;17(2):79-93, Bloch MH, et al., Molecular Psychiatry 2008) that could change the recommendations substantially. Important RCTs on other augmentation strategies e.g. adjunctive topiramate (Berlin HA, et al., (2010). Journal of Clinical Psychiatry. Aug 10. [Epub ahead of print]) provide further important evidence to guide the clinician. There would now seem to be sufficient RCT evidence for a quantitative analysis to evaluate these areas with more certainty.</p> <p>With regard other aspects of pharmacological treatment, there is new RCT and meta-analytic data addressing the question of which dose of SSRI to choose (Bloch MH, (2010). Molecular psychiatry. Aug;15(8):850-5. Epub 2009 May 26). Importantly there has been a new fixed –dose, 24 - week RCT of over 300 patients SSRI showing long-term efficacy with a sustained positive dose-response (Stein D et al Current Medical Research</p>		

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
		<p>and Opinion 23(4), 701-711, 2007) and a new relapse prevention study on over 400 patients (Fineberg NA, et al., European Neuropsychopharmacology 2007 May-Jun;17(6-7):430-9 as well as a positive meta-analysis of relapse prevention data (Fineberg N, International Clinical Psychopharmacology. Nov;22(6):313-322, (2007), addressing the effectiveness of long-term SSRI treatment for relapse prevention that collectively merit consideration and that could change recommended practice. There has also been a HR-QOL analysis using SF-36 and SDS on a pooled database of more than 700 adult patients that provide important additional information on the quality of life concomitants of response and relapse in OCD (Hollander e et al J Clin Psychiatry Jun;71(6):784-92. 2010.).</p> <p>With regards CBT, new studies on augmentation with d-cycloserine (Storch et al., 2007; Kushner et al., 2007 and Wilhelm et al., 2008) deserve review. A new RCT investigating the effect of adding CBT to SSRI in SSRI non-responders (Blair Simpson H et al Am J Psych 2010) is also important new data for the guideline group to consider.</p> <p>With regards to the concerns expressed in the 2005 guidelines regarding the use of SSRI first line in childhood; since that time, at least two recent</p>		

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
		<p>studies have shown that combining CBT with SSRI for of treatment of depression may enhance outcomes (Vitiello et al., 2009, Brent et al., 2008). In addition, at least one new trial (ADAPT; Goodyer et al, 2008) suggests that SSRI + ordinary clinical support is as effective and safe as SSRI + CBT in childhood depression. Therefore, the risk/benefit, cost and patient choice aspects of treatment decisions across childhood mental disorders need to be reviewed. A meta-analysis of 27 trials of pediatric major depressive disorder (MDD) (n = 15), OCD (n = 6), and non-OCD anxiety disorders (n = 6) (Bridge JA et al., 2007) and a meta-analysis of all multi-centre trials of SSRI (sertraline) in children and adolescents with MDD and OCD(March et al., 2006) concluded a positive benefit to risk ratio for SSRI in paediatric OCD that could lead to important new recommendations.</p>		
NCCMH	Yes			
GDG member	Yes		<p>At least 2 studies are missing from the review of recent studies - 2009 Turner C.; Heyman I.; Futh A. & Lovell K (2009). A Pilot Study of Telephone Behavioural Therapy for Obsessive-Compulsive Disorder in Young People. <i>Behavioural and Cognitive</i></p>	

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Stakeholder	Agree?	Comments	Comments on areas excluded from original scope	Comments on equality issues
			<p><i>Psychotherapy</i>, 37 (4) 469-474.</p> <p>2006 Lovell K; Cox D; Haddock G; Raines D; Garvey R; Roberts C & Hadley S. (2006). Telephone Administered Cognitive Behaviour Therapy for Treatment of Obsessive Compulsive Disorder: A randomised controlled non-inferiority trial: <i>British Medical Journal</i>, 333, 883</p> <p>Both of the above studies give more weight to the inclusion of telephone work as a low intensity intervention</p> <p>There have been a couple of descriptive studies (albeit very small and non RCTs) on stepped care and OCD Tolin, Gilliam</p>	
Department of health		No comment		

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

The following organisations were approached but did not respond:

5 Boroughs Partnership NHS Trust
African & Caribbean Diabetes Association
Alder Hey Children's NHS Foundation Trust
All Wales Senior Nurses Advisory Group (Mental Health)
Anglesey Local Health Board
Anxiety UK
Assist Trauma Care
Association for Cognitive Analytic (ACAT) Therapy
Association For Family Therapy and Systemic Practice in the UK (AFT)
Association of Child Psychotherapists
Association of Professional Music Therapists
Association of the British Pharmaceuticals Industry (ABPI)
Association of Therapeutic Communities
AstraZeneca UK Ltd
Avon and Wiltshire Mental Health Partnership NHS Trust
Barnet PCT
Barnsley PCT
BMJ
Bristol-Myers Squibb Pharmaceuticals Ltd
British Association for Behavioural & Cognitive Psychotherapies (BABCP)
British Association of Art Therapists
British False Memory Society
British Geriatrics Society
British Medical Association (BMA)
British National Formulary (BNF)
British Paediatric Accident & Emergency Group
British Paediatric Psychiatry & Psychology Group
British Psychological Society, The
British Society of Rehabilitation Medicine
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Cambridgeshire & Peterborough Mental Health Trust
Camden and Islington Mental Health and Social Care Trust
Care Quality Commission (CQC)
CCBT Ltd
City and Hackney Teaching PCT
Cochrane Depression, Anxiety & Neurosis Group
College of Mental Health Pharmacy
College of Mental Health Pharmacy
College of Occupational Therapists
Community Psychiatric Nurses' Association
Connecting for Health
Co-operative Pharmacy Association
Cornwall Acute Trust
Council for Involuntary Tranquilliser Addiction
Counselling and Psychotherapy Trust (registered charity No. 1063175)
Cyberonics S.A & N.V.
Cymdeithas Tai Hafan
Department for Communities and Local Government
Department of Academic Psychiatry - Guy's
Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)
Department of Health, Social Services & Public Safety, Northern Ireland (DHSSPSNI)
Devon Partnership NHS Trust
Doctors Support Network
Dorset Healthcare Trust - Child and Adolescent Mental Health Service
East Sussex Hospitals Acute Trust
Eli Lilly and Company Ltd
Faculty of Public Health
First Person Plural
GlaxoSmithKline UK
Gloucestershire Partnership NHS Trust
Greater Manchester West Mental Health NHS Foundation Trust

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Hampshire Partnership NHS Foundation Trust
Hampshire Partnership NHS Foundation Trust
Help the Hospices
Herefordshire Primary Care Trust
Hertfordshire Partnership NHS Trust
Human Givens Institute
Humber NHS Foundation Trust
Independent Healthcare Advisory Services
Janssen
Lancashire Care NHS Foundation Trust
Lincolnshire PCT
Lundbeck Ltd
MDF The Bipolar Organisation
Medicines and Healthcare Products Regulatory Agency (MHRA)
Medtronic International Trading Sarl
Mencap
Mental Health Act Commission
Mental Health Foundation
Ministry of Defence (MoD)
Moving Minds Ltd
National CAMHS Support Service
National Council for Disabled People, Black, Minority and Ethnic Community (Equalities)
National Institute for Mental Health in England (NIMHE)
National Nurse Consultants in CAMHS forum
National Patient Safety Agency (NPSA)
National Treatment Agency for Substance Misuse
NCC - Cancer
NCC - National Clinical Guidance Centre (NCGC)

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

NEt (North East Together)
Neurolink
Newcastle PCT
NHS Clinical Knowledge Summaries Service (SCHIN)
NHS Direct
NHS Milton Keynes
NHS Plus
NHS Quality Improvement Scotland
NHS Western Cheshire
North Essex Mental Health Trust
North Staffordshire Combined Healthcare NHS Trust
Northumberland, Tyne & Wear NHS Foundation Trust
Nottinghamshire Acute Trust
OCD - UK
PERIGON Healthcare Ltd
Pfizer Limited
PPG group (paediatric/psychiatric pharmacology group)
PROMIS Recovery Centre
Public Health Wales
RCM Consultant Midwives Forum
Rethink
Rotherham NHS Foundation Trust
Royal College of Anaesthetists
Royal College of General Practitioners
Royal College of General Practitioners Wales
Royal College of Midwives
Royal College of Obstetricians and Gynaecologists
Royal College of Paediatrics and Child Health
Royal College of Pathologists

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

Royal College of Physicians London
Royal College of Psychiatrists
Royal College of Radiologists
Royal College of Surgeons of England
Royal Pharmaceutical Society of Great Britain
Safeline
SANE
Scottish Intercollegiate Guidelines Network (SIGN)
Sheffield Children's NHS Foundation Trust
Sheffield PCT
Social Care Institute for Excellence (SCIE)
Solent Healthcare
Solvay Healthcare Limited
South West Yorkshire Partnership NHS Foundation Trust
ST Solutions Ltd
Sure Start Ashfield
Surrey Oaklands NHS Trust
Survivors UK
The British Psychological Society
The Royal Society of Medicine
TOAST (The Obesity Awareness and Solutions Trust)
Trafford Primary Care Trusts
UK Advocacy Network
UK Council for Psychotherapy
UK Specialised Services Public Health Network
UKSSD
Welsh Assembly Government
Welsh Scientific Advisory Committee (WSAC)
West London Mental Health NHS Trust

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.

West Sussex Health & Social Care NHS Trust
Westmeria Healthcare Ltd
WISH - Women in Secure Hospitals
Worcestershire Mental Health Partnership NHS Trust
Wyeth
Wyre Forest Primary Care Trust
York Teaching Hospital NHS Foundation Trust
Young Minds

PLEASE NOTE: Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.