# Appendix 16: Included/excluded studies table for the Psychological Topic Group questions

## Studies Included in the Comparions Covered by This Evidence Table

| 2.01 Behaviour therapy (BT) |
|---|

| BT v BT+ medication |
|---|
| FOA2005 |
| FOA2005 |

| BT vs BT |
|---|
| DEARAUJO1995 |
| EMMELKAMP1983 |
| GREIST2002 |
| KENWRIGHT2004 |
| MEHTA1990 |

| BT vs CBT (BDD) |
|---|
| KHEMLANIPATEL2001 |

| BT vs cognitive therapy (CT) |
|---|
| COTTRAUX2001 |
| VANOPPEN1995 |

| BT vs cognitive-behavioural therapy (CBT) |
|---|
| MCLEAN2001 |
| VOGEL2004 |

| BT vs control |
|---|
| GREIST2002 |
| HISS1994 |
| LINDSAY1997 |
| LOVELL1994 |

| BT vs control (child/adolescent) |
|---|
| MORITZ1998 |

| BT vs CT (BDD) |
|---|
| KHEMLANIPATEL2001 |

| BT vs rational-emotive therapy (RET) |
|---|
| EMMELKAMP1988 |
| EMMELKAMP1991 |

**2.02 Cognitive therapy (CT)**

**CT v CT+medication**

**CT vs behaviour therapy (BT)**

COTTRAUX2001
VANOPPEN1995

**CT vs BT (BDD)**

KHEMLANIPATEL2001

**CT vs control**

**2.03 Cognitive-behavioural therapy (CBT)**

| CBT vs behaviour therapy (BT) |
| --- |
| MCLEAN2001 |
| VOGEL2004 |

| CBT vs BT (BDD) |
| --- |
| KHEMLANIPATEL2001 |

**CBT vs CBT + medication**

| CBT vs control |
| --- |
| CORDIOLI2003 |
| FREESTON1997 |

| CBT vs control (BDD) |
| --- |
| ROSEN1995 |
| VEALE1996 |

| Individual CBT vs group CBT vs control (child/adolescent) |
| --- |
| BARRETT2004 |

**2.04 Rational-emotive therapy (RET)**

| RET vs behaviour therapy (BT) |
| --- |
| EMMELKAMP1988 |
| EMMELKAMP1991 |

**2.08 Other psychological interventions**

| Kundalini yoga vs relaxation response + mindfulness meditation |
| --- |
| SHANNAHOFFKHALS1999 |

| 2.09 Psychological v Psychological |
|---|

| Behaviour Therapy (BT) v Cognitive Behaviour Therapy (CBT) |
|---|
| MCLEAN2001 |

| Behaviour Therapy (BT) v Cognitive Behaviour Therapy (CBT) (BDD) |
|---|
| KHEMLANIPATEL2001 |

| Behaviour Therapy (BT) v Cognitive Therapy (CT) |
|---|
| COTTRAUX2001 |
| VANOPPEN1995 |

| Behaviour Therapy (BT) v Cognitive Therapy (CT) (BDD) |
|---|
| KHEMLANIPATEL2001 |

| Behaviour Therapy (BT) v Rational Emotive Therapy (RET) |
|---|
| EMMELKAMP1988 |
| EMMELKAMP1991 |

| Individual CBT vs group CBT vs control (child/adolescent) |
|---|
| BARRETT2004 |

| Kundalini yoga v relaxation response + mindfulness meditation |
|---|
| SHANNAHOFFKHALS1999 |

## Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|

### BARRETT2004

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| Study Type: RCT<br><br>Study Description: Allocation: random, blocked by child's age and timing of referral; assessors blind to treatment group<br>Duration of study: 14 weeks, 3&6-mo follow-up<br><br>Blindness: Single blind<br><br>Duration (days):<br><br>Setting: Not reported<br><br>Notes: Country of study: Australia; Analysis: ITT<br><br>Info on Screening Process: Not reported | N= 77<br><br>Age: Mean 12<br><br>Sex: 38 males 39 females<br><br>Diagnosis:<br>OCD by DSM-IV<br><br>Exclusions: Primary major depression or another primary anxiety disorder, primary externalizing disorder, Tourette's syndrome, autistic spectrum disorder, schizophrenia, organic mental disorder, mental retardation, receiving concurrent psychotherapy<br>Inclusions: those receiving psychopharmacological treatment, were receiving stable doses of the drug, had normal IQ and at least one parent was willing to attend weekly sessions<br><br>Notes: Baseline Y-BOCS (child version) 22.66; common compulsions: cleaning/washing rituals, checking for reassurance, common obsessions: fears of contamination/illness or disease, fears of harm to self and others | **Data Used**<br>Multidimensional Anxiety Scale in Children-sibling<br>Sibling accomodation<br>Child Depression Inventory - sibling<br>Child Depression Inventory - patient<br>Father Stress<br>Father Depression<br>Father Anxiety<br>Multidimensional Anxiety Scale for Children<br>Mother Stress<br>Mother Depression<br>Mother Anxiety<br>McMaster Family Assessment Device - Mothe<br>McMaster Family Assessment Device - Father<br>Children's Yale-Brown Obsessive-Compulsive Scale<br>NIMH Global OCD Scale | **Group 1 N= 24**<br>Wait list control<br>**Group 2 N= 24**<br>Cognitive Behavioural Therapy - Individual CBT: 14 sessions +2 booster sessions at 1&3 months post-treatment, duration 1.5 hours, parent skills training, family review of progress, 3 components: 1.psychoeducation, anxiety management, cognitive therapy, 2.ERP, 3.maintenance of gains<br>**Group 3 N= 29**<br>Cognitive behavioural therapy - group - In 8 groups ranging from 3 to 6 participants per group (see Individual CBT for intervention details) | |

## CORDIOLI2003

Study Type: RCT

Study Description: Allocation: random (computer-generated random numbers list by an independent researcher); raters were blind to treatment
Duration of study: 12 weeks

Blindness: Single blind

Duration (days):

Setting: Not reported

Notes: Country of study: Brazil; Analysis: ITT; Participants recruited through media advertisement

Info on Screening Process: 65 screened, 18 excluded: depression with suicide risk (2), OCD secondary to brain injury (1), severe social phobia (2), mental retardation (1), severe anorexia nervosa (1), severe personality disorders (2), Y-BOCS<16 (3), refused treatment (6)

N= 47

Age: Mean 36

Sex: 23 males 24 females

Diagnosis:
OCD by DSM-IV

Exclusions: Aged <18 and >65 years, Y-BOCS <16, taking anti-obesessional medication <3 months before study

Notes: mean duration of OCD 21.1 years; mean baseline Y-BOCS 27
Sessions conducted by therapist with 10 years experience in CBT

**Data Used**

WHO-QoL Abbreviated Social
WHO-QoL Abbreviated Psychological
WHO-QoL Abbreviated Physical
Overvalued Ideas Scale
Responders (35% Y-BOCS)
Leaving study early
Hamilton Rating Scale for Depression
Hamilton Rating Scale for Anxiety
NIMH Obsessive Compulsive Rating
Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 23**

Cognitive behavioural therapy - group - 7-8 participants per group, 12 weekly 2-hour sessions, treatment consisted of practical exercises of exposure-response prevention and cognitive restructuring, homework exercises and focus on strategies for relapse prevention

**Group 2 N= 24**

Wait list control

## COTTRAUX2001

Study Type: RCT

Study Description: Allocation: random (no details), assessor blind to treatment allocation
Duration of study: 16 weeks treatment + 26 and 52-week follow-up

Blindness: Single blind

Duration (days):

Setting: Outpatient

Notes: Country of study: France; Analysis: ITT
Therapists were psychologists or psychiatrists with a CBT diploma, received additional training of 20h

Info on Screening Process: 85 screened, 20 met exclusion criteria

N= 65

Age: Mean 36

Sex: 16 males 46 females

Diagnosis:
OCD by DSM-IV

Exclusions: Aged <18 and >65 years, taking psychotropic medication, apart from hypnotic drugs, NIMH-OC<7, Y-BOCS<16; psychosis, Tourette syndrome, addiction, pregnancy, major depression and/or Hamilton Depression score >20, or suicidal ideation

Notes: Mean OCD duration 13.45 years; number with Axis 1 comorbidity 23

**Data Used**

Responders (25% Y-BOCS)
Quality of Life
Beck Depression Inventory
Salkovskis Responsibility Scale
ITIQ - Responsibility
ITIQ - Interpretation/intrusion
ITIQ - Instrusive thoughts
ITIQ - Inferiority
ITIQ - Guilt
Behavioural Avoidance Test - Discomfort
Behavioural Avoidance Test - Avoidance
Yale-Brown Obsessive-Compulsive Scale: tota
Leaving study early

**Group 1 N= 32**

Cognitive therapy - Based on Beckian model, 20 1-h sessions over 16 weeks; consisted of elicitation of intrusive and automatic throughts, dysfunctional danger, responsibility schemas, Socratic discussion, modification of unrealistic interpretations and magical thinking

**Group 2 N= 33**

Individual BT - 20 hours over 16 weeks - first 4 weeks 2 2-hour session per week, maintenance phase of 12 weeks with 40min booster sessions every 2 weeks, therapist-aided Ex/RP in imagination and/or in vivo, Ex/RP through homework and family intervention

## DEARAUJO1995

Study Type: RCT

Study Description: Allocation: random (no details); ratings by independent blind assessor
Study duration: 9 weeks treatment + 20- & 32-week follow-ups

Blindness: Single blind

Duration (days):

Setting: Outpatient

Notes: Country of study: UK; Analysis: completer
Therapists (2 of the authors and nurse therapists) were experienced in procedures and followed a protocol

Info on Screening Process: Not reported

N= 56

Age: Mean 33

Sex: 23 males 23 females

Diagnosis:
OCD by DSM-III-R

Exclusions: OCD duration <1 year, current depression (BDI>=15), suicidal intent, psychosis, organic disease, failure to stop previous medication for at least 15 days before treatment

Notes: Mean OCD duration 12 years

**Data Used**

Target rituals (assessor rated): time
Compulsive activity checlist
Fixity
Social Adjustment Scale (self-rated)
Anxiety during exposure
Target rituals (self rated): discomfort
Target rituals (self rated): time
Yale-Brown Obsessive-Compulsive Scale: obsessions
Clinical Global Impressions
Target rituals (assessor rated): discomfort
Relapse

**Group 1 N= 28**

ERP - imaginal and live exposure - 90-min sessions, treatment consisted of devising & performing self-exposure tasks and not engaging in rituals, listening to their own voice describing imagined situations that evoked fear, daily homework sessions (60min live + 30 min imagined exposure)

**Group 2 N= 28**

ERP - live exposure only - Weekly 90-min sessions, treatment consisted of devising & performing self-exposure tasks and not engaging in rituals, remaining in the anxiety-evoking situations until anxiety had dropped, daily homework sessions (60min live) based on therapy sessions

Outcome details
Fixity: 3 0-8-point subscales: belief in consequences of not ritualizing, insight, conviction
Bizarreness: 0-8 point measure of how bizarre belief is
Relapse: loss of 50% improvement on several scales

## EMMELKAMP1983

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 5 weeks treatment + 1-month & 6-month follow-up

Blindness: No mention

Duration (days):

Setting: Outpatient

Notes: Country of study: the Netherlands, Analysis: completer
Therapists were 8 advanced clinical psychology students who had received training in BT

Info on Screening Process: 15 met criteria, 1 did not accept treatment rationale and refused treatment, 2 were unable to carry on homework assignments and dropped out

N= 12

Age: Mean 33 Range 21-52

Sex: 2 males 10 females

Diagnosis:
OCD by Not reported

Exclusions: OCD not main problem and not severe enough to warrant intensive treatment, not married or not living together with partner, not willing to attend sessions as couple, previous behavioural treatment

Notes: Mean OCD duration 7 years (range 1.5-26 years)

**Data Used**

Maudsley Marital Questionnaire
Anxious mood and depression
Self-Rating Depression Scale
Maudsley Obsessive-Compulsive Inventory
Anxiety Discomfort Scale

**Group 1 N= 6**

Self-controlled exposure in vivo - 10 45-min sessions, hierarchy of fears constructed, at each session patient was given several tasks to perform at home starting with easiest, patient decided speed of working through tasks, included self-controlled response prevention

**Group 2 N= 6**

Partner-assisted exposure - 10 twice weekly treatment sessions at which partner accompanied patient, at home partner encouraged patient and helped him confront distressing stimuli until the patient got used to them, partner had to withold reassurance, included response prevention

## EMMELKAMP1988

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 8 weeks + 1-month + 6-month follow-ups

Blindness: No mention

Duration (days):

Setting: Not reported

Notes: Country of study: the Netherlands; Analysis: completer
Therapists were 9 advanced clinical psychology students who had received training in CBT

N= 18

Age: Mean 30 Range 20-56

Sex: 9 males 9 females

Diagnosis:
OCD by DSM-III

Exclusions: Previous behavioural treatment

Notes: Mean OCD duration: 6.6 years;

**Data Used**

Responder:Anixety Discomfort Scale 70% improvement
Hostility & Direction of Hostility:Intrapunitivity
Hostility & Direction of Hostility:Extrapunitivity
Social Anxiety Scale
Anxiety Discomfort Scale
Self-Rating Depression Scale
Irrational Belief Inventory
Maudsley Obsessive-Compulsive Inventory

**Group 1 N= 9**

Cognitive therapy - 14 twice-weekly 1-hour group sessions; treatment based on ABC framework (person's Activating event, Belief about event, Consequences of belief), patients used ABC homework sheets, irrational beliefs were challenged using a Socratic design

**Group 2 N= 9**

Group BT - 14 twice-weekly 1-hour group sessions; a hierarchy of fears constructed from which homework tasks performed for 90 minutes twice weekly, all items practiced in vivo; treatment components: self-controlled exposure in vivo, self-imposed response prevention

## EMMELKAMP1991

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 44 weeks (see notes for study design)

Blindness: No mention

Duration (days):

Setting: Not reported

Notes: Country of study: the Netherlands;
Analysis: completer
Therapists were advanced clinical psychology students who had done CBT

Info on Screening Process: 31 met criteria, 1 refused treatment because she did not expect that treatment would help her

N= 21

Age:

Sex: 10 males 11 females

Diagnosis:
OCD by DSM-III

Exclusions: Aged <18 and >65 years, OCD duration <half a year, received previous cognitive or behavioural treatment, psychosis, being suicidal

Notes: OCD duration: <5 yrs (n=10), >5 yrs (n=11)
Study design: 2 assessment/preparatory sessions + 4-wk waiting period + 6 CT or BT treatment sessions over 4 wks + 4-wk waiting period + 6 CBT or BTsessions over 4 wks + 4-wk follow-up + 6 month follow-up

**Data Used**
Dutch Obsessive-Compulsive Questionnaire
Self-Rating Depression Scale
Irrational Belief Inventory
Anxiety Discomfort Scale
Maudsley Obsessive-Compulsive Inventory

**Group 1 N= 10**

Cognitive therapy - Treatment based on ABC framework (person's Activating event, Belief about event, Consequences of belief), patients used ABC homework sheets and analysed irrational beliefs 6 days a week for 30 min, irrational beliefs challenged using a Socratic design

**Group 2 N= 11**

Individual BT - A hierarchy of fears constructed from which homework tasks performed for 90 minutes twice weekly, all items practiced in vivo starting with the easiest; self-controlled exposure in vivo, self-imposed response prevention

## FOA2005

Study Type: RCT

Study Description: Allocation: random (no details); indepentent assessor blind to randomization
Duration of study: acute phase 12 weeks + discontinuation phase 12 weeks

Blindness: Single blind

Duration (days):

Setting: Outpatient

Notes: Country of study: US

Info on Screening Process: 833 screened, 312 did not meet criteria: no OCD (93), received EX/RP or CMI (117), excluded for medical reason (22), comorbidity (75), other reasons (5), unwilling to participate (65), refused to receive CMI (56),or EX/RP (54) or placebo (6), other (191)

N= 122

Age: Mean 35

Sex: 64 males 58 females

Diagnosis:
Obsessive-compulsive neurosis by DSM-III-R

Exclusions: Aged <18 and >70 years, OCD duration <1 year, Y-BOCS<17, current major depression, HAM-D>18, substance abuse or dependence within past 6 months, current schizotypal or borderline personality disorder, previous intensive treatment with CMI or ERP

Notes: Duration of illness 16.4 years, baseline Y-BOCS scores 25

**Data Used**
Responders (CGI)
Yale-Brown Obsessive-Compulsive Scale: tota
Leaving study early
Clinical Global Impressions
Adverse events
NIMH-OC

**Group 1 N= 36**

Clomipramine - Fixed dose first 5 weeks, starting at 25mg/d, increasing to 200mg/d, increased to 250mg/d as tolerated, mean final dose 196mg/d

**Group 2 N= 26**

Placebo - Mean final dose for 209mg/d

**Group 3 N= 29**

Exposure + response prevention - 15 2-hr sessions over first 3 weeks and 2 home visits, weekly 45 min meetings for remaining 8 weeks, imaginal and in vivo exposure performed

**Group 4 N= 31**

BT + clomipramine - ERP + CMI, patients met individually with both a therapist and a psychopharmacologist, mean final dose 163+-65mg/d

Responders: CGI=<2

## FREESTON1997

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: mean 19 weeks
Participants referred by professionals or directly contacted the treatment centre

Blindness: Open

Duration (days): Mean 133

Setting: Not reported

Notes: Country of study: Canada, Analysis: ITT

Info on Screening Process: 199 responded, 97 interviewed, no anxiety disorder (12), anxiety disorders other than OCD (11), dominant compulsions (21), below entry-level severity criteria (8), other comorbid conditions (8)

N= 29

Age: Mean 36

Sex: 16 males 13 females

Diagnosis:
OCD by DSM-III-R

Exclusions: Overt compulsions, primary mood disorders, psychoactive substance abuse disorder, psychotic disorder, organic mental disorder, paraphilia or impulse control disorder, medication not stabilized by 12 weeks

Notes: Mean OCD duration 9.4 years, baseline Y-BOCS 23.5, therapists were graduate students trained in cognitive behavioural techniques

**Group 1 N= 15**

Cognitive Behavioural Therapy - 1.5h sessions twice weekly, mean of 25.7 sessions, terminated if sufficient clinical improvement or reached 40 sessions, training on exposure and response prevention using hierarchies of thought, cognitive restructuring, relapse prevention

**Group 2 N= 14**

Wait list control - Average length of waiting was 18.7 weeks

## GREIST2002

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 2 weeks assessment + 10 weeks therapy

Blindness: Open

Duration (days):

Setting: Not reported

Notes: Country of study: US (8 sites), Analysis: ITT

Info on Screening Process: 16 placebo responders, 5 did not complete assessment tasks, 12 violated protocol, 2 withdrew

N= 218

Age: Mean 39 Range 15-80

Sex:

Diagnosis:
OCD by DSM-IV

Exclusions: Y-BOCS<16, Y-BOCS compulsions subscale <7; history of Tourette's disorder, schizophrenia, bipolar disorder, psychosis, primary major depression

Notes: Mean OCD duration 22 +-12 years; 24% had secondary diagnosis of mental disorder; 51% had not taken an SRI for at least 2 weeks before study; baseline Y-BOCS 25 +-5; baseline HRSD 10+-8

**Data Used**
Relapse
Hamilton Rating Scale for Depression
Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 74**
Computer-guided BT - Used "BT STEPS", steps 1-3 concern education and assessment, steps 4-9 guide daily self-exposure to triggers of rituals, obsessions and discomfort, self-imposed ritual prevention, planning and performing of self-exposure homework, relapse prevention

**Group 2 N= 69**
Clinician-guided BT - 11 weekly 1-hour sessions to discuss self-exposure homework to be done daily for an hour and recorded in diaries

**Group 3 N= 75**
Control - Patients received relaxation therapy - performed relaxation exercises for minimum 1 hour daily, record in daily relaxation diaries

Y-BOCS self-rated
WSAS self-rated

## HISS1994

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 3 weeks ERP + 1 week relapse prevention/associate therapy + 6-month follow-up

Blindness: No mention

Duration (days):

Setting: Not reported

Notes: Country of study: US; Analysis: ITT
Therapists were 4 doctoral-level clinical psychologists with expertise in ERP with OCD

Info on Screening Process: Not reported

N= 20

Age: Mean 31

Sex: 12 males 8 females

Diagnosis:
OCD by DSM-III-R

Exclusions: Not reported

Notes: Mean OCD duration 11 years; primary compulsion washing (n=6), primary compulsion checking (n=8), washing and checking (n=3), cognitive rituals (n=1)

**Data Used**
Obsessive-compulsive symptom severity
Responders (50% Y-BOCS)
State-Trait Anxiety Inventory
Beck Depression Inventory
Hamilton Rating Scale for Depression
Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 8**
BT + relapse prevention - BT: 15 90-min daily sessions over 3 weeks, imaginal and in vivo exposure + response prevention, homework assignments
Relapse prevention: 4 90-min sessions over 1 week, training in self-exposure and cognitive restructuring, how to deal with set-backs

**Group 2 N= 10**
BT + associative therapy - BT: see BT + relpase prevention intervention
Associative therapy: 4 90-min sessions over 1 week, deep muscle relaxation, free association about OC symptoms by patient and by patient's significant other

Obsessive-Compulsive Symptom Severity: measured obsessive fear, avoidance, and ritualistic behaviour on 9-point scale, range 0-24, rated by independent assessor

## KENWRIGHT2004

Study Type: RCT

Study Description: Allocation: random (sealed-envelope)
Duration of study: 17 weeks

Blindness: No mention

Duration (days):

Setting: Outpatient

Notes: Country of study: US
BTSTEPS is an interactive-voice-response system which guides E/RP in 9 steps

Info on Screening Process: 48 referred by a GP or psychiatrist, 4 were unsuitable - 3 wanted at least some face-to-face sessions, 1 had no OCD

N= 44

Age: Mean 40

Sex: 21 males 23 females

Diagnosis:
OCD by DSM-IV

Exclusions: OCD duration<2 years, schizophrenia, bipolar disorder or other psychosis, primary major depression, suicidal plans, alcohol or substance abuse, not on stable dose of SRI

Notes: Mean OCD duration 16+-13 years, mean baseline Y-BOCS 26+-6.2; included patients with cleaning (45%), checking (34%), reapeating/ordering (39%), hoarding (5%), mental rituals (31%) and sexual, violent or blasphemous obsessions (33%)

**Data Used**
Leaving study early
Work and Social Adjustment Scale
Target rituals (assessor rated): discomfort
Yale-Brown Obsessive-Compulsive Scale: obsessions
Yale-Brown Obsessive-Compulsive Scale: compulsions
Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 22**
BT Steps + requested support - Patient advised to phone the clinic for help with working through BTSteps. Mean total support time per patient 16 minutes over 1.5 calls

**Group 2 N= 22**
BT Steps + scheduled support - 9 telephone calls were scheduled to review progress and to help work through exposure issues. Mean total support time per patient 76 minutes over a mean of 7.5 calls

## KHEMLANIPATEL2001

Study Type: RCT

Study Description: Allocation: random assigment for first participant, then alternate allocation to each treatment for following participants
Duration of study: 16 week

Blindness: Single blind

Duration (days):

Setting: 17 recruited, 7 dropped out

Notes: Country of study: US; Analysis: completer
Therapists were a doctoral intern with Master's degree, 2 licensed clinical psychologists

N= 10

Age: Mean 32 Range 21-54

Sex: 7 males 3 females

Diagnosis:
BDD by DSM-IV

Exclusions: Not pre-occupied with imagined defect in appearance, preoccupation did not resut in significant distress, preoccupation better accounted for by Anorexia Nervosa or Transsexualism, patient wanted to continue other psychological treatment during study, medication was not stablized 3 months before study

Notes: 6 had comorbid OCD, 5 had comorbid affective disorder

**Group 1 N= 5**

Cognitive Behavioural Therapy - Four wks CT+4 wks ERP (12 90-min sessions each); CT based on Beck (1995) & Geremia (1997), therapists modeled how to transform negative irrational thinking into rational adaptive thoughts; for ERP hierarchy of 3 most distressing symptoms constructed

**Group 2 N= 5**

Individual BT - 8 wks of 24 90-min sessions; ERP involved constructing hierarchy of 3 most distressing symptoms, subjective units of distress were recorded each week, most distressing symptoms were treated first, used paradoxical intention during exposure sessions

## LINDSAY1997

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 3 weeks

Blindness: Open

Duration (days):

Setting: Outpatient

Notes: Country of study: Australia; Analysis: ITT

Info on Screening Process: Not reported

N= 18

Age: Mean 33

Sex: 6 males 12 females

Diagnosis:

Exclusions: Not reported

Notes: Mean OCD duration 11 years (range 1-26 years)

**Data Used**
PADUA
State-Anxiety Inventory
Maudsley Obsessive-Compulsive Inventory
Beck Depression Inventory
Y-BOCS (self-report version)

**Group 1 N= 9**

Individual BT - Exposure and response prevention: 15 hours face-to-face therapy over 3 weeks, graded exposure to situations previously associated with obsessional thoughts or impulses, self-imposed prevention of compulsive rituals, homework exposure tasks

**Group 2 N= 9**

Control - Anxiety management: comprised teaching techniques, such as breathing for management of hyperventilation, progressive muscle relaxation, structured problem-solving about non-OCD life stressors and practicising this at home

## LOVELL1994

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 8 weeks
Patients were referrals from the Psychological treatment unit, Maudsley Hospital

Blindness: No mention

Duration (days):

Setting: Not reported

Notes: Country of study: UK; Analysis: completer

Info on Screening Process: 17 referrals, 5 dropouts: 1 withdrawal at week 2 due to depression, 4 (1 exp; 3 neutral) dropped out

N= 12

Age: Mean 35

Sex: 5 males 7 females

Diagnosis:
OCD by DSM-III

Exclusions: Aged <18 and >65 years, obsessive thoughts were not dominant feature, OCD duration<1 year, severe motor rituals, on stable doe of medication<3 months, taking >10mg diazepam equivalents, >3 units of alcohol daily, psychotic, severe affective, or physical illness

Notes: Mean OCD duration 14 +-11 years, most common obsessive theme was harm/aggression towards others

**Data Used**
Responders ("much improved" on ruminations
Adjustment rating scales
Beck Depression Inventory
Compulsive activity checlist
Target rituals (assessor rated): time
Target rituals (assessor rated): discomfort

**Group 1 N= 6**

Individual BT - Audiotaped exposure to patient's anxiogenic thoughts as identified by therapist & patient: 8 weekly sessions, patient recorded anxiogenic thoughts onto 30sec loop audiotape, anxioloytic thoughts excluded, listening to audiotaped material 1 h twice daily

**Group 2 N= 6**

Control - Neutral prose or poetry: patients recorded neutral non-anxiogenic material onto a 30-sec loop-tape which could be played as long as desired, 8 weekly sessions, listening to audiotaped material 1 h twice daily

Adjustment rating scales (9-point scales): work, home, social, private
Responders: mean reduction in ruminations discomfort and time and in main problem and target of 16 or more
Other measures:
Main problem and target, assessor-rated (9-point scale)

## MCLEAN2001

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 3 months treatment + 3 months follow-up

Blindness: No mention

Duration (days):

Setting: Not reported

Notes: Country of study: US; Analysis: completer
Therapists were licenced clinical psychologists

Info on Screening Process: Not reported

N= 93

Age: Mean 35 Range 18-56

Sex: 33 males 30 females

Diagnosis:
OCD by DSM-IV

Exclusions: Aged <18 and >65 years, not fluent in written and spoken English, active thought disorder, mental retardation or organic mental disorder, commencement or change in psychotropic medication in the 3 months prior to assessment, any physical condition that would prevent completion of treatment, concurrent psychological treatment for current Axis I or II disorder

Notes: Mean baseline Y-BOCS22; 33 participants were wait-listed for 3 months before receiving treatment; of 63 completers, 30 were using medication for OCD: multiple medications (6), SSRI alone (13), TCA alone (5), benzodiazepines alone (4), other (2)

**Data Used**

Responder: Y-BOCS<12 + Y-BOCS 6-point reduction

Responsibility Attitude Scale

Yale-Brown Obsessive-Compulsive Scale: tota

Yale-Brown Obsessive-Compulsive Scale: obsessions

Yale-Brown Obsessive-Compulsive Scale: compulsions

Beck Depression Inventory

**Group 1 N= 49**

Cognitive Behavioural Therapy - Treatment conducted in groups of 6-8, 12 weekly sessions, 2.5 hr per session, based on Salkovskis (1996) model - trigger leads to an intrusive thought followed by an appraisal, followed by distress and urge to neutralise or engage in compulsive behaviour

**Group 2 N= 44**

Group BT - Treatment conducted in groups of 6-8, 12 weekly sessions, 2.5 hr per session, consisted of exposure and response prevention, hierarchy of fears developed, homework assignments performed

## MEHTA1990

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of treatment: 14 weeks (24 sessions, 2 per week)

Blindness: Open

Duration (days):

Setting: Outpatient

Notes: Country of study: India

N= 30

Age: Mean 34 Range 17-56

Sex: 19 males 11 females

Diagnosis:
OCD by DSM-III

Notes: Duration of illness 3 years

**Data Used**

Global Assessment of Severity: Occupation

Global Assessment of Severity: leisure

Global Assessment of Severity: household responsib

Global Assessment of Severity: Family

Zung Depression Rating Scale

Montgomery-Asberg Depression Rating Scale

**Group 1 N= 15**

Family-based BT - Self-observation, monitoring of distressing symptoms, training in relaxation therapy, systematic desensitization and ERP, a family member acted as co-therapist who assisted in completing homework assignments, in relaxation therapy and response prevention

**Group 2 N= 15**

Individual BT - Self-observation, monitoring of distressing symptoms, training in relaxation therapy, systematic desensitization and ERP, no instructions were given to the family

## MORITZ1998

Study Type: Cross-over

Study Description: Allocation: random, rater blind to treatment
Duration of study: 18 wks -3 weekly contact sessions + 6 wks treatment (2 sessions per wk) in each arm

Blindness: Single blind

Duration (days):

Setting: Outpatient

Notes: Country of study: US; Analysis: completer; participants were community referrals and responders to media announcements

Info on Screening Process: 8 included; dropped out due to lack of improvement (1); excluded: baseline CY-BOCS<15 (1); needed behavioural management for which the parents did not want to wait till end of study (2)

N= 4

Age: Mean 8 Range 6-11

Sex: all males

Diagnosis:
OCD by DSM-IV

Exclusions: Age<11 years; Y-BOCS<15, OCD duration<6 months, not on stable doses of psychotropic medication; diagnosis of trichotillomania or nail-biting, schizophrenia, depression or bipolar disorder, severe mentally retarded patients, anorexia nervosa, bulimia nervosa, severe neurological disorder

Notes: Mean baseline Y-BOCS 29.25

**Data Used**

Parent Checklist for Compulsive Activities

NIMH Global OCD Scale

Children's Yale-Brown Obsessive-Compulsive Scale

**Data Not Used**

Subjective Units of Distress Scale - no data

Behaviour Assessment System for Children - Parent - no pre-cross-over data

**Group 1 N= 2**

Individual BT - Game-like behavioural program: 2 sessions per week, duration 60-min, parents took part in 50% of games; 24 games in total; games addressed psychoeducation, reassurance-seeking behaviour, doubting, fear of not saying "right thing", asymmetry problems, etc.

**Group 2 N= 2**

Control - Comprised non-therapeutic mainstream games purchased at toy-store; games such as monopoly, hangman, tic tac toe

Subjective Units of Distress Scale: anxiety scores during each game no overall distress score reported

## ROSEN1995

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 10 weeks

Blindness: No mention

Duration (days):

Setting: Outpatient

Notes: Country of study: US; Analysis: ITT

Info on Screening Process: 156; excluded: BDD symptoms not severe enough (58), significant physical abnormality (38), anorexia or bulimia nervosa (11), severe depression with suicidal behaviour (1), male (15)

N= 54

Age: Mean 36 Range 20-61

Sex: all females

Diagnosis:
BDD by DSM-III-R

Exclusions: Male, significant physical abnormality, anorexia or bulimia nervosa

Notes: Inclusion: Moderate to severe on items of the Body Dysmorphic Disorder examination and total score 1.25 S.D. above norm for adult women (>61)

**Data Used**

Brief Symptom Inventory

Multidimensional Body Self-Relations Questionnaire

Rosenberg Self-Esteem Scale

Responders (DSM-BDD, BDDE)

Body Shape Questionnaire

BDD Examination

**Group 1 N= 27**

Cognitive Behavioural Therapy - Treatment provided in groups of 4 or 5, consisted of 8 weekly 2-hour sessions, consisted of exposure therapy, thought stopping and relaxation, response prevention to decrease body-checking behaviour, participants kept body-image diary

**Group 2 N= 27**

Wait list control - Participants were promised CBT after a minimum 10-week waiting period

Responder: (a) no longer meeting DSM-BDD criteria, (b) post-treatment BDDE score 2 S.E.s below baseline score

## SHANNAHOFFKHALS1999

Study Type: RCT

Study Description: Allocation: random (no details); participants not informed about meditation protocol
Duration of study: 3 months (phase 1-RCT) + 12 months (phase 2)

Blindness: Single blind

Duration (days):

Setting: Outpatient; patients recruited through television news commentary, newspaper advertisement, physician referral

Notes: Country of study: US; Analysis: LOCF for Y-BOCS, completer for other outcomes Therapists were previously training in respective treatments

Info on Screening Process: 130 adults +5 adolescents screened, 93 adults + 1 adolescent failed to meet initial criteria

N= 22

Age: Mean 39

Sex: 7 males 14 females

Diagnosis:
OCD by DSM-III-R

Exclusions: Y-BOCS<15; aged<14 years; medication was not stablized for at least 3 months before study, patients smoked, had substance abuse disorder, or had spinal or other physically limiting problems that could interfere with meditation practice, such as being excessively overweight, seizure disorder, pulmonary disorder, hypertension, other cardiovascular disorders, primary diagnosis of schizophrenia, depression, bipolar disorder, mental retardation, anorexia nervosa, bulimia, tourette's syndrome, trichotillomania

Notes: Baseline Y-BOCS 22.8; four patients had trichotillomania; if treatments differed significantly at the end of 3 months (phase 1), the two treatments were merged (phase 2) which lasted for 12 months

**Data Used**

Leaving study early

Purpose in Life test

Profile of Moods scale

Perceived Stress Scale

Symptom Checklist-90

Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 12**

Yoga - Employed the Kundalini yoga protocol, includes 8 primary techniques, including a yogic breathing technique (blocking right nostril, slow deep inspiration through left nostril, breath retention, and slow complete expiration) and 3 nonmandatory techniques

**Group 2 N= 10**

Relaxation response and mindfulness meditation - Relaxation response (RR) and Mindfulness meditation (MM) are passive techniques, RR requires a constant mental focus and repetition of a self-selected special word or phrase, MM requires conscious observation of thoughts

## VANOPPEN1995

Study Type: RCT

Study Description: Allocation: random (no details)
Duration of study: 16 weeks

Blindness: No mention

Duration (days):

Setting: Outpatient

Notes: Country of study: the Netherlands; Analysis: completer

N= 57

Age: Mean 35

Sex: 17 males 30 females

Diagnosis:
OCD by DSM-III-R

Exclusions: Only obsessions; aged <18 and >65 years; OCD duration <1 year; organic mental disorder, mental retardation or a psychotic disorder; cognitive or behavioural treatment in preceeding 6 months, using anti-depressants

Notes: Mean OCD duration 13 years

**Data Used**

Irrational Belief Inventory

Beck Depression Inventory

Symptom Checklist-90

Padua Inventory - Revised

Anxiety Discomfort Scale

Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 35**

Cognitive therapy - 16 45-minute sessions, patients learned to consider instrusions as stimuli and to identify anxiety evoking automatic thoughts, which were challenged & replaced by alternative, rational, nondistressing thoughts, used Socratic Dialogue

**Group 2 N= 36**

Individual BT - 16 sessions lasting 45 minutes, exposure in vivo with response prevention. After all compulsions and avoidance behaviour were inventoried, a fear hierarchy was made, and exposure homework was assigned, patients were asked to keep homework diaries

CT and BT part of data from VanBalkom2002. In addition, those who refused pharmacological treatment or were put on waiting list were randomised to CT or BT.

## VEALE1996

Study Type: RCT

Study Description: Allocation: random (stratified by degree of avoidance, severity of depressive symptoms)
Duration of study: 12 wks

Blindness: No mention

Duration (days):

Setting: Not reported

Notes: Country of study: UK; Analysis: ITT Patients were self-referrals/referrals from other agencies

Info on Screening Process: Not reported

N= 19

Age: Mean 35

Sex: 1 male 18 females

Diagnosis:
BDD by DSM-IV

Exclusions: Patients with BDD whose primary concern was body weight or shape, concurrent dementia or organic brain disorder, schizophrenia, delusional disorder, alcohol or substance abuse, suicidal intent

Notes: Mean duration of illness: 15 years; included patients with comorbid diagnoses (OCD, social phobia, depressive disorder) so long as patient's primary concern was with the defect in their appearance

**Data Used**
- BDD Examination
- Montgomery-Asberg Depression Rating Scale
- Derriford Scales
- Social phobia
- Hospital Anxiety
- Yale-Brown Obsessive-Compulsive Scale: compulsions
- Hospital Depression

**Group 1 N= 9**

Cognitive Behavioural Therapy - 12 sessions; response prevention by external focusing; cognitive restructuring; collecting positive and neutral information about paitient's assumptions to build realistic assumptions about body image. Therapy conducted by accredicted CBT therapists

**Group 2 N= 10**

Wait list control

## VOGEL2004

Study Type: RCT

Study Description: Allocation: random (sealed envelope technique, wait list patients again randomised to either active treatment)
Study duration: 6 weeks

Blindness: Open

Duration (days): Mean 42

Followup: 3, 6 & 12 months

Setting: Outpatient

Notes: Country of study: Norway; Analysis: ITT Three therapists experienced in cognitive and behavioural (ERP) interventions

Info on Screening Process: 54 screened, exclusions: obessions without compulsions (n=4), another primary axis I disorder (n=5), unstable acting-out or suicidal behaviour (n=2), psychosis (n=1), chronic ego-syntonic OCD (n=1), subclinical OCD (n=2), refused treatment (n=4)

N= 35

Age: Mean 36

Sex: 10 males 25 females

Diagnosis:
OCD by DSM-III-R

Exclusions: History of psychotic disorder, obsessions without compulsions, other primary axis I disorder, suicidal behaviour, chronic ego-syntonic OCD, subclinical OCD

Notes: Twelve were taking stable doses of anti-obsessional medication at time of study
Mean baseline Y-BOCS 24.3

**Data Used**
- Reliable change
- Remission (OCD)
- Clinical Significance
- State-Anxiety Inventory
- Beck Depression Inventory
- Yale-Brown Obsessive-Compulsive Scale: tota

**Group 1 N= 16**

ERP + CT - Two-hour twice weekly sessions, 10 sessions in vivo/imaginal exposure + RP, 30 mins minimum per session for addressing case-specific comorbidity or OCD-specific beliefs using CT techniques, homework exposure exercises assigned after each session

**Group 2 N= 19**

ERP + relaxation training - Two-hour twice weekly sessions, 10 sessions in vivo/imaginal exposure + RP, 30 mins per session of relaxation training - progressive muscle relaxation and release-only relaxation exercises, homework exposure exercises assigned after each session

Remission: Y-BOCS<16
Clinical Significance: Y-BOCS<16 + reliable change on Y-BCOS

## Characteristics of Excluded Studies

| Reference ID | Reason for Exclusion |
|---|---|
| **ARAUJO1996** | Analysis of data from another study (DEARAUJO1995) |
| **BOERSMA1976** | No extractable data for treatment comparisons |
| **DREESSEN1997** | No extractable data |
| **DUBOIS1991** | Article not in the English language |
| **EMMELKAMP1977** | No extractable data for treatment comparisons |
| **EMMELKAMP1980** | Cross-over trial: no extractable data for treatment comparisons |
| **EMMELKAMP1980A** | No extractable data for treatment comparisons |
| **EMMELKAMP1981** | Cross-over trial: no extractable data for treatment comparisons |
| **EMMELKAMP1989** | No extractable data for treatment comparisons |
| **EMMELKAMP1990** | No extractable data for treatment comparisons |
| **FALSSTEWART1993A** | No extractable data for treatment comparisons |

| | |
|---|---|
| **FOA1980** | No extractable data |
| **FRITZLER1997** | Delayed group began treatment at mid-point of immediate treatment group, so post-treatment data not extractable |
| **GOURNAY1997** | Results reported elsewhere (VEALE 1996) |
| **HACKMANN1975** | Cross-over trial, data not extractable before the point of cross-over |
| **JONES1998A** | S.D.s not reported on efficacy measures, data not extractable |
| **KAZARIAN1977** | Non-clinical population (psychology students) |
| **MCKAY1997** | No extractable data for treatment comparisons |
| **OCONNOR1999** | Allocation random, but 3 participants were given preferred treatment |
| **RACHMAN1971** | No extractable data for treatment comparisons |
| **SALKOVSKIS2003** | An experimental study |
| **STEKETEE1982_1** | No extractable data for treatment comparisons |
| **STEKETEE1982_2** | Does not mention whether patients were randomised to treatment groups: no extractable data for treatment comparisons |
| **STERN1973** | Cross-over trial: data not extractable at point of cross-over |

## Characteristics of Studies Not Available

## References to Included Studies


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Barrett, P., Healy-Farrell, L. & March, J.S. (2004). Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: a controlled trial. Journal of the American Academy of Child & Adolescent Psychiatry, 43, 46-62.

**CORDIOLI2003** (Published Data Only)

Cordioli, A. V., Heldt, E., Bochi, D. B., Margis, R., De Sousa, M. B., Tonello, J. F. et al. (2003). Cognitive-behavioral group therapy in obsessive-compulsive disorder: A randomized clinical trial. Psychotherapy & Psychosomatics, 72, 211-216.

**COTTRAUX2001** (Published Data Only)

Cottraux, J., Note, I., Yao, S. N., Lafont, S., Note, B., Mollard, E. et al. (2001). A randomized controlled trial of cognitive therapy versus intensive behavior therapy in obsessive compulsive disorder. Psychotherapy & Psychosomatics., 70, 288-297.

**DEARAUJO1995** (Published Data Only)

Ito, L. M., Marks, I. M., De Araujo, L. A., & Hemsley, D. (1995). Does imagined exposure to the consequences of not ritualising enhance live exposure for OCD? A controlled study. II. Effect on behavioural v. subjective concordance of improvement. British Journal of Psychiatry., 167, 71-75.

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**EMMELKAMP1983** (Published Data Only)

Emmelkamp, P. M. G. & De, L., I (1983). Spouse involvement in the treatment of obsessive-compulsive patients. Behaviour Research & Therapy, 21, 341-346.

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Emmelkamp, P. M., Visser, S., & Hoekstra, R. J. (1988). Cognitive therapy vs exposure in vivo in the treatment of obsessive-compulsives. Cognitive Therapy & Research, 12, 103-114.

**EMMELKAMP1991** (Published Data Only)

Emmelkamp, P. M. & Beens, H. (1991). Cognitive therapy with obsessive-compulsive disorder: a comparative evaluation. Behaviour Research & Therapy., 29, 293-300.

**FOA2005** (Published Data Only)

Kozak, M. J., Liebowitz, M. R., & Foa, E. B. (2000). Cognitive behavior therapy and pharmacotherapy for obsessive-compulsive disorder: The NIMH-sponsored collaborative study. In W.K.Goodman & M. V. Rudorfer (Eds.), Obsessive-compulsive disorder: contemporary issues in treatment. Personality and clinical psychology series (pp. 501-530).

Simpson, H. B., Liebowitz, M. R., Foa, E. B., Kozak, M. J., Schmidt, A. B., Rowan, V. et al. (2004). Post-treatment effects of exposure therapy and clomipramine in obsessive-compulsive disorder. Depress.Anxiety, 19, 225-233.

*Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E. et al. (2005). Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. Am.J.Psychiatry, 162, 151-161.

**FREESTON1997** (Published Data Only)

Freeston, M. H., Ladouceur, R., Gagnon, F., Thibodeau, N., Rheaume, J., Letarte, H. et al. (1997). Cognitive-behavioral treatment of obsessive thoughts: a controlled study. Journal of Consulting & Clinical Psychology., 65, 405-413.

**GREIST2002** (Published Data Only)

Mataix-Cols, D., Marks, I. M., Greist, J. H., Kobak, K. A., & Baer, L. (2002). Obsessive-compulsive symptom dimensions as predictors of compliance with and response to behaviour therapy: results from a controlled trial. Psychotherapy & Psychosomatics., 71, 255-262.

*Greist, J. H., Marks, I. M., Baer, L., Kobak, K. A., Wenzel, K. W., Hirsch, M. J. et al. (2002). Behavior therapy for obsessive-compulsive disorder guided by a computer or by a clinician compared with relaxation as a control. Journal of Clinical Psychiatry., 63, 138-145.

**HISS1994** (Published Data Only)

Hiss, H., Foa, E. B., & Kozak, M. J. (1994). Relapse prevention program for treatment of obsessive-compulsive disorder. Journal of Consulting & Clinical Psychology., 62, 801-808.

**KENWRIGHT2005** (Published Data Only)

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**KHEMLANIPATEL2001** (Published Data Only)

Khemlani-Patel, S. (2001). Cognitive and behavioral therapy for body dysmorphic disorder: A comparative investigation.

**LINDSAY1997** (Published Data Only)

Lindsay, M., Crino, R., & Andrews, G. (1997). Controlled trial of exposure and response prevention in obsessive-compulsive disorder. British Journal of Psychiatry., 171, 135-139.

**LOVELL1994** (Published Data Only)

Lovell, K., Marks, I. M., Noshirvani, H., & O'Sullivan, G. (1994). Should treatment distinguish anxiogenic from anxiolytic obsessive-compulsive ruminations? Results of a pilot controlled study and of a clinical audit. Psychotherapy & Psychosomatics., 61, 150-155.

**MCLEAN2001** (Published Data Only)

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Mehta, M. (1990). A comparative study of family-based and patient-based behavioural management in obsessive-compulsive disorder. British Journal of Psychiatry., 157, 133-135.

**MORITZ1998** (Published Data Only)

Moritz, E. K. (1998). Behavior therapy in game format for the treatment of childhood obsessive compulsive disorder.

**ROSEN1995** (Published Data Only)

Rosen, J. C., Reiter, J., & Orosan, P. (1995). Cognitive-behavioral body image therapy for body dysmorphic disorder. Journal of Consulting & Clinical Psychology, 63, 263-269.

**SHANNAHOFFKHALS1999** (Published Data Only)

Shannahoff-Khalsa, D. S., Ray, L. E., Levine, S., Gallen, C. C., Schwartz, B. J., & Sidorowich, J. J. (1999). Randomized controlled trial of yogic meditation techniques for patients with obsessive-compulsive disorder. Cns Spectrums, 4, 34-47.

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Van Oppen, P., de Haan, E., van Balkom, A. J., Spinhoven, P., Hoogduin, K., & Van Dyck, R. (1995). Cognitive therapy and exposure in vivo in the treatment of obsessive compulsive disorder. Behaviour Research & Therapy., 33, 379-390.

**VEALE1996** (Published Data Only)

Veale, D., Gournay, K., Dryden, W., Boocock, A., Shah, F., Willson, R. et al. (1996). Body dysmorphic disorder: a cognitive behavioural model and pilot randomised controlled trial. Behaviour Research & Therapy., 34, 717-729.

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Vogel, P. A. '. T. C. & Gotestam, G. (2004). Adding cognitive therapy elements to exposure therapy for obsessive complsive disorder: a controlled study. Behavioural and Cognitive Psychotherapy, 32, 275-290.

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**JONES1998A**

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**KAZARIAN1977**

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**MCKAY1997**

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**OCONNOR1999**

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**STEKETEE1982_1**

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**STEKETEE1982_2**

Steketee, G., Foa, E. B., & Grayson, J. B. (1982). Recent advances in the behavioral treatment of obsessive-compulsives. Archives of General Psychiatry., 39, 1365-1371.

**STERN1973**

Stern, R. S., Lipsedge, M. S., & Marks, I. M. (1973). Obsessive ruminations: A controlled trial of thought-stopping technique. Behaviour Research & Therapy, 11, 659-662.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.01 TCAs

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **ANANTH1981**<br>Study Type: RCT<br>Study Description: Ten patients each were assigned to clomipramine and amitriptyline groups respectively according to a randomized precoded design.<br>Blindness: Double blind<br>Duration (days): Mean 28<br>Followup: 4 weeks<br>Setting: Inpatient and outpatient<br>Notes: Country of study: Canada.<br>Info on Screening Process: 20 | N= 20<br>Age: Mean 37 Range 22-56<br>Sex: 7 males 13 females<br>Diagnosis:<br>OCD<br>Exclusions: Patients with evidence of psychosis, clinical epilepsy, organic brain syndrome, acute physical illness, pregnancy.<br>Notes: Clinical diagnosis of obsessive-compulsive neurosis based on psychiatric examination, ratings on the Psychiatric Questionnaire for OCN and obsessive traits, resistance and interference scores on the Leyton Obsessive Inventory. | **Data Used**<br>Leaving study early<br>**Data Not Used**<br>Adverse events - no extractable data<br>Psychiatric Questionnaire for OCN - no variablility measure | **Group 1 N= 10**<br>Clomipramine - Clomipramine was supplied in 25mg tablets and administered on a fixed changing dosage schedule (week 1: 3 tablets daily; week 2: 6 tablets; week 3: 9 tablets; week 4: 12 tablets), average daily dose during final week 133.3mg<br>**Group 2 N= 10**<br>Amitriptyline - Amitriptyline was supplied in 25mg tablets and administered on a fixed changing dosage schedule (week 1: 3 tablets daily; week 2: 6 tablets daily; week 3: 9 tablets daily; week 4: 12 tablets daily); average daily dose during final week 197.4mg | |
| **GOODMAN1990A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Outpatients<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 40<br>Age: Mean 38<br>Sex: 19 males 21 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: OCD duration <1 year, CGI-global severity >=moderate; primary depression; MDD primary diagnosis<br>Notes: Patients with current major depression: Fluvoxamine n=14, Desipramine n=13; chronic tics history n=6; patients attended weekly individual psychotherapy (comprised supportive therapy, psychoeducation, relaxation techniques); mean OCD duration 18 years | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 19**<br>Desipramine - 50mg for first 3 days, increased to 150mg by 2nd week, and upto 300mg based on clinical response; mean final dose 223mg/d (+-48)<br>**Group 2 N= 21**<br>Fluvoxamine - 50mg for first 3 days, increased to 150mg by 2nd week, and upto 300mg based on clinical response; mean final dose 214mg/d (+-55) | |
| **HOEHNSARIC2000**<br>Study Type: RCT<br>Study Description: Randomization using a computer-generated randomization scheme<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT; study conducted at 16 sites<br>Info on Screening Process: Not reported | N= 116<br>Age: Mean 38<br>Sex: 66 males 48 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>100% MDD by DSM-III-R<br>Exclusions: Y-BOCS<20, HRSD-24<18, HRSD-item 1<2, CGI for OCD & MDD<4<br>Notes: OCD duration: 213 mo; MDD duration 24 mo; Y-BOCS baseline 26; HRSD-24 baseline: 27.5 | **Data Used**<br>Responder (OCD/BDD)<br>Responder (MDD)<br>Remission (MDD)<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 80**<br>Sertraline - flexible dosage (based on response and side-effects): 50mg/d first 2 weeks, 100mg/d by week 4, 150mg/d at week 4, 200mg/d at week 5; mean final dose 160.1mg/d+-50<br>**Group 2 N= 86**<br>Desipramine - flexible dosage (based on response and side-effects): 50mg/d titrated upto 300mg/d; mean final dose 193.5mg/d+-90 | Response: for OCD: Y-BOCS>=40% reduction, for MDD: HRSD>=50% reduction; MDD remission: HRSD<=17 |

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| **KHANNA1988**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 16 weeks (6 weeks in each treatment + 4 weeks interval between treatments)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 6 weeks<br>Setting: Not reported<br>Notes: Country of study: India; Analysis: completer<br>Info on Screening Process: Not reported | N= 18<br>Age:<br>Sex: 8 males 4 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Primary depression, <2month gap between onset of obession and depression, history of melancholic or psychotic features, lack of response to 300mg amitriptyline or imipramine administered daily for 6 weeks, were not free of psychotropic drugs for or were receiving behaivour therapy at least 4 weeks before onset of study<br>Notes: Two patients had only obsessions, 4 were checkers, 5 were washers, 1 had both checking and washing compulsions | **Data Not Used**<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>Maudsley Obsessive-Compulsive Inventory - no pre-cross-over data<br>Leyton Obsessional Inventory: trait - no pre-cross-over data<br>Leyton Obsessional Inventory: symptom - no pre-cross-over data<br>Leyton Obsessional Inventory: resistance - no pre-cross-over data<br>Leyton Obsessional Inventory: interference - no pre-cross-over data | **Group 1 N= 10**<br>Clomipramine - Initial dose 50mg/d for 3 days, 50mg increments every 3 days to 200mg/d as tolerated<br>**Group 2 N= 8**<br>Nortriptyline - Initial dose 50mg/d for 3 days, 50mg increments every 3 days to 200mg/d as tolerated | |
| **LEONARD1989A**<br>Study Type: Cross-over<br>Study Description: Allocation: random<br>Duration of study: 12 weeks (2-week single-blind placebo + 5 weeks in each treatment)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: Not reported | N= 49<br>Age: Mean 14<br>Sex: 31 males 18 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Aged <6 and >18 years, mental retardation, thought disorder or delusional system, neurologic damage, primary affective disorder, primary eating disorder, uncooperativeness with study procedures, >20% improvement on Global OCD scale during initial placebo phase<br>Notes: Included patients with rituals and/or repetitive thoughts deemed unreasonable by the patient that were experienced as distressful and causing significant interference socially, mean age of onset 10.23+-5.8 years, mean duration of illness 3.63+-2.74 years | **Data Not Used**<br>NIMH Global Anxiety Scale - no pre-cross-over data<br>NIMH Global Depression Scale - no pre-cross-over data<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>Leyton Obsessional Inventory (CV): symptom - no pre-cross-over data<br>Leyton Obsessional Inventory (CV): resistance - no pre-cross-over data<br>Leyton Obsessional Inventory (CV): interference - no pre-cross-over data<br>Comprehensive Psychopathological Rating Scale: OC - no pre-cross-over data<br>NIMH Global OCD Scale - no pre-cross-over data | **Group 1 N= 49**<br>Clomipramine - Fixed schedule: 25mg or 50mg (for those weighing less than and greater than 25mg respectively), weekly increments of 25 or 50mg to 250mg/d as tolerated, mean final dose 150+-53mg/d<br>**Group 2 N= 49**<br>Desipramine - Fixed schedule: 25mg or 50mg (for those weighing less than and greater than 25mg respectively), weekly increments of 25 or 50mg to 250mg/d as tolerated, mean final dose 150+-53mg/d<br>**Group 3 N= 49**<br>Placebo | |
| **LEONARD1991A**<br>Study Type: RCT<br>Study Description: 8-month continuation study, with all patients receiving clomipramine in months 1-3 and 6-8, and half having desipramine substitution in months 4-5<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: 28 patients receiving maintenance clomipramine therapy, 26 agreed to participate. | N= 26<br>Age: Mean 15 Range 8-19<br>Sex: 15 males 11 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Evidence of mental retardation, thought disorder or delusional system, neurologic damage, primary affective disorder, or primary eating disorder; symptoms that were too mild at the time of evaluation; uncooperativeness with study procedures.<br>Notes: Symptoms had to be present for at least one year. | **Data Used**<br>Relapse (Physician's Relapse Scale)<br>NIMH-OC<br>Leaving study early<br>Comprehensive Psychopathological Rating Scale: OC<br>**Data Not Used**<br>Adverse events - no extractable data | **Group 1 N= 16**<br>Clomipramine - Patients received clomipramine for the entire 8-month trial. Dosage was kept constant for each patient throughout. Daily dose did not exceed 250mg.<br>**Group 2 N= 10**<br>Desipramine - Patients received clomipramine for the first 3 months, then had desipramine blindly substituted for 2 months, before returning to clomipramine for the last 3 months of the trial. | Relapse: yes-no rating on Physician's relapse scale |

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| **THOREN1980A**<br>Study Type: RCT<br>Study Description: The effect of clomipramine was compared with that of nortriptyline and placebo in a 5-week randomized double-blind trial.<br>Blindness: Double blind<br>Duration (days):<br>Setting: Inpatient.<br>Notes: Country: Sweden.<br>Info on Screening Process: 38 patients were referred to the study, 9 did not meet inclusion criteria and 3 were unwilling to be hospitalized. | N= 24<br>Age: Mean 40 Range 19-61<br>Sex: 5 males 19 females<br>Diagnosis:<br>OCD<br>Notes: Diagnosis of OCD was based on the occurrence of pronounced compulsive rituals and thoughts in the absence of signs or symptoms of schizophrenia or organic brain disorder. | **Data Used**<br>Leyton Obsessional Inventory: interference<br>Leyton Obsessional Inventory: resistance<br>Leyton Obsessional Inventory: trait<br>Leyton Obsessional Inventory: symptom<br>OCD Scale (CPRS)<br>**Data Not Used**<br>Home Incapacity Scale-Ward Incapacity Scale - amelioration score<br>Individual Self-rating Scale - amelioration scor<br>Obsessional symptoms | **Group 1 N= 8**<br>Clomipramine - Dosage was increased by 50mg daily up to a final dosage of 50mg 3 times a day, which was then given throughout the study.<br>**Group 2 N= 8**<br>Nortriptyline - Dosage was increased by 50mg daily up to a final dosage of 50mg 3 times a day, which was then given throughout the study.<br>**Group 3 N= 8**<br>Placebo | Obsessional symptoms not extracted as not clear how measured |
| **VOLAVKA1985**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated random numbers in blocks of six patients)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis:<br>Info on Screening Process: Not reported | N= 23<br>Age: Mean 30 Range 19-54<br>Sex: 11 males 12 females<br>Diagnosis:<br>OCD<br>Exclusions: Aged <18 and >65 years, OCD duration <1 year, primary depression, significant medical disease, schizophrenia, pregnancy, concomittant use of other psychotropic drugs, alcohol or drug abuse<br>Notes: Did not use standardised diagnostic tool | **Data Used**<br>Global Evaluation of Efficacy<br>Leaving study early due to adverse events<br>Leaving study early<br>Self-Rating Obsessional Neurotic Scale<br>Hamilton Rating Scale for Depression<br>Self-Rating Obsessive-Compulsive Personality | **Group 1 N= 11**<br>Clomipramine - Gradual increase (by 50mg/d each week) to 300mg/d, maximum dose was reached by week 5<br>**Group 2 N= 12**<br>Imipramine - Gradual increase (by 50mg/d each week) to 300mg/d, maximum dose was reached by week 5 | |
| **ZOHAR1987A**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 2-4 weeks placebo + 16 weeks (6 weeks in each treatment with 4 week placebo interval)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: completer<br>Info on Screening Process: 26 referrals, excluded: other major psychopathology (n=3), NIMH Global OC<6 (n=2), needed hospitalization (n=1), refused to stop medication (n=3), disagreed with study protocol (n=2) | N= 14<br>Age:<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Other primary axis 1 disorder, aged <18 years, NIMH Global OC <6 | **Data Not Used**<br>NIMH Global Impairment - no pre-cross-over data<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>NIMH Global OCD Scale - no pre-cross-over data<br>NIMH Global Depression Scale - no pre-cross over data<br>NIMH Global Anxiety Scale - no pre-cross-over data<br>Comprehensive Psychopathological Rating Scale: OC - no pre-cross-over data | **Group 1 N= 10**<br>Clomipramine - Initial dose 50mg/d, 50mg increments every 2 days to 300mg/d as tolerated, mean dose 235+-67mg/d<br>**Group 2 N= 10**<br>Desipramine - Initial dose 50mg/d, 50mg increments every 2 days to 300mg/d as tolerated; mean doase 290+-32mg/d | |

References of Included Studies

**ANANTH1981** (Published Data Only)

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Goodman, W. K., Price, L. H., Delgado, P. L., Palumbo, J., Krystal, J. H., Nagy, L. M. et al. (1990). Specificity of serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder. Comparison of fluvoxamine and desipramine. Archives of General Psychiatry, 47, 577-585.

**HOEHNSARIC2000** (Published Data Only)

Hoehn-Saric, R., Ninan, P., Black, D. W., Stahl, S., Greist, J. H., Lydiard, B. et al. (2000). Multicenter double-blind comparison of sertraline and desipramine for concurrent obsessive-compulsive and major depressive disorders. Archives of General Psychiatry., 57, 76-82.

**KHANNA1988** (Published Data Only)

Khanna, S., Rajendra, P. N., & Channabasavanna, S. M. (1988). Clomipramine in resistant obsessive compulsive disorder. Indian Journal of Psychiatry, 30, 375-379.

**LEONARD1989A** (Published Data Only)

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*Leonard, H. L., Swedo, S. E., Rapoport, J. L., Koby, E. V., Lenane, M. C., Cheslow, D. L. et al. (1989). Treatment of obsessive-compulsive disorder with clomipramine and desipramine in children and adolescents. A double-blind crossover comparison. Archives of General Psychiatry., 46, 1088-1092.

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**THOREN1980A** (Published Data Only)

Thoren, P., Asberg, M., Cronholm, B., Jornestedt, L., & Traskman, L. (1980). Clomipramine treatment of obsessive-compulsive disorder. I. A controlled clinical trial. Archives of General Psychiatry., 37, 1281-1285.

**VOLAVKA1985** (Published Data Only)

Volavka, J., Neziroglu, F., & Yaryura-Tobias, J. A. (1985). Clomipramine and imipramine in obsessive-compulsive disorder. Psychiatry Research., 14, 85-93.

**ZOHAR1987A** (Published Data Only)

Zohar, J. & Insel, T. R. (1987). Obsessive-compulsive disorder: psychobiological approaches to diagnosis, treatment, and pathophysiology. Biological Psychiatry., 22, 667-687.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.02 Clomipramine



Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
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| **ALBERT2002**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), allocation to venlafaxine or clomipramine on a 1:2 ratio<br>Blindness: Single blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: Italy; Analysis: ITT<br>Info on Screening Process: Not reported | N= 73<br>Age: Mean 30<br>Sex: 35 males 38 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: OCD duration<1 year, Y-BOCS<16, HRSD-17>14, current diagnosis of MDD, currently or previously treated with SSRIs<br>Notes: OCD duration: 5.15 years, baseline Y-BOCS 25.4 | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events<br>Adverse events<br>Responder (OCD/BDD)<br>Leaving study early | **Group 1 N= 47**<br>Clomipramine - 50mg/d, increased to minimum 150mg/d, upto a maximum of 225mg/d; mean daily dose (in completers) 168.1+-28.9mg<br>**Group 2 N= 26**<br>Venlafaxine - 25mg tid, increased to 75mg tid, upto a maximum of 350mg; mean daily dose (in completers) 265+-52.5mg | Responders: improvement from baseline in YBOCS score of 35% or more and a CGI score equal to or less than 2 |
| **ANANTH1981**<br>Study Type: RCT<br>Study Description: Ten patients each were assigned to clomipramine and amitriptyline groups respectively according to a randomized precoded design.<br>Blindness: Double blind<br>Duration (days): Mean 28<br>Followup: 4 weeks<br>Setting: Inpatient and outpatient<br>Notes: Country of study: Canada.<br>Info on Screening Process: 20 | N= 20<br>Age: Mean 37 Range 22-56<br>Sex: 7 males 13 females<br>Diagnosis:<br>OCD<br>Exclusions: Patients with evidence of psychosis, clinical epilepsy, organic brain syndrome, acute physical illness, pregnancy.<br>Notes: Clinical diagnosis of obsessive-compulsive neurosis based on psychiatric examination, ratings on the Psychiatric Questionnaire for OCN and obsessive traits, resistance and interference scores on the Leyton Obsessive Inventory. | **Data Used**<br>Leaving study early<br>**Data Not Used**<br>Adverse events - no extractable data<br>Psychiatric Questionnaire for OCN - no variablility measure | **Group 1 N= 10**<br>Clomipramine - Clomipramine was supplied in 25mg tablets and administered on a fixed changing dosage schedule (week 1: 3 tablets daily; week 2: 6 tablets; week 3: 9 tablets; week 4: 12 tablets), average daily dose during final week 133.3mg<br>**Group 2 N= 10**<br>Amitriptyline - Amitriptyline was supplied in 25mg tablets and administered on a fixed changing dosage schedule (week 1: 3 tablets daily; week 2: 6 tablets daily; week 3: 9 tablets daily; week 4: 12 tablets daily); average daily dose during final week 197.4mg | |
| **ANSSEAU**<br>Study Type: RCT<br>Study Description: Alloction: random (computer-generated)<br>Study duration: acute phase(12 wks ZOHAR1996)+responders-only maintenance (30 wks)+relapse-prevention (8 wks)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Europe (27 centres); Analysis: ITT<br>Long-term treatment of responders from ZOHAR1996 study | N= 83<br>Age: Mean 39 Range 17-66<br>Sex: 33 males 50 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Non-responders (25% or greater reduction on Y-BOCS and 2-point or greater reduction on CGI severity subscale) to acute phase trial, developed other Axis I diagnosis, non-compliant during acute phase, required psychotropic medication other than study drug, at serious risk of suicide, became pregnant<br>Notes: Mean OCD duration 17.47 years, 45% were taking concomitant medication | **Data Used**<br>Responders (25% Y-BOCS)<br>Leaving the study due to severe adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Clinical Global Impressions: global improvement<br>Clinical Global Impressions: severity of illness<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 51**<br>Paroxetine - (see Clomipramine for treatment regime); mean maximum daily dose 51mg+-11.53<br>**Group 2 N= 20**<br>Clomipramine - Patients entered maintenance phase at final dose of acute phase, increased or decreased as tolerated during first 4 weeks, then remained unchanged until end of maintenance phase; mean maximum daily dose 210mg+-52.82<br>**Group 3 N= 12**<br>Placebo - (see Clomipramine for treatment regime) | Partial relapse: Y-BOCS>=baseline score OR CGI severity increase >=1 from last observation |

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| **ASKIN1999**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 8 weeks<br>Blindness: Single blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Outpatient<br>Notes: Country of study: Austria; Analysis: completer<br>Info on Screening Process: Not reported | N= 42<br>Age: Mean 25<br>Sex: 16 males 20 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: OCD duration <1 year, aged <18 and >65 years, had significant concomitant physical disease, suicidal tendency, history of seizure or organic brain disorder, substance abuse within previous 6 months, other axis I diagnosis, had medication for 1 month, Y-BOCS<20, CGI-Severity<4<br>Notes: Mean baseline Y-BOCS 24.25 | **Data Used**<br>Leaving study early due to adverse events<br>Adverse events<br>Leaving study early<br>**Data Not Used**<br>Clinical Global Impressions: severity of illness - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: obsessions - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: compulsions - no variablility measure | **Group 1 N= 22**<br>Clomipramine - 50mg/d fixed dose initially, increased to maximum 150mg/d after 1 week as tolerated<br>**Group 2 N= 20**<br>Sertraline - 50mg/d fixed dose | |
| **BISSERBE1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 1-2 week single-blind placebo washout phase; 16 week double-blind phase<br>Blindness: Double blind<br>Duration (days):<br>Followup: 16 weeks<br>Setting: Outpatient<br>Notes: Country of study: France & Belgium; Analysis: ITT; study conducted at 19 sites<br>Info on Screening Process: 173 screened, 5 excluded (details not given) | N= 168<br>Age: Mean 40 Range 19-73<br>Sex: 62 males 106 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <18 years; DSM-III-R OCD<1year; at end of washout phase, Y-BOCS<20, NIMH Global Obsessive Compulsive Scale (NIMH-OC) <7, CGI-S<4; HAM-D>17; Y-BOCS or NIMH-OC >=25% reduction<br>Notes: mean OCD duration: 7 years; baseline Y-BOCS 27.65; baseline NIMH-OC 10; baseline HRSD 8.3 | **Data Used**<br>Responder (OCD/BDD)<br>Attempted suicide<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>**Data Not Used**<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure<br>Clinical Anxiety Scale - no variablility measure<br>Hamilton Rating Scale for Depression - no variablility measure<br>NIMH-OC - no variablility measure<br>Clinical Global Impressions: severity of illness - no variablility measure | **Group 1 N= 86**<br>Sertraline - 50mg/day, increased in 50mg increments after 4 weeks and at 2-week intervals to max. 200 mg/d, mean final dose 129mg/d<br>**Group 2 N= 82**<br>Clomipramine - 50mg/day, increased in 50mg increments after 4 weeks and at 2-week intervals to max. 200 mg/d, mean final dose 90mg/d | Responders: Score of 1-3 on CGI-Improvement |
| **BURNHAM**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), medications over-encapsulated, d/blind-labelled bottles used<br>Duration of study: 12 weeks (2 wks placebo phase)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: US (13 centres); Analysis: ITT | N= 241<br>Age: Mean 38<br>Sex: 169 males 72 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: OCD duration <6 months, Y-BOCS<16, NIMHOCS<7, other primary psychiatric disorders, major depressive disorder within last 3 months, history of bipolar affective disorders, serious concomitant medical condition, history of seizure disorders, requiring concomitant therapy with other psychotropic drugs, met DSM criteria for substance abuse, abnormal lab or EEG findings, myocardial infarction within a year of study, serious suicidal or homicidal risk, previously received paroxetine, hypersensitivity to clomipramine or other TCAs, or carbamazepine, lactating or pregnant mothers, ongoing behavioural therapy | **Data Used**<br>Responders (CGI)<br>Responders (25% Y-BOCS)<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Clinical Global Impressions: global improvement<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Yale-Brown Obsessive-Compulsive Scale: obsessions<br>Yale-Brown Obsessive-Compulsive Scale: compulsions | **Group 1 N= 82**<br>Paroxetine - Initial dose 20mg/d, 10mg increments to maximum 60mg/d as tolerated; mean final dose<br>**Group 2 N= 82**<br>Clomipramine - Initial dose 25mg/d, 25mg increments to maxiumum dose 250mg/d as tolerated<br>**Group 3 N= 77**<br>Placebo | Contact author for Y-BOCS total data (this sheet is missing in the pdf)<br>CGI responder criteria: CGI severity of illness>=2 decrease from baseline (not extracted) |

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| **CCSG1991**<br>Study Type: RCT<br>Study Description: Allocation: random; study 2: stratified randomization for those scoring HRSD<17 and for those scoring HRSD >=17 and <=21; 1-year extension phase<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US, study 1 conducted at 9 centres, study 2 conducted at 12 centres; Analysis: ITT<br>Info on Screening Process: Study 1: 262 entered study, 23 withdrew before treatment period; Study 2: 313 entered study, 31 withdrew before treatment period due to refusal, adverse reaction, failure to meet study criteria | N= 520<br>Age: Mean 36<br>Sex: 221 males 280 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Aged >=18 years, Y-BOCS<16; NIMH-OC<7; in study 1 HRSD-17>16, in study 2 HRSD-17>21, patients received behavioral therapy and previous clomipramine treatment<br>Notes: Study 1: OCD duration 15 years, baseline Y-BOCS 26.2, baseline NIMH-OC 9.8, baseline HRSD 6.5; Study 2 (subgroup HRSD<17 n/N=263/281): OCD duration 16.3 years, baseline Y-BOCS 26.6, baseline NIMH-OC 10, baseline HRSD 7 | **Data Used**<br>Adverse events<br>Remission (OCD)<br>Leaving study early<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 260**<br>Clomipramine - Initial dose 25mg, increased to 50mg after 3 days, to 75mg after wk1, to 200mg by wk3, and to 250mg final wk; no. participants: study 1=118, mean final daily dose 234.5mg; study 2=142 (HRSD<17 n=134, HRSD>=17 and <=21 n=8), mean final daily dose 218.8mg<br>**Group 2 N= 260**<br>Placebo - Study 1 n=121, study 2 n=139 (HRSD<17 n=129, HRSD>=17 and <=21 n=10) | |
| **DEVEAUGHGEISS1992**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Not reported<br>Notes: Country of study: US; Study conducted at 5 centres; Analysis: ITT<br>Info on Screening Process: Not reported | N= 60<br>Age: Mean 14<br>Sex: 39 males 21 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Aged <10 and >17 years, OCD duration <1 year, other psychiatric diagnoses, primary MDD, previous clomipramine treatment, concomittant behaviour therapy<br>Notes: OCD duration 3.7 years, baseline Y-BOCS 27.7 | **Data Used**<br>Leaving study early<br>Leaving study early due to adverse events<br>**Data Not Used**<br>NIMH-OC - no variablility measure<br>Children's Yale-Brown Obsessive-Compulsive Scale - no variablility measure | **Group 1 N= 29**<br>Placebo<br>**Group 2 N= 31**<br>Clomipramine - 25mg days 1-4, increased to 75 mg by week 2, upto maxiumum 3 mg/kg or 200mg, whichever was less | |
| **FALLON1998**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated random numbers)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 14 days<br>Setting: Mixed<br>Notes: Country of study: US; Analysis: Completer | N= 54<br>Age: Mean 32<br>Sex: 33 males 21 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Aged <18 and >65 years, showed good response to oral clomipramine, Y-BOCS<17, medical disease, primary depression, comorbid substance abuse, Tourette's disorder, mania, psychosis<br>Notes: OCD duration 14.9 years, baseline Y-BOCS 27.9+-5; patient considered poorly responsive to oral CMI showed no or only partial improvement, or intolerance to CMI side-effects | **Data Used**<br>Responder (OCD/BDD)<br>Clinical Global Impressions: severity<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 29**<br>Clomipramine IV - 25mg 2 days, 50mg 1 day, 75mg 1 day, 100mg 1 day, 125mg 1 day, 150mg 1 day, 175mg 1 day, 200mg 1 day, 250mg for 5 days<br>**Group 2 N= 25**<br>Placebo | |

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| **FLAMENT1985**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 11 weeks (1 week evaluation, 5 weeks in each treatment)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Inpatient at first week, 12 remained inpatient for rest of study, 5 outpatient<br>Notes: Country of study: US; Analysis: completer<br>Info on Screening Process: 67 screened, excluded: thought disorder (n=18), delusional (n=5), mental retardation or other neurologic damage (n=4), primary affective disorder (n=3), too mild (n=6), uncooperative with study procedure (n=5) | N= 27<br>Age: Mean 14<br>Sex: 18 males 9 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Ageds <6 and >18 years, presence of other mental disorder, OCD duration<1 year<br>Notes: Included patients who had rituals &/or repetitive thoughts deemed unreasonable by patient, experienced as distressful and causing significant interference in home, school, or interpersonal functioning<br>Mean age of onset 10.2+-3.9 years | **Data Not Used**<br>Brief Psychiatric Rating Scale - no pre-cross-over data<br>Leyton Obsessional Inventory (CV): resistance - no pre-cross-over data<br>Leyton Obsessional Inventory (CV): interference - no pre-cross-over data<br>NIMH Global Impairment - no pre-cross-over data<br>NIMH Global Depression Scale - no pre-cross-over data<br>NIMH Global Anxiety Scale - no pre-cross-over data<br>Self-Rating Depression Scale - no pre-cross-over data<br>Comprehensive Psychopathological Rating Scale: OC - no pre-cross-over data<br>NIMH-OC - no pre-cross-over data<br>Obsessive-Compulsive Rating Scale - no pre-cross-over data<br>Leyton Obsessional Inventory (CV): symptom - no pre-cross-over data | **Group 1 N= 19**<br>Clomipramine - Fixed schedule: initial dose 50mg/d, 50mg increments daily to 200mg/d as tolerated<br>**Group 2 N= 19**<br>Placebo - Fixed schedule: initial dose 50mg/d, 50mg increments daily to 200mg/d as tolerated | |
| **FOA2005**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); indepentent assessor blind to randomization<br>Duration of study: acute phase 12 weeks + discontinuation phase 12 weeks<br>Blindness: Single blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: 833 screened, 312 did not meet criteria: no OCD (93), received EX/RP or CMI (117), excluded for medical reason (22), comorbidity (75), other reasons (5), unwilling to participate (65), refused to receive CMI (56),or EX/RP (54) or placebo (6), other (191) | N= 122<br>Age: Mean 35<br>Sex: 64 males 58 females<br>Diagnosis:<br>Obsessive-compulsive neurosis by DSM-III-R<br>Exclusions: Aged <18 and >70 years, OCD duration <1 year, Y-BOCS<17, current major depression, HAM-D>18, substance abuse or dependence within past 6 months, current schizotypal or borderline personality disorder, previous intensive treatment with CMI or ERP<br>Notes: Duration of illness 16.4 years, baseline Y-BOCS scores 25 | **Data Used**<br>Responders (CGI)<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early<br>Clinical Global Impressions<br>Adverse events<br>NIMH-OC | **Group 1 N= 36**<br>Clomipramine - Fixed dose first 5 weeks, starting at 25mg/d, increasing to 200mg/d, increased to 250mg/d as tolerated, mean final dose 196mg/d<br>**Group 2 N= 26**<br>Placebo - Mean final dose for 209mg/d<br>**Group 3 N= 29**<br>Exposure + response prevention - 15 2-hr sessions over first 3 weeks and 2 home visits, weekly 45 min meetings for remaining 8 weeks, imaginal and in vivo exposure performed<br>**Group 4 N= 31**<br>BT + clomipramine - ERP + CMI, patients met individually with both a therapist and a psychopharmacologist, mean final dose 163+-65mg/d | Responders: CGI=<2 |
| **FREEMAN1994**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: UK; Analysis: ITT; study conducted at 9 centres | N= 66<br>Age: Mean 33<br>Sex: 35 males 30 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Age <18 and > 65 years; NIMH-OCS<7; Y-BOCS<16; HRSD>=20 or HAM-D item = 3 or 4<br>Notes: Duration of OCD: Fluvoxamine 47 months, Clomipramine 44.4 months; baseline Y-BOCS 26; baseline NIMH-OC 9.5 | **Data Used**<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>**Data Not Used**<br>Clinical Global Impressions: global improvement - no variablility measure<br>NIMH-OC - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure | **Group 1 N= 34**<br>Fluvoxamine - 50mg increased to 100mg after 1 week and to 150mg after 2 weeks; between weeks 4 & 10 dose could be increase to 250mg, mean final dose 200mg<br>**Group 2 N= 32**<br>Clomipramine - 50mg increased to 100mg after 1 week and to 150mg after 2 weeks; between weeks 4 & 10 dose could be increase to 250mg, mean final dose 200mg | |

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| **HEWLETT1992**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 26 months - 6 weeks in each of 4 medications separated by 2-week placebo-washout periods<br>Blindness: Double blind<br>Duration (days): Mean 349<br>Notes: Country of study: US | N= 28<br>Age: Mean 33<br>Sex: 15 males 13 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years; baseline Y-BOCS <16, concurrent diagnosis of schizophrenia, schizoaffective disorder, organic mental disorder, biploar disorder, major depression, were at suicidal, assualtive, or self-mutilative risk, history of alcohol or drug abuse, significant medical problems, concurrent behaviour therapy<br>Notes: Duration of OCD 15.1+-8.9 years, 3 patients had comorbid major depression | **Data Used**<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 28**<br>Clomipramine - Initial dose 25mg/d, increasing every 2-4 days to maximum dose of 250mg/d<br>**Group 2 N= 28**<br>Clonazepam - Initial dose 1mg/d, increased everey 2-4 days to maximum 10mg/d<br>**Group 3 N= 28**<br>Clonidine - Initial dose 0.1mg/d, increased every 2-4 days to maximum dose of 1mg/d<br>**Group 4 N= 28**<br>Diphenhydramine - Initial dose 25mg/d, increased every 2-4 days to a maximum of 250mg/d | |
| **INSEL1983B**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 2weeks washout+4 weeks placebo+6 weeks drug A+4 weeks placebo +6 weeks drug B+4 weeks placebo<br>Blindness: Double blind<br>Duration (days):<br>Followup: 6 weeks<br>Setting: Outpatient (n=7), inpatient (n=6)<br>Notes: Country of study: US; Analysis:<br>Info on Screening Process: 24 screened, 3 excluded on diagnostic grounds, 8 did not reach active drug trial due to medical abnormalities, no longer met inclusion criteria or conditions deteriorated during washout phase | N= 13<br>Age: Mean 32 Range 19-57<br>Sex: 8 males 5 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: OCD duration<1 year, aged >17 years, primary depression or schizophrenia, major medical illness or history of leukotomy or other neurosurgery<br>Notes: Mean duration of illness 6.4 years (range 1.5-13 years) | **Data Used**<br>Beck Depression Inventory<br>Profile of Moods scale<br>Leyton Obsessional Inventory: trait<br>Leyton Obsessional Inventory: resistance<br>Leyton Obsessional Inventory: interference<br>Hamilton Rating Scale for Depression<br>NIMH Global Depression Scale<br>NIMH Global Anxiety Scale<br>NIMH Global OCD Scale<br>Obsessive-Compulsive Rating Scale<br>Comprehensive Psychopathological Rating Scale: OC | **Group 1 N= 12**<br>Clomipramine - Initial dose 100mg/d, increased to 300mg/d as tolerated. Protocol later changed to initial dose 50mg/d, with 50mg increments every two days to 300mg/d as tolerated<br>**Group 2 N= 11**<br>Clorgyline - Patients were given 30mg/d from the first day | Data not extractable before the point of cross-over |
| **KATZ1990**<br>Study Type: RCT<br>Study Description: 1-year extension of patients in protocol 59 (i.e., patients with HRSD<17 at baseline) of CCSG1991 study<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US, analysis: ITT | N= 124<br>Age:<br>Sex:<br>Diagnosis:<br>Exclusions: Patients less than minimally responsive to treatment on more than 2 occasions during the initial 10-week acute phase as judged by treating physician, presence of medical contraindications | **Data Used**<br>Physician's Global Evaluation<br>NIMH-OC<br>Adverse events<br>Leaving study early due to adverse events | **Group 1 N= 110**<br>Clomipramine - An initial fixed titration to 200mg/d was followed by flexible dosing up to 250mg/d, and based on individual case review, upto maximum 300mg/d<br>**Group 2 N= 14**<br>Placebo | |

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| **KHANNA1988**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 16 weeks (6 weeks in each treatment + 4 weeks interval between treatments)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 6 weeks<br>Setting: Not reported<br>Notes: Country of study: India; Analysis: completer<br>Info on Screening Process: Not reported | N= 18<br>Age:<br>Sex: 8 males 4 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Primary depression, <2month gap between onset of obession and depression, history of melancholic or psychotic features, lack of response to 300mg amitriptyline or imipramine administered daily for 6 weeks, were not free of psychotropic drugs for or were receiving behaivour therapy at least 4 weeks before onset of study<br>Notes: Two patients had only obsessions, 4 were checkers, 5 were washers, 1 had both checking and washing compulsions | **Data Not Used**<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>Maudsley Obsessive-Compulsive Inventory - no pre-cross-over data<br>Leyton Obsessional Inventory: trait - no pre-cross-over data<br>Leyton Obsessional Inventory: symptom - no pre-cross-over data<br>Leyton Obsessional Inventory: resistance - no pre-cross-over data<br>Leyton Obsessional Inventory: interference - no pre-cross-over data | **Group 1 N= 10**<br>Clomipramine - Initial dose 50mg/d for 3 days, 50mg increments every 3 days to 200mg/d as tolerated<br>**Group 2 N= 8**<br>Nortriptyline - Initial dose 50mg/d for 3 days, 50mg increments every 3 days to 200mg/d as tolerated | |
| **KORAN1996A**<br>Study Type: RCT<br>Study Description: Allocation: randomization based on randomization schedule<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 79<br>Age:<br>Sex: 43 males 36 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years, Y-BOCS<16, NIMH<7; DSM major depression, HRSD item1>2, total HRSD-17>21<br>Notes: Majority of patients were experiencing their first episode, patients received supportive psychotherapy from psychiatric clinician; baseline Y-BOCS 25; baseline HRSD-17 7.9 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Responder (OCD/BDD)<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>**Data Not Used**<br>Patient Global Improvement - no data<br>Clinical Global Improvement - no data | **Group 1 N= 37**<br>Fluvoxamine - 50mg for 4 days, 100mg for 4 days, 150mg for 6 days, and based on response upto 300mg; maximum mean dose achieved 255mg/day<br>**Group 2 N= 42**<br>Clomipramine - 25mg for 4 days, 50mg for 4 days, 100mg for 6 days, and based on response upto 250mg; maximum mean dose 201mg/day | Response: Y-BOCS>=25% reduction |
| **KORAN1997**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Inpatient during IV phase and outpatient during oral phase<br>Notes: Country of study: US, Analysis: ITT<br>Info on Screening Process: Not reported | N= 15<br>Age: Mean 31<br>Sex: 13 males 2 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <15 and >50 years, OCD duration<1 year, Y-BOCS<17, primary MDD, other psychoses, IQ<70, drug or alcohol abuse, MAOI within 4 weeks, depot neuroleptic or fluoxetine within 6 weeks, any other psychotropic drug within 2 weeks of starting clomipramine<br>Notes: OCD duration 13.35, baseline Y-BOCS 26.8, | **Data Used**<br>Adverse events<br>Responder (OCD/BDD)<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early<br>**Data Not Used**<br>Hamilton Rating Scale for Depression - no dat | **Group 1 N= 8**<br>Oral Clomipramine - Day 1: 500mg normal saline infusion and oral dose of 150mg clomipramine. Day 2: 500mg of normal saline infusion and oral dose of 200mg clomipramine.<br>**Group 2 N= 7**<br>IV Clomipramine - Day 1: 150mg of intravenous clomipramine in 500mg of normal saline and 150mg of placebo. Day 2: 200mg of intravenous clomipramine in 500mg of normal saline and oral dose of 200mg placebo. | |

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| **LEONARD1989A**<br>Study Type: Cross-over<br>Study Description: Allocation: random Duration of study: 12 weeks (2-week single-blind placebo + 5 weeks in each treatment)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: Not reported | N= 49<br>Age: Mean 14<br>Sex: 31 males 18 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Aged <6 and >18 years, mental retardation, thought disorder or delusional system, neurologic damage, primary affective disorder, primary eating disorder, uncooperativeness with study procedures, >20% improvement on Global OCD scale during initial placebo phase<br>Notes: Included patients with rituals and/or repetitive thoughts deemed unreasonable by the patient that were experienced as distressful and causing significant interference socially, mean age of onset 10.23+-5.8 years, mean duration of illness 3.63+-2.74 years | **Data Not Used**<br>NIMH Global Anxiety Scale - no pre-cross-over data<br>NIMH Global Depression Scale - no pre-cross-over data<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>Leyton Obsessional Inventory (CV): symptom no pre-cross-over data<br>Leyton Obsessional Inventory (CV): resistance - no pre-cross-over data<br>Leyton Obsessional Inventory (CV): interference - no pre-cross-over data<br>Comprehensive Psychopathological Rating Scale: OC - no pre-cross-over data<br>NIMH Global OCD Scale - no pre-cross-over data | **Group 1 N= 49**<br>Clomipramine - Fixed schedule: 25mg or 50mg (for those weighing less than and greater than 25mg respectively), weekly increments of 25 or 50mg to 250mg/d as tolerated, mean final dose 150+-53mg/d<br>**Group 2 N= 49**<br>Desipramine - Fixed schedule: 25mg or 50mg (for those weighing less than and greater than 25mg respectively), weekly increments of 25 or 50mg to 250mg/d as tolerated, mean final dose 150+-53mg/d<br>**Group 3 N= 49**<br>Placebo | |
| **LEONARD1991A**<br>Study Type: RCT<br>Study Description: 8-month continuation study, with all patients receiving clomipramine in months 1-3 and 6-8, and half having desipramine substitution in months 4-5<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: 28 patients receiving maintenance clomipramine therapy, 26 agreed to participate. | N= 26<br>Age: Mean 15 Range 8-19<br>Sex: 15 males 11 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Evidence of mental retardation, thought disorder or delusional system, neurologic damage, primary affective disorder, or primary eating disorder; symptoms that were too mild at the time of evaluation; uncooperativeness with study procedures.<br>Notes: Symptoms had to be present for at least one year. | **Data Used**<br>Relapse (Physician's Relapse Scale)<br>NIMH-OC<br>Leaving study early<br>Comprehensive Psychopathological Rating Scale: OC<br>**Data Not Used**<br>Adverse events - no extractable data | **Group 1 N= 16**<br>Clomipramine - Patients received clomipramine for the entire 8-month trial. Dosage was kept constant for each patient throughout. Daily dose did not exceed 250mg.<br>**Group 2 N= 10**<br>Desipramine - Patients received clomipramine for the first 3 months, then had desipramine blindly substituted for 2 months, before returning to clomipramine for the last 3 months of the trial. | Relapse: yes-no rating on Physician's relapse scale |
| **LOPEZIBOR1996**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 8-wk acute phase, responders continued with low dose d/blind treatment, non-responders high dose d/blind treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks + 12 weeks<br>Setting: Not reported<br>Notes: Country of study: Spain & France; study conducted at 5 sites; Analysis: ITT | N= 55<br>Age: Mean 34<br>Sex: 21 males 34 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 years; duration of OCD<6 months; Y-BOCS<16, CGI<4<br>Notes: OCD duration: not reported; baseline Y-BOCS 26.6; baseline HRSD 15.25; MADRS: 24.3 | **Data Used**<br>Clinical Global Impressions: global improvement<br>Covi Anxiety Scale<br>Montgomery-Asberg Depression Rating Scale<br>Comprehensive Psychopathological Rating Scale: OC<br>Clinical Global Impressions: severity<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events<br>Responder (OCD/BDD)<br>Leaving study early | **Group 1 N= 30**<br>Fluoxetine - 40mg/d during acute phase, 20mg during continuation phase in responders and 60mg during continuation phase in non-responders<br>**Group 2 N= 25**<br>Clomipramine - 150mg/d during acute phase, 100mg during continuation phase in responders, 200mg during continuation phase in non-responders | Responders: Y-BOCS>=25% reduction |

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| **MARCH1990**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Outpatients<br>Notes: Country of study: US, Analysis: ITT<br>Info on Screening Process: Not reported | N= 16<br>Age: Mean 15<br>Sex: 11 males 5 females<br>Diagnosis:<br>Exclusions: Aged <10 and >17 years; OCD duration<1 year, receiving behavioural or other forms of psychotherapy<br>Notes: Baseline Y-BOCS 26 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 8**<br>Clomipramine - Initial dose 25mg/d for 4 days, 50mg for 3 days to a maxiumum of 3mg/kg per day; mean daily dose 190mg/d<br>**Group 2 N= 8**<br>Placebo | |
| **MILANFRANCHI1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 9 weeks<br>Setting: Outpatient<br>Notes: Country of study: Italy; Analysis: ITT<br>Info on Screening Process: Not reported | N= 26<br>Age: Mean 27<br>Sex: 15 males 11 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 amd >65 years; NIMH-OC<7; HRSD-17>17; Y-BOCS<17;<br>Notes: Mean age at first consultation for OCD: fluvoxamine 20.9 years, clomipramine 22.5 years; baseline Y-BOCS: fluvoxamine 29.7 (+-5.5), clomipramine 27.5 (+-6.8); baseline HRSD-17: fluvoxamine 10.3 (+-3), clomipramine 9 (+-4) | **Data Used**<br>Responder (OCD/BDD)<br>Leaving study early<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events | **Group 1 N= 13**<br>Fluvoxamine - Initial dose 50mg/d, increased to upto 300mg/d in 2 weeks and maintained for 7 weeks<br>**Group 2 N= 13**<br>Clomipramine - Initial dose 50mg/d, increased to upto 300mg/d in 2 weeks and maintained for 7 weeks | |
| **MONTGOMERY1990**<br>Study Type: Cross-over<br>Blindness: Double blind<br>Duration (days):<br>Followup: 3 weeks<br>Setting: Not reported<br>Notes: Country of study: UK<br>Info on Screening Process: Not reported | N= 14<br>Age: Mean 42 Range 27-54<br>Sex: 5 males 9 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: OCD duration<5 years, primary depression or significant secondary depression, significant physical illness | **Data Used**<br>Comprehensiv Psychopathological Rating Sc - 6 item | **Group 1 N= 7**<br>Clomipramine - 75 mg fixed dose<br>**Group 2 N= 7**<br>Placebo | |
| **MUNDO2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days): Mean 62<br>Followup: 10 weeks<br>Setting: Not reported<br>Notes: Country of study: Europe; study conducted at 40 centres; Analysis: ITT<br>Info on Screening Process: (ITT: defined as patients who received >=1 dose of study medication and provided >=1 valid post-baseline efficacy evaluation either while on study medication or within 3 days of drug discontinuation) | N= 227<br>Age: Mean 35<br>Sex: 124 males 103 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years; NIMH-OC<7; depression present before onset of OCD, was primary to OCD; HRSD-17>19, HRSD-item1>2; treatment with psychotropic drugs within 1 week of study or 5 weeks for fluvoxamine<br>Notes: Benzodiazepine treatment permitted; OCD duration not reported baseline mean Y-BOCS 26; baseline mean NIMH-OC 9.8; baseline mean HRSD 12.2 | **Data Used**<br>Clinical Anxiety Scale<br>Clinical Global Impressions: global improvement<br>Clinical Global Impressions: severity<br>Responder (OCD/BDD)<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 115**<br>Fluvoxamine - 50mg/d days 1-4, 100mg/d days 5-8, 150mg/d days 9-14, 150-300mg from day 15 till end of study, mean final dose 212mg/d+-62<br>**Group 2 N= 112**<br>Clomipramine - 50mg/d days 1-4, 100mg/d days 5-8, 150mg/d days 9-14, 150-300mg from day 15 till end of study, mean final dose 206mg/d+-54 | Y-BOCS endpoint scores: S.D.s not reported, contact author; Response: Y-BOCS>=35% reduction |

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| **PATO1991**<br>Study Type: Cross-over<br>Study Description: Cross-over after 6 weeks of active drug treatment.<br>Blindness: Double blind<br>Duration (days):<br>Notes: Country of study: US<br>Mean (SD) doses were 225(49) mg/day for clomipramine and 58 (7) mg/day for buspirone. | N= 20<br>Age: Mean 35<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III-R<br>Notes: Patients had experienced obsessive-compulsive symptoms for a minimum of one year. A minimum rating of 4 on the NIMH global OC scale was required for inclusion in the study. | **Data Used**<br>NIMH-OC<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 9**<br>Clomipramine - Each patient's dose was increased to the maximum that could be tolerated, up to 250mg/day. Patients achieved the maximum doses by day 14 and were maintained on these for the remaining 4 weeks of of the 6-week phase.<br>**Group 2 N= 9**<br>Buspirone - Each patient's dose was increased to the maximum that coould be tolerated, up to 60mg/day. Patients achieved the maximum doses by day 14 and were maintained on these for the remaining 4 weeks of the 6-week phase. | |
| **SMERALDI1992**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: Italy, Analysis: per protocol<br>Info on Screening Process: Not reported | N= 12<br>Age: Mean 29 Range 18-50<br>Sex: 10 males 2 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Contraindication to tricyclic or serotonergic treatment<br>Notes: 7 patients had comorbid recurrent major depression; OCD duration not reported; baseline Y-BOCS 28.6, baseline MADRS 15.2 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Montgomery-Asberg Depression Rating Scale<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 6**<br>Clomipramine - 50mg days 1-3, 100mg days 4-7, 150mg days 8-9, 200mg from day 10 onwards<br>**Group 2 N= 6**<br>Fluvoxamine - 50mg days 1-3, 100mg days 4-7, 150mg days 8-9, 200mg from day 10 onwards | |
| **STEIN1992**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Inpatient<br>Notes: Country of study: US; Analysis:<br>Info on Screening Process: Not reported | N= 44<br>Age: Mean 35<br>Sex: 23 males 21 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Aged <18 and >65 years, Self-rating Obsessional Neurotic Scale <56, Self-rating Self-rating Obsessive-Compulsive Personality Inventory <56, primary depression<br>Notes: Baseline Obsessive-Compulsive Rating Scale 15.15 | **Data Used**<br>Responder (OCD/BDD)<br>Leaving study early<br>Self-Rating Obsessive-Compulsive Personality<br>**Data Not Used**<br>Obsessive-Compulsive Rating Scale - no extractable data<br>Self-Rating Obsessional Neurotic Scale - no extractable data | **Group 1 N= 21**<br>Clomipramine - Initial dose 25mg/d, increased by 25mg/d every 3-4 days to 100mg/d by day 10, increased to 150mg at day 14, 200mg day 21, 250mg day 28, and 300mg after 7 weeks<br>**Group 2 N= 23**<br>Placebo | Responders: CGI 'much improved' or 'very much improved'. |

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| **THOREN1980A**<br>Study Type: RCT<br>Study Description: The effect of clomipramine was compared with that of nortriptyline and placebo in a 5-week randomized double-blind trial.<br>Blindness: Double blind<br>Duration (days):<br>Setting: Inpatient.<br>Notes: Country: Sweden.<br>Info on Screening Process: 38 patients were referred to the study, 9 did not meet inclusion criteria and 3 were unwilling to be hospitalized. | N= 24<br>Age: Mean 40 Range 19-61<br>Sex: 5 males 19 females<br>Diagnosis:<br>OCD<br>Notes: Diagnosis of OCD was based on the occurrence of pronounced compulsive rituals and thoughts in the absence of signs or symptoms of schizophrenia or organic brain disorder. | **Data Used**<br>Leyton Obsessional Inventory: interference<br>Leyton Obsessional Inventory: resistance<br>Leyton Obsessional Inventory: trait<br>Leyton Obsessional Inventory: symptom<br>OCD Scale (CPRS)<br>**Data Not Used**<br>Home Incapacity Scale-Ward Incapacity Scale - amelioration score<br>Individual Self-rating Scale - amelioration scor<br>Obsessional symptoms | **Group 1 N= 8**<br>Clomipramine - Dosage was increased by 50mg daily up to a final dosage of 50mg 3 times a day, which was then given throughout the study.<br>**Group 2 N= 8**<br>Nortriptyline - Dosage was increased by 50mg daily up to a final dosage of 50mg 3 times a day, which was then given throughout the study.<br>**Group 3 N= 8**<br>Placebo | Obsessional symptoms not extracted as not clear how measured |
| **VALLEJO1992**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: UK; Analysis: completer<br>Info on Screening Process: 42, 12 excluded due to pregnancy, under age, psychopathy, schizophrenia, hysteria, anankastic depression, refusal to give signed informed consent | N= 30<br>Age: Mean 32<br>Sex: 12 males 14 females<br>Diagnosis:<br>OCD by DSM-III<br>31% MDD<br>Exclusions: Aged <18 and >65 years, OCD duration <2 years, primary depression, other psychoses, physical illness, organic brain pathology, pregnant or breast-feeding<br>Notes: OCD duration 17 years | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Maudsley Obsessive-Compulsive Inventory | **Group 1 N= 14**<br>Phenelzine - 45mg/d weeks 1&2, 60mg/d weeks 3 & 4, 75mg/d weeks 5-12<br>**Group 2 N= 16**<br>Clomipramine - 75mg/d weeks 1&2, 150mg/d weeks 3 & 4, 225mg/d weeks 5-12 | |
| **VOLAVKA1985**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated random numbers in blocks of six patients)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis:<br>Info on Screening Process: Not reported | N= 23<br>Age: Mean 30 Range 19-54<br>Sex: 11 males 12 females<br>Diagnosis:<br>OCD<br>Exclusions: Aged <18 and >65 years, OCD duration <1 year, primary depression, significant medical disease, schizophrenia, pregnancy, concomittant use of other psychotropic drugs, alcohol or drug abuse<br>Notes: Did not use standardised diagnostic tool | **Data Used**<br>Global Evaluation of Efficacy<br>Leaving study early due to adverse events<br>Leaving study early<br>Self-Rating Obsessional Neurotic Scale<br>Hamilton Rating Scale for Depression<br>Self-Rating Obsessive-Compulsive Personality | **Group 1 N= 11**<br>Clomipramine - Gradual increase (by 50mg/d each week) to 300mg/d, maximum dose was reached by week 5<br>**Group 2 N= 12**<br>Imipramine - Gradual increase (by 50mg/d each week) to 300mg/d, maximum dose was reached by week 5 | |

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| **ZOHAR1987A**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 2-4 weeks placebo + 16 weeks (6 weeks in each treatment with 4 week placebo interval)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: completer<br>Info on Screening Process: 26 referrals, excluded: other major psychopathology (n=3), NIMH Global OC<6 (n=2), needed hospitalization (n=1), refused to stop medication (n=3), disagreed with study protocol (n=2) | N= 14<br>Age:<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Other primary axis 1 disorder, aged <18 years, NIMH Global OC <6 | **Data Not Used**<br>NIMH Global Impairment - no pre-cross-over data<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>NIMH Global OCD Scale - no pre-cross-over data<br>NIMH Global Depression Scale - no pre-cross-over data<br>NIMH Global Anxiety Scale - no pre-cross-over data<br>Comprehensive Psychopathological Rating Scale: OC - no pre-cross-over data | **Group 1 N= 10**<br>Clomipramine - Initial dose 50mg/d, 50mg increments every 2 days to 300mg/d as tolerated, mean dose 235+-67mg/d<br>**Group 2 N= 10**<br>Desipramine - Initial dose 50mg/d, 50mg increments every 2 days to 300mg/d as tolerated; mean doase 290+-32mg/d | |
| **ZOHAR1996A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), on a 2:1:1 ratio of paroxetine:clomipramine:placebo; responders could continue into long-term treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: multi-national in Europe; Analysis: ITT<br>Info on Screening Process: 437 enrolled, 406 received active medication, 7 excluded for technical reasons | N= 399<br>Age: Range 16-74<br>Sex: 190 males 209 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <16 and >70 years, OCD duration <6 months, Y-BOCS<16, NIMH-OC<7, primary diagnosis of MDD or a psychiatric disorder within previous 3 months<br>Notes: OCD duration: 15 years | **Data Used**<br>Clinical Global Impressions: severity of illness<br>Yale-Brown Obsessive-Compulsive Scale: total<br>Montgomery-Asberg Depression Rating Scale<br>Responder (OCD/BDD)<br>Adverse events<br>Leaving study early<br>Leaving study early due to adverse events<br>Symptom Checklist-90 | **Group 1 N= 201**<br>Paroxetine - 10mg week1, increased to 20mg, and then upto 60mg from day 14 onwards; mean daily dose across study 37.5mg<br>**Group 2 N= 99**<br>Clomipramine - 25mg week1, increased to 50mg, and then upto 250mg from day 14 onwards; mean daily dose across study 113.1mg<br>**Group 3 N= 99**<br>Placebo | Response: Y-BOCS>=25% reduction |

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# Appendix 16: Included/excluded studies table for the Clinical Question: 1.03 SSRIs



Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
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| **ANSSEAU_1**<br>Study Type: RCT<br>Study Description: Alloction: random (computer-generated)<br>Study duration: acute phase(12 wks ZOHAR1996)+responders-only maintenance (30 wks)+relapse-prevention (8 wks)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Europe (27 centres); Analysis: ITT<br>Long-term treatment of responders from ZOHAR1996 study | N= 83<br>Age: Mean 39 Range 17-66<br>Sex: 33 males 50 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Non-responders (25% or greater reduction on Y-BOCS and 2-point or greater reduction on CGI severity subscale) to acute phase trial, developed other Axis I diagnosis, non-compliant during acute phase, required psychotropic medication other than study drug, at serious risk of suicide, became pregnant<br>Notes: Mean OCD duration 17.47 years, 45% were taking concomitant medication | **Data Used**<br>Responders (25% Y-BOCS)<br>Leaving the study due to severe adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Clinical Global Impressions: global improvement<br>Clinical Global Impressions: severity of illness<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 51**<br>Paroxetine - (see Clomipramine for treatment regime); mean maximum daily dose 51mg+-11.53<br>**Group 2 N= 20**<br>Clomipramine - Patients entered maintenance phase at final dose of acute phase, increased or decreased as tolerated during first 4 weeks, then remained unchanged until end of maintenance phase; mean maximum daily dose 210mg+-52.82<br>**Group 3 N= 12**<br>Placebo - (see Clomipramine for treatment regime) | Partial relapse: Y-BOCS>=baseline score OR CGI severity increase >=1 from last observation |
| **ANSSEAU_2**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated), patients from maintenance phase re-randomized within group (PARvCMIvPbo) to drug or pbo, except for Pbo gp<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Europe (27 centres); Analysis: ITT | N= 49<br>Age: Mean 40 Range 17-70<br>Sex: 24 males 25 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Did not complete maintenance phase; did not consent to further treatment<br>Notes: Patients who completed maintenance phase were continued onto relapse-prevention phase<br>Mean OCD duration 16.08 years; 45% taking concomitant medication | **Data Used**<br>Relapse<br>Symptom Checklist-90<br>Leaving the study due to severe adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Clinical Global Impressions: efficacy index<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: compulsions | **Group 1 N= 14**<br>Paroxetine/paroxetine - Mean maximum daily dose 35.71+-14<br>**Group 2 N= 18**<br>Paroxetine/placebo - Paroxetine tapered off over 2-week period<br>**Group 3 N= 5**<br>Clomipramine/clomipramine - Mean maxiumum daily dose 230+-44.72<br>**Group 4 N= 7**<br>Clomipramine/placebo - Clomipramine tapered off over 2-week period<br>**Group 5 N= 5**<br>Placebo | Partial relapse: Y-BOCS>=baseline score OR CGI severity increase >=1 from last observation |
| **ASKIN1999**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 8 weeks<br>Blindness: Single blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Outpatient<br>Notes: Country of study: Austria; Analysis: completer<br>Info on Screening Process: Not reported | N= 42<br>Age: Mean 25<br>Sex: 16 males 20 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: OCD duration <1 year, aged <18 and >65 years, had significant concomitant physical disease, suicidal tendency, history of seizure or organic brain disorder, substance abuse within previous 6 months, other axis I diagnosis, had medication for 1 month, Y-BOCS<20, CGI-Severity<4<br>Notes: Mean baseline Y-BOCS 24.25 | **Data Used**<br>Leaving study early due to adverse events<br>Adverse events<br>Leaving study early<br>**Data Not Used**<br>Clinical Global Impressions: severity of illness - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: obsessions - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: compulsions - no variablility measure | **Group 1 N= 22**<br>Clomipramine - 50mg/d fixed dose initially, increased to maximum 150mg/d after 1 week as tolerated<br>**Group 2 N= 20**<br>Sertraline - 50mg/d fixed dose | |

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| **BAILER1995**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated code, in blocks of 4) Study duration: 6-mo open-label paroxetine + 6-mo d/blind Par v Pbo<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US (conducted across 13 centres); Analysis: ITT<br>This study is a 12-month extension of the PARvCMIvPbo trial BURNHAM<br>Info on Screening Process: 154 entered open-label phase, 78 eligible for randomization | N= 44<br>Age: Mean 41<br>Sex: 26 males 18 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Participants from open-label phase not showing a Y-BOCS reduction >=25% from baseline and not showing a 2-point or greater reduction on the severity of illness subscale of CGI, patients leaving the acute-phase trial early, other Axis I disorder, history of major depressive disorder within last 6 months, BDD diagnosis, serious medical condition, history of seizure disorder, required concomitant psychotropic drugs for sleep disturbance, substance abuse, at risk of homicide or suicide, received study drug within 30 days of open-label phase, women of child-bearing potential not observing adequate contraception, ongoing behavioural therapy<br>Notes: Included patients from acute phase trial who in the investigator's opinion would benefit from continued paroxetine therapy. Six-month open-label paroxetine 20-60mg/d (n=154)<br>Comorbid Generalised Anxiety disorder and Social phobia most common | **Data Used**<br>Relapse<br>Leaving study early due to adverse events<br>Leaving study early<br>Clinical Global Impressions: global improvement<br>Clinical Global Impressions: efficacy index<br>Clinical Global Impressions: severity of illness<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: total | **Group 1 N= 20**<br>Paroxetine - Fixed dose 20-60mg/d<br>**Group 2 N= 24**<br>Placebo | Full relapse: Y-BOCS>=baseline score AND CGI severity increase >=1 from last observation<br>Partial relapse: Y-BOCS>=baseline score OR CGI severity increase >=1 from last observation |
| **BEASLEY1992**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 13-week d/blind phase, responders continued onto d/blind extension phase with previously assigned d/blind treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 13 weeks + 24 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 355<br>Age: Mean 37 Range 14-70<br>Sex: 159 males 196 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <14 and >70 years; OCD <1 year duration; comorbid axis I disorders excluding depression<br>Notes: baseline Y-BOCS 24; baseline HRSD 9.3 | **Data Used**<br>Leaving study early due to adverse events<br>Responder (OCD/BDD)<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>**Data Not Used**<br>Number with suicidal ideation - no data<br>HRSD-item 3 mean score - no variablility measure | **Group 1 N= 266**<br>Fluoxetine 20 mg - Fixed daily doses<br>Fluoxetine 40 mg - Fixed daily doses<br>Fluoxetine 60 mg - Patients received a dose of 40 mg/day for 1 week before receiving the higher dose<br>**Group 2 N= 89**<br>Placebo | Acute phase: Used only item-3 for Hamilton Depression Scale; 6 patients were excluded from HRSD item-3 analysis; HRSD-item 3 mean change score (S.D.s not given); Continuation phase: response: Y-BOCS>=35% reduction |
| **BERGERON2002**<br>Study Type: RCT<br>Study Description: Allcoation: random (no details); 1-week placebo phase, 24-weeks double-blind phase<br>Blindness: Double blind<br>Duration (days): Mean 168<br>Followup: 24 weeks<br>Setting: Not reported<br>Notes: Country of study: Canada; Analysis: ITT<br>Info on Screening Process: Not reported | N= 150<br>Age: Mean 37 Range 18-64<br>Sex: 70 males 80 females<br>Diagnosis:<br>100% OCD by DSM-IV<br>Exclusions: Aged <18 and >65 years; OCD <6 months duration; Other Axis 1 disorder, including major depressive episode; >25% reduction in Y-BOCS or NIMH-OC or a >2-point reduction on CGI scale during placebo phase<br>Notes: Mean OCD duration 20.4 years; baseline Y-BOCS; baseline Y-BOCS 25.7; baseline NIMH-OC 10; previous major depression episode n=30 | **Data Used**<br>Adverse events<br>NIMH-OC<br>Hamilton Rating Scale for Depression<br>Remission (OCD)<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 73**<br>Fluoxetine - 20 mg, if patient did not show improvement at different time points (4, 6, 8 weeks), dosage further increased: (a) at 4 weeks increased to 40mg, (b) at 6 weeks increased to 60mg, or (c) at 8 weeks increased to 80mg. Mean final dose 56.7mg +-23<br>**Group 2 N= 77**<br>Sertraline - 50 mg, if patient did not show improvement at different time points (4, 6, 8 weeks), dosage further increased: (a) at 4 weeks increased to 100mg, (b) at 6 weeks increased to 150mg, or (c) at 8 weeks increased to 200mg. Mean dose 139.5mg +-58.5 | Remission: CGQ<=2 and Y-BOCS<=11; Y-BOCS: both change score and endpoint scores given |

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| **BISSERBE1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 1-2 week single-blind placebo washout phase; 16 week double-blind phase<br>Blindness: Double blind<br>Duration (days):<br>Followup: 16 weeks<br>Setting: Outpatient<br>Notes: Country of study: France & Belgium; Analysis: ITT; study conducted at 19 sites<br>Info on Screening Process: 173 screened, 5 excluded (details not given) | N= 168<br>Age: Mean 40 Range 19-73<br>Sex: 62 males 106 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <18 years; DSM-III-R OCD<1year; at end of washout phase, Y-BOCS<20, NIMH Global Obsessive Compulsive Scale (NIMH-OC) <7, CGI-S<4; HAM-D>17; Y-BOCS or NIMH-OC >=25% reduction<br>Notes: mean OCD duration: 7 years; baseline Y-BOCS 27.65; baseline NIMH-OC 10; baseline HRSD 8.3 | **Data Used**<br>Responder (OCD/BDD)<br>Attempted suicide<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>**Data Not Used**<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure<br>Clinical Anxiety Scale - no variablility measure<br>Hamilton Rating Scale for Depression - no variablility measure<br>NIMH-OC - no variablility measure<br>Clinical Global Impressions: severity of illness - no variablility measure | **Group 1 N= 86**<br>Sertraline - 50mg/day, increased in 50mg increments after 4 weeks and at 2-week intervals to max. 200 mg/d, mean final dose 129mg/d<br>**Group 2 N= 82**<br>Clomipramine - 50mg/day, increased in 50mg increments after 4 weeks and at 2-week intervals to max. 200 mg/d, mean final dose 90mg/d | Responders: Score of 1-3 on CGI-Improvement |
| **BOGETTO2002**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Single blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: Italy; Analysis: per protocol<br>Info on Screening Process: No details | N= 32<br>Age:<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Age <18 years, OCD <1 years duration, Y-BOCS<16, HAM-D>14, MDD diagnosis<br>Notes: OCD duration not reported, baseline Y-BOCS 23 | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 17**<br>Sertraline 150mg in 5 days - 50mg on days 1 & 2, 100mg on days 3 & 4, 150mg from day 5 onward<br>**Group 2 N= 15**<br>Sertraline 150mg in 15 days - 50mg first 7 days, 100mg days 8-14, 150mg from day 15 onward | |
| **BURNHAM**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), medications over-encapsulated, d/blind-labelled bottles used<br>Duration of study: 12 weeks (2 wks placebo phase)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: US (13 centres); Analysis: ITT | N= 241<br>Age: Mean 38<br>Sex: 169 males 72 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: OCD duration <6 months, Y-BOCS<16, NIMHOCS<7, other primary psychiatric disorders, major depressive disorder within last 3 months, history of bipolar affective disorders, serious concomitant medical condition, history of seizure disorders, requiring concomitant therapy with other psychotropic drugs, met DSM criteria for substance abuse, abnormal lab or EEG findings, myocardial infarction within a year of study, serious suicidal or homicidal risk, previously received paroxetine, hypersensitivity to clomipramine or other TCAs, or carbamazepine, lactating or pregnant mothers, ongoing behavioural therapy | **Data Used**<br>Responders (CGI)<br>Responders (25% Y-BOCS)<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Clinical Global Impressions: global improvement<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Yale-Brown Obsessive-Compulsive Scale: obsessions<br>Yale-Brown Obsessive-Compulsive Scale: compulsions | **Group 1 N= 82**<br>Paroxetine - Initial dose 20mg/d, 10mg increments to maximum 60mg/d as tolerated; mean final dose<br>**Group 2 N= 82**<br>Clomipramine - Initial dose 25mg/d, 25mg increments to maxiumum dose 250mg/d as tolerated<br>**Group 3 N= 77**<br>Placebo | Contact author for Y-BOCS total data (this sheet is missing in the pdf)<br>CGI responder criteria: CGI severity of illness>=2 decrease from baseline (not extracted) |

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| **CARPENTER**<br>Study Type: RCT<br>Study Description: Allocation: random<br>Study duration: 16 wks open-label paroxetine + 16 wks d/blind phase (responders from open-label phase) + 5-wks dose-tapering<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US (across 24 centres)<br>Info on Screening Process: 335 patients entered open-label paroxetine phase, exclusions: adverse events (n=40), lack of efficacy (n=39), did not meet efficacy response criteria (n=20), did not return for any post-randomization evaluations (n=1) | N= 194<br>Age: Mean 12 Range 6-18<br>Sex: 105 males 88 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <8 and >17 years, CY-BOCS >=16, OCD duration<3 years, other Axis I disorder, present serious medical condition, mental retardation, history of seizure disorders, requiring or receiving other psychotropic drugs, substance abuse diagnosis, abnormal laboratory findings, at serious suicidal or homicidal risk, receiving other investigational drugs with 30 days of study, failed 2 or more trials with SSRIs or CBT, intolerance to paroxetine, childbearing potential, not observing adequate contraception, receiving BT or psychotherapy<br>Notes: Mean age of OCD onset 10 years; mean baseline CY-BOCS 9.8<br>Open-label paroxetine (10-60mg/d); responders (Y-BOCS<25% reduction from baseline + CGI Global Improvement score of 1 or 2) to open-label paroxetine continued onto d/blind phase | **Data Used**<br>Responders (CGI-I)<br>Responders (25% Y-BOCS)<br>Relapse<br>Global Assessment of functioning<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Yale-Brown Obsessive-Compulsive Scale: obsessions<br>Yale-Brown Obsessive-Compulsive Scale: compulsions | **Group 1 N= 96**<br>Paroxetine - Final dose achieved in open-label phase<br>**Group 2 N= 98**<br>Placebo - Dose tapering of paroxetine conducted in a d/blind manner | Relapse: CGI global improvement (a) increase by 1point for 2 consecutive visits; (b) increase >=2 points in a visit; (c) >=5 at any time |
| **CHOUINARD1990**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 87<br>Age: Mean 37<br>Sex: 74 males 13 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Age<18 years; HRSD>15; HRSD depression item>1<br>Notes: OCD duration 10 years; baseline Y-BOCS 23; baseline NIMH-OC 9.5 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>**Data Not Used**<br>NIMH-OC - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure | **Group 1 N= 43**<br>Sertraline - Patients were titrated from 50-200mg during first 2 weeks, maintained until the 8th week and titrated off during the last 2 weeks; mean overall dose 160.1mg, mean final dose 180mg+-315<br>**Group 2 N= 44**<br>Placebo - Patients were titrated from 50-200mg during first 2 weeks, maintained until the 8th week and titrated off during the last 2 weeks, mean overall dose 167.8mg, mean final dose 150mg+-180 | Measure of variance: root mean square error |
| **FREEMAN1994**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: UK; Analysis: ITT; study conducted at 9 centres | N= 66<br>Age: Mean 33<br>Sex: 35 males 30 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Age <18 and > 65 years; NIMH-OCS<7; Y-BOCS<16; HRSD>=20 or HAM-D item = 3 or 4<br>Notes: Duration of OCD: Fluvoxamine 47 months, Clomipramine 44.4 months; baseline Y-BOCS 26; baseline NIMH-OC 9.5 | **Data Used**<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>**Data Not Used**<br>Clinical Global Impressions: global improvement - no variablility measure<br>NIMH-OC - no variablility measure<br>Yale-Brown Obsessive-Compulsive Scale: total - no variablility measure | **Group 1 N= 34**<br>Fluvoxamine - 50mg increased to 100mg after 1 week and to 150mg after 2 weeks; between weeks 4 & 10 dose could be increase to 250mg, mean final dose 200mg<br>**Group 2 N= 32**<br>Clomipramine - 50mg increased to 100mg after 1 week and to 150mg after 2 weeks; between weeks 4 & 10 dose could be increase to 250mg, mean final dose 200mg | |

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| **GELLER2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), randomization at a 2:1 ratio of fluoxetine to placebo<br>Blindness: Double blind<br>Duration (days):<br>Followup: 13 weeks<br>Setting: Not specified<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 148 screened, 45 excluded did not meet eligibility criteria | N= 103<br>Age: Mean 11<br>Sex: 49 males 54 females<br>Diagnosis:<br>100% OCD by DSM-IV<br>Exclusions: Aged <7 and >17 years, CY-BOCS<16; CGI<4; OCD<6 months duration; co-morbid depression, though concurrent depression could be secondary to OCD<br>Notes: OCD duration not reported; mean baseline CY-BOCS 25.4; mean baseline NIMH-OC 9.3 | **Data Used**<br>Suicidal behaviour<br>Responder (OCD/BDD)<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Multidimensional Anxiety Scale for Children<br>NIMH-OC<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 71**<br>Fluoxetine - 10-mg for the first 2 weeks, 20-mg for next 2 weeks, dosage could be increased to 40mg based on CGI response, and to 60mg after 3 weeks, mean dose 24.6mg/d, 16 had 40mg/d final dose, 15 had 60mg/d final dose<br>**Group 2 N= 32**<br>Placebo | |
| **GELLER2004**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated random list stratified by age group)<br>Duration of study: 10 weeks<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: US & Canada (34 centres)<br>Info on Screening Process: 265 screened | N= 207<br>Age: Mean 11<br>Sex: 117 males 86 females<br>Diagnosis:<br>Obsessive-compulsive neurosis by DSM-IV<br>Exclusions: Aged <7 and > 17 years, OCD duration <2 months, CY-BOCS<16, presence of an Axis I disorder other than OCD or concurrent major depressive episode, history of a psychotic episode, bipolar disorder, pervasive developmental disorder, substance abuse/dependence, previous non-response to SSRIs, suicidal/homicidal risk, concurrent psychotherapy or psychotropic pharmacotherapy, serious medical condition<br>Notes: Mean duration of illness 4.2 years, baseline Y-BOCS 24.8 (+-5.01), comorbid conditions were ADHD (9.4%), generalised anxiety disorder (6.9%) and enuresis (6.9%) | **Data Used**<br>Suicidal behaviour<br>Responders (CGI)<br>Responders (25% Y-BOCS)<br>Adverse events<br>Serious adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 100**<br>Paroxetine - Initial dose 10mg/day, titrated up to 50mg/d in 10mg/d increments, mean final dose in children 25.4mg/d, in adolescents 36.5mg/d<br>**Group 2 N= 107**<br>Placebo | |
| **GOODMAN1989**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 14 of the fluvoxamine patients who responded received treatment upto 8 weeks (last 2 weeks were open-label)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 6 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis:ITT; nonresponders were offered open-label fluvoxamine for a further 6-8 weeks<br>Info on Screening Process: 50 randomized, 4 dropped out before drug administration (hyperthyroidism n=1, voluntary decision not to participate n=3) | N= 46<br>Age: Mean 37<br>Sex: 19 males 23 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: OCD duration<1 year; primary MDD; baseline Y-BOCS 25.3 (patient characteristics based on 42 patients receiving at least 2 weeks medication)<br>Notes: mean OCD duration15 years; concurrent MDD n=20; lifetime MDD n=33; baseline HRSD in patients with depression 24 (+-8), baseline HRSD in patients without depression 13.5 (+-6); all patients attended weekly 50-minute individual psychotherapy sessions | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Responder (MDD)<br>Patient-rated Anxiety Scale<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 23**<br>Fluvoxamine - Initial dose 50mg/d, after day 3 could be increased to 100mg/d, after week 2 could be increased to 150mg/d, after week 3 could be increased upto 300mg/d; mean final dose 255mg/d (+-60)<br>**Group 2 N= 23**<br>Placebo - mean final dose 274mg/d (+-49) | Response (MDD)<br>HRSD>=50% reduction |

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| **GOODMAN1996**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT; multicentre study<br>Info on Screening Process: Not reported | N= 160<br>Age: Mean 37<br>Sex: 78 males 78 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged<18 years, OCD<=1 year, NIMH-OC<7, HRSD>19<br>Notes: mean OCD duration: 15.6; baseline Y-BOCD=23; baseline NIMH-OC=9 | **Data Used**<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 80**<br>Fluvoxamine - Initial dose 50mg, increasing to 100mg after 4 days, and to 150mg after 8 days. After 2 weeks, dosage could be increased or decreased within 100-300mg/day range; mean daily dose over weeks 5-10 range 215-245mg<br>**Group 2 N= 80**<br>Placebo - mean daily dose weeks 5-10 range 265-280 | |
| **GREIST1995A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 12-weeks double-blind phase and 40 weeks continuation phase in responders (CGI marked or moderate) at assigned dose<br>Blindness: Double blind<br>Duration (days):<br>Followup: 52 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT | N= 325<br>Age: Mean 38<br>Sex: 191 males 134 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 years, HRSD-24>17, NIMH-OC<7<br>Notes: Protocol amended during course of study to permit inclusion of women with childbearing potential using adequate contraceptive measures<br>Mean duration of illness 5.2 years | **Data Used**<br>Responders (CGI-I)<br>Adverse events<br>Leaving study early due to adverse events<br>Leaving study early<br>**Data Not Used**<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 80**<br>Sertraline 50mg - Patients took four capsules per day in a single dose with the evening meal<br>**Group 2 N= 81**<br>Sertraline 100mg - Subjects were titrated upward towards 100mg by day 5<br>**Group 3 N= 80**<br>Sertraline 200mg - Subjects were titrated upward towards 200mg by day 14<br>**Group 4 N= 84**<br>Placebo | Remission: NIMH-OC<=6; Y-BOCS & NIMH-OC pooled data not extractable because based on continuation data of responders only and LOCF acute data of non-responders<br>CGI-I response: "much improved" or "very much improved" |
| **HOLLANDER2003B**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 253<br>Age: Mean 37 Range 18-70<br>Sex: 92 males 161 females<br>Diagnosis:<br>100% OCD by DSM-IV<br>Exclusions: Age<18, Y-BOCS<21, HRSD<16, significant risk of suicide<br>Notes: mean OCD duration 16.3, baseline Y-BOCS 26.5; HAM-D 7 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Remission (OCD)<br>Responder (OCD/BDD)<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 127**<br>Fluvoxamine CR - Initial dose 100mg titrated in 50mg increments to between 100mg and 300mg over first 6 weeks. If intolerance evident at week 1 and after week 6, subject was discontinued, mean overall dose 210mg, mean final dose 271mg<br>**Group 2 N= 126**<br>Placebo - mean overall dose 231 mg, mean final dose 293mg | Responder: Y-BOCS 35% reduction; Remission: Y-BOCS<=8 |
| **HOLLANDER2003D**<br>Study Type: RCT<br>Study Description: Allocation: computerized randomization in 4s; separate randomization for phases 1 & 3; d/blind+6-mth open-label paroxetine+6-mth d/blind continuation<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 week<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 353 | N= 348<br>Age: Mean 41<br>Sex: 256 males 92 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <16 years, NIMH-OC<7, Y-BOCS<16, episode of Major Depression in previous 3 months<br>Notes: OCD duration not reported; baseline Y-BOCS 25 | **Data Used**<br>Responders (25% Y-BOCS)<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 86**<br>Paroxetine 40mg - Patients titrated upward in 20mg increments at weekly intervals<br>**Group 2 N= 88**<br>Paroxetine 20mg<br>**Group 3 N= 85**<br>Paroxetine 60mg - Patients titrated upward in 20mg increments at weekly intervals<br>**Group 4 N= 89**<br>Placebo | |

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| **JENIKE1990A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 38<br>Age: Mean 36 Range 20-68<br>Sex: 20 males 18 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: OCD duration<1 year, NIMH-OC<7, DSM major depression, HRSD>17<br>Notes: OCD duration: Fluvoxamine 20.3 years (+-11.1); Placebo 17.8 years (+-7.6); baseline Y-BOCS 22.7; baseline NIMH-OC 8.8 | **Data Used**<br>Leaving study early<br>Adverse events<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 18**<br>Fluvoxamine - Initial dose 50mg titrated upto 300mg/day over 2-3 week period based on patient's tolerance for drug. Mean maxiumum dose 294mg/day<br>**Group 2 N= 20**<br>Placebo | |
| **JENIKE1990B**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT; study terminated early because manufacturers did not agree with extension protocol<br>Info on Screening Process: Not reported | N= 19<br>Age: Mean 40<br>Sex: 15 males 4 females<br>Diagnosis:<br>100% OCD by DSM-III<br>Exclusions: HRSD>=15; NIMH-OC<7; HRSD-17>20, HRSD item 1>2<br>Notes: OCD duration: Sertraline 18 years +-13; Placebo 22 years (+-11); baseline Y-BOCS 22.8; baseline NIMH-OC 9 | **Data Used**<br>Leaving study early<br>Adverse events<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 10**<br>Sertraline - 200mg/day<br>**Group 2 N= 9**<br>Placebo | |
| **JENIKE1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: No mention<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 64<br>Age: Mean 35<br>Sex: 36 males 28 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged<18 years, OCD duration<1 year, NIMH-OC<7, DSM Major depression, HRSD>17<br>Notes: OCD duration not reported; baseline Y-BOCS 19; baseline NIMH-OC 7.7 | **Data Used**<br>Clinical Global Impressions<br>OCD Scale (CPRS)<br>Leaving study early<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 23**<br>Fluoxetine - Subjects titrated to 80mg/day by week 3; mean maxiumum dose 77.9mg/day<br>**Group 2 N= 20**<br>Phenelzine - Subjects titrated to 60mg/day by week 3; all patients achieved maximum dose<br>**Group 3 N= 21**<br>Placebo | |

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| **KAMIJIMA2004**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 1 week single-blind placebo run-in, 12 weeks active treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: Japan; Analysis: ITT<br>Info on Screening Process: 202 patients entered placebo run-in period, 11 withdrew: withdrew consent (n=5), experienced adverse events (n=2), met exclusion criteria (n=1), violated protocol (n=1), did not visit institution (n=1), decided to withdraw (n=1) | N= 191<br>Age: Mean 38<br>Sex: 74 males 117 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <16 years, OCD duration<6 months, Y-BOCS<16, comorbid bipolar disorder, cluster A personality disorder, schizophrenia or other psychotic disorders, alcohol/drug dependency, convulsive disorders, glaucoma, suicidal tendencies or serious organic brain disorders, serious somatic symptoms, drug hypersenstivity, receiving MAOI within 1 week of observation period, ECT or treatment with other drug within 12 weeks of study, pregnant or lactating women<br>Notes: Mean duration of illness 126.6 months, mean baseline Y-BOCS 24 | **Data Used**<br>Serious adverse events<br>Attempted suicide<br>Responders (CGI)<br>Leaving study early due to adverse events<br>Adverse events<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 95**<br>Paroxetine - First weeks, 20mg/d, increased to 30mg/d in the second week, to 40mg/d for next 4 weeks, and if tolerated to a maximum of 50mg/d<br>**Group 2 N= 94**<br>Placebo | Responders: CGI "much improved" or "very much improved" |
| **KORAN1996A**<br>Study Type: RCT<br>Study Description: Allocation: randomization based on randomization schedule<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 79<br>Age:<br>Sex: 43 males 36 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years, Y-BOCS<16, NIMH<7; DSM major depression, HRSD item1>2, total HRSD-17>21<br>Notes: Majority of patients were experiencing their first episode, patients received supportive psychotherapy from psychiatric clinician; baseline Y-BOCS 25; baseline HRSD-17 7.9 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Responder (OCD/BDD)<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>**Data Not Used**<br>Patient Global Improvement - no data<br>Clinical Global Improvement - no data | **Group 1 N= 37**<br>Fluvoxamine - 50mg for 4 days, 100mg for 4 days, 150mg for 6 days, and based on response upto 300mg; maximum mean dose achieved 255mg/day<br>**Group 2 N= 42**<br>Clomipramine - 25mg for 4 days, 50mg for 4 days, 100mg for 6 days, and based on response upto 250mg; maximum mean dose 201mg/day | Response: Y-BOCS>=25% reduction |
| **KORAN2002**<br>Study Type: RCT<br>Study Description: 80-wk study: 1-wk washout, 16-wk s/blind sertraline, 36-wk continuation in responders, 28-wk d/blind maintenance in continuation responders<br>Blindness: Double blind<br>Duration (days):<br>Followup: 28 weeks<br>Setting: Outpatient<br>Notes: Country of study: US, study conducted at 21 sites; Analysis: ITT<br>Info on Screening Process: 649 enrolled, 460 completed 16-week phase (348 responders), 232 completed continuation phase (227 responders) | N= 223<br>Age: Mean 39<br>Sex: 124 males 99 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <18 years, Y-BOCS<20, NIMH-OC<7, HRSD-24>16, receiving concurent BT<br>Notes: OCD duration: Sertraline 21.9 years (+-13.1), placebo 22.4 years (+-12.2); Baseline Y-BOCS: 10.2; NIMH-OC: 4.4+-2. | **Data Used**<br>Death<br>Relapse<br>Leaving study early due to adverse events<br>Leaving study early<br>Quality of Life Enjoyment and Satisfaction<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 109**<br>Sertraline - The daily dose of sertraline as of week 52 was maintained; mean final dose 187mg/d<br>**Group 2 N= 114**<br>Placebo - The patients took the same number of tablets daily as during week 52, but the sertraline dose was blindly decreased by 50mg/day every 3 days, mean final dose 174mg/d | Responders: Y-BOCS 25% reduction from baseline and CGI<3; Relapse: Y-BOCS increase by 5 points, Y-BOCS total score>=20 and CGI increase by 1 point |

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| **KORAN2002A**<br>Study Type: RCT<br>Study Description: 16-week 200mg/day acute-phase sertraline treatment, non-responders were randomized to 12-week high-dose or standard dose sertraline double-blind phase<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not specified<br>Notes: Country of study: US; study conducted at 17 sites; Analysis: ITT<br>Info on Screening Process: 649 patients received acute phase sertraline treatment, 348 met response and 203 discontinued participation. Of 98 acute phase non-responders, 32 did not continue on to double-blind phase (details not reported) | N= 66<br>Age: Mean 38<br>Sex: 35 males 31 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Responders to acute phase: Y-BOCS>=25% reduction or CGI >= moderately improved, Y-BOCS<20, NIMH-OC<7, HRSD-24>=17<br>Notes: Duration of OCD: 20.4 years, Baseline Y-BOCS: 26.7 | **Data Used**<br>Leaving study early due to adverse events<br>Responder (OCD/BDD) | **Group 1 N= 36**<br>Sertraline 200mg - Fixed dose<br>**Group 2 N= 30**<br>Sertraline 250-400mg - Flexible dose, titrated to between 250-400mg/day; mean final dose: 357mg/d | Responder: Y-BOCS>=25% reduction |
| **KRONIG1999**<br>Study Type: RCT<br>Study Description: Allocation: randomization using computer-generated codes<br>Blindness: Double blind<br>Duration (days): Mean 71<br>Followup: 12 weeks<br>Setting: Outpatients<br>Notes: Country of study: US, study conducted at 10 sites, Analysis: ITT<br>Info on Screening Process: Not reported | N= 167<br>Age: Mean 37<br>Sex: 92 males 75 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 years, duration of illness<1 year, Y-BOCS>=20, NIMH-OC>=7, CIG>=moderate, HRSD-24>15, HRSD item1>1<br>Notes: Duration of illness: 17.1 years, Baseline Y-BOCS: Sertraline 25.21 (+-3.79), Placebo 25.05 (+-4.09); Baseline NIMH-OCS: Sertraline 8.99 (+-1.24), placebo 9.11 (+-1.65) | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 86**<br>Sertraline - 50mg/d first 3 weeks, based on treatment response titrated to 100mg/d by week 4, 150mg/d by week 6, 200mg/d by end of study; mean maxiumum dose 165(+-55)mg<br>**Group 2 N= 81**<br>Placebo | |
| **LIEBOWITZ2002**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 8-week acute phase, responders (CGI-Improvement - much or very much improved) entered 8-week maintenance<br>Blindness: No mention<br>Duration (days):<br>Followup: 8 weeks + 8 weeks<br>Setting: Not specified<br>Notes: Country of study: US; Analysis: ITT; study conducted at 2 sites<br>Info on Screening Process: Not reported | N= 43<br>Age: Mean 13<br>Sex: 25 males 18 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged<6 years and >18 years; OCD duration<1 year; CY-BOCS<16; NIMH-OC<7; full-scale IQ<80<br>Notes: Comorbidity: Depressive disorders (MDD, dysthymia, 5 in fluoxetine, 4 in placebo), other anxiety disorders, oppositional defiant disorder, ADHD and reading disorder; mean baseline CY-BOCS 23.16, mean baseline NIMH-OC 8.43 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Child OC Impact Scale: Parent report version<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 21**<br>Fluoxetine - 20mg/d weeks 1 & 2, 40mg/d weeks 3 & 4, 60mg/d weeks 5 & 6, depending on clinical response and side effects, increased to 80mg/d; final mean dose in acute phase 64.8mg/d (+-18.9), final mean dose in maintenance phase 65.6 mg/d (+-20.2)<br>**Group 2 N= 22**<br>Placebo | |

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| **LOPEZIBOR1996**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 8-wk acute phase, responders continued with low dose d/blind treatment, non-responders high dose d/blind treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks + 12 weeks<br>Setting: Not reported<br>Notes: Country of study: Spain & France; study conducted at 5 sites; Analysis: ITT | N= 55<br>Age: Mean 34<br>Sex: 21 males 34 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 years; duration of OCD<6 months; Y-BOCS<16, CGI<4<br>Notes: OCD duration: not reported; baseline Y-BOCS 26.6; baseline HRSD 15.25; MADRS: 24.3 | **Data Used**<br>Clinical Global Impressions: global improvement<br>Covi Anxiety Scale<br>Montgomery-Asberg Depression Rating Scale<br>Comprehensive Psychopathological Rating Scale: OC<br>Clinical Global Impressions: severity<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events<br>Responder (OCD/BDD)<br>Leaving study early | **Group 1 N= 30**<br>Fluoxetine - 40mg/d during acute phase, 20mg during continuation phase in responders and 60mg during continuation phase in non-responders<br>**Group 2 N= 25**<br>Clomipramine - 150mg/d during acute phase, 100mg during continuation phase in responders, 200mg during continuation phase in non-responders | Responders: Y-BOCS>=25% reduction |
| **MALLYA1992**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: not specified; multicentre study<br>Info on Screening Process: Not reported | N= 39<br>Age:<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 years, other psychoses, HRSD>20, received ECT or psychiatric hospitalization within 6 months of study, psychosurgery, women of childbearing potential who were not taking adequate contraceptive measures<br>Notes: Baseline Y-BOCS (completer analysis): Fluvoxamine 19.6+-5, Placebo 22.7 +-6.4 | **Data Used**<br>Responder (OCD/BDD)<br>Adverse events<br>Leaving study early | **Group 1 N= 19**<br>Fluvoxamine - Initial dose 50mg/d, increased to a maximum of 300mg/d over a few weeks, mean final dose not reportec<br>**Group 2 N= 20**<br>Placebo - Mean final dose not reported | Responder: Y-BOCS>=35% reduction |
| **MARCH1998**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), stratified by age: children (6-12 years), adolescents (13-17 years)<br>Blindness: Double blind<br>Duration (days): Mean 75<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT; study conducted at 12 sites<br>Info on Screening Process: Not reported | N= 189<br>Age: Mean 13<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <6 and >17 years; NIMH-OC<7; HRSD-24>17; HRSD item1>1<br>Notes: OCD duration: children: sertraline 3.4 years, placebo 4.2 years, adolescents: sertraline 6.1 years, placebo 5.5 years; comorbid disorders: ADHD, tic disorder, anxiety, depression | **Data Used**<br>Suicidal behaviour<br>Leaving study early due to adverse events<br>Leaving study early<br>NIMH-OC<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 94**<br>Sertraline - Initial dose 25mg/d for children and 50mg/d for adolescents; titrated upto maxiumum tolerated dose within first 4 weeks; mean final dose: 167mg/d<br>**Group 2 N= 95**<br>Placebo | Continuous data: adjusted mean change scores |

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| **MILANFRANCHI1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 9 weeks<br>Setting: Outpatient<br>Notes: Country of study: Italy; Analysis: ITT<br>Info on Screening Process: Not reported | N= 26<br>Age: Mean 27<br>Sex: 15 males 11 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 amd >65 years; NIMH-OC<7; HRSD-17>17; Y-BOCS<17;<br>Notes: Mean age at first consultation for OCD: fluvoxamine 20.9 years, clomipramine 22.5 years; baseline Y-BOCS: fluvoxamine 29.7 (+-5.5), clomipramine 27.5 (+-6.8); baseline HRSD-17: fluvoxamine 10.3 (+-3), clomipramine 9 (+-4) | **Data Used**<br>Responder (OCD/BDD)<br>Leaving study early<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events | **Group 1 N= 13**<br>Fluvoxamine - Initial dose 50mg/d, increased to upto 300mg/d in 2 weeks and maintained for 7 weeks<br>**Group 2 N= 13**<br>Clomipramine - Initial dose 50mg/d, increased to upto 300mg/d in 2 weeks and maintained for 7 weeks | |
| **MONTGOMERY1993**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); 8wk acute phase+16-wk d/blind phase in responders & open-label in non-responders 40mg fluox wk 1, 60mg fluox till end<br>Blindness: Double blind<br>Duration (days):<br>Followup: 16 weeks<br>Setting: Not reported<br>Notes: Country of study: 8 European countries; Analysis: ITT; study conducted at 13 sites; responders: Y-BOCS 25% reduction and CGI much/very much improved<br>Info on Screening Process: 222, 5 discontinued during washout phase, 1 due to adverse event and 4 for reasons not related to study design | N= 217<br>Age: Mean 37<br>Sex: 114 males 103 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years; OCD duration<1 year; Y-BOCS<16 or 10 if obsessions or compulsions present alone; CGI<moderate;<br>Notes: OCD duration: not reported; baseline Y-BOCS 23.89; baseline HRSD-17 12.11 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Montgomery-Asberg Depression Rating Scale<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 52**<br>Fluoxetine 40 mg<br>**Group 2 N= 55**<br>Fluoxetine 60 mg - 40mg/d at week 1, 60mg/d for rest of acute phase<br>**Group 3 N= 57**<br>Placebo<br>**Group 4 N= 53**<br>Fluoxetine 20 mg | responders: Y-BOCS 25% reduction and CGI much or very much improved; only dropout data extractable in continuation phase |
| **MONTGOMERY2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: 12 countries; Analysis: ITT; study conducted at 53 sites<br>Info on Screening Process: 434; 33 excluded: 8 withdrew consent, 8 experienced adverse events, 2 did not meet inclusion criteria, 6 met exclusion criteria, 2 not fully screened, 1 placebo-responder, 6 other reasons | N= 401<br>Age: Mean 38<br>Sex: 184 males 217 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <18 and >65 years; OCD duration<1 year with comorbid depression; Y-BOCS<20; MADRS>22; immediate family had Tourette's syndrome<br>Notes: OCD duration 15.93; baseline Y-BOCS 25.6; baseline NIMH-OC 9.3 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Responder (OCD/BDD)<br>Sheehan Disability-family life/home responsibilies<br>Sheehan Disability - work<br>Sheehan Disability - social life/home activities<br>Montgomery-Asberg Depression Rating Scale<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 300**<br>Citalopram 20mg - 20mg/d 1st 3 days, then 40mg/d<br>Citalopram 40mg<br>Citalopram 60mg - 20mg/d 1st 3 days; 40mg till end of 1st week, 60mg from 2nd week onwards<br>**Group 2 N= 101**<br>Placebo | Responders: Y-BOCS>=25% reduction |

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| **MUNDO1997A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); patients were not blinded to their treatment, ratings were made under blind conditions<br>Blindness: Single blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Inpatient<br>Notes: Country of study: Italy; Analysis: ITT<br>Info on Screening Process: Not reported | N= 30<br>Age: Mean 31<br>Sex: 21 males 9 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Psychoactive drug taken within 3 weeks before admission, receiving other concomitant therapy (psychotropic or behavioural) during study<br>Notes: Included patients (N=6) with comorbid axis I tic disorder; OCD duration 13 years, baseline Y-BOCS 28.4, baseline NIMH-OC 10.27; baseline HRSD 11.7; one patient (fluvoxamine) was taking benzodiazepine | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Responder (OCD/BDD)<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 10**<br>Fluvoxamine - 100mg/d for days 1-4, 150 mg/d for days 5-7, 200, 250, or 300mg/d (depending on clinical need and tolerability) from day 8 to end of study; mean daily dose 290mg (+-31)<br>**Group 2 N= 9**<br>Paroxetine - 20mg/d days 1-7, 40 or 60mg/d (depending on clinical need and tolerability) from day 8 to end; mean daily dose 53.3mg/d (+-10)<br>**Group 3 N= 11**<br>Citalopram - 20mg/d days 1-7, 40 or 60mg/d (depending on clinical need and tolerability) from day 8 to end; mean daily dose 50.9mg/d (+-10.4) | Response: Y-BOCS>=35% reduction and CGI improvement<=3 |
| **MUNDO2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days): Mean 62<br>Followup: 10 weeks<br>Setting: Not reported<br>Notes: Country of study: Europe; study conducted at 40 centres; Analysis: ITT<br>Info on Screening Process: (ITT: defined as patients who received >=1 dose of study medication and provided >=1 valid post-baseline efficacy evaluation either while on study medication or within 3 days of drug discontinuation) | N= 227<br>Age: Mean 35<br>Sex: 124 males 103 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years; NIMH-OC<7; depression present before onset of OCD, was primary to OCD; HRSD-17>19, HRSD-item1>2; treatment with psychotropic drugs within 1 week of study or 5 weeks for fluvoxamine<br>Notes: Benzodiazepine treatment permitted; OCD duration not reported baseline mean Y-BOCS 26; baseline mean NIMH-OC 9.8; baseline mean HRSD 12.2 | **Data Used**<br>Clinical Anxiety Scale<br>Clinical Global Impressions: global improvement<br>Clinical Global Impressions: severity<br>Responder (OCD/BDD)<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 115**<br>Fluvoxamine - 50mg/d days 1-4, 100mg/d days 5-8, 150mg/d days 9-14, 150-300mg from day 15 till end of study, mean final dose 212mg/d+-62<br>**Group 2 N= 112**<br>Clomipramine - 50mg/d days 1-4, 100mg/d days 5-8, 150mg/d days 9-14, 150-300mg from day 15 till end of study, mean final dose 206mg/d+-54 | Y-BOCS endpoint scores: S.D.s not reported, contact author; Response: Y-BOCS>=35% reduction |
| **PERSE1987**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 2 weeks placebo + 8 weeks of either FLV or Pbo + 2 weeks placebo + 8 weeks of either FLV or Pbo<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks of each drug<br>Setting: Outpatient<br>Notes: Country of study: US, Analysis:per protocol<br>Info on Screening Process: Not reported | N= 20<br>Age: Mean 40 Range 21-59<br>Sex: 10 males 10 females<br>Diagnosis:<br>OCD by DSM-III<br>20% MDD<br>Exclusions: Aged <18 and >60 years, OCD duration<1 year, other psychoses, suicidal behaviour, substance abuse, substantial medical illness, history of neurosurgery<br>Notes: OCD duration 14.8 years,3 had histories of atypical bipolar disorder | **Data Used**<br>General Rating Scale - Obsessions<br>General Rating Scale - Compulsions<br>Hamilton Rating Scale for Anxiety<br>Beck Depression Inventory<br>Hamilton Rating Scale for Depression<br>Maudsley Obsessive-Compulsive Inventory | **Group 1 N= 10**<br>Fluvoxamine - Initial dose 50mg/d increased by 25mg/d every 4 days to a maximum of 300mg/d by day 4, mean final dose not reported<br>**Group 2 N= 10**<br>Placebo | |

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| **PHILLIPS2002B**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated randomization)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 296 screened, 158 qualified, 74 enrolled: 7 not randomized (3 no longer wished to participate, 2 at risk of suicide and 2 inadequate severity of BDD) | N= 67<br>Age: Mean 32<br>Sex: 21 males 46 females<br>Diagnosis:<br>BDD by DSM-IV<br>Exclusions: Aged <18 and >65 years, BDD duration<6 months, Y-BOCS<24, CGI<moderate, body image concerns related to eating disorders, body image concern with weight<br>Notes: Included patients with delusional beliefs about their appearance (delusional n=27, nondelusional n=37, skin-picking n=3), BDD duration 14.5 years, baseline Y-BOCS 31, baseline NIMH-BDD 8.7, baseline HRSD 20.7 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Responder (OCD/BDD)<br>Social and Occupational Functioning Scale<br>Global Assessment of functioning<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 34**<br>Fluoxetine - 20mg/d for 2 weeks, increased to upto 80mg/d; mean final dose 77.7mg/d (+-8)<br>**Group 2 N= 33**<br>Placebo - Mean final dose 76mg/d (+-13.1) | |
| **POTS2004**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated sequence in blocks of 4), double-blind concealment in medication conditions only, assessors blind to treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: US, conducted at 3 sites, Analysis: ITT<br>Info on Screening Process: 154 screened, 31 deemed ineligible, 10 not interested, 1 asymptomatic at baseline | N= 112<br>Age: Mean 12<br>Sex: 56 males 56 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <7 and >17 years, CY-BOCS<17, NIMH Global Severity Score<8, IQ<81 as measured by Block Design and Vocabulary subtests in Wechesler Intelligence Scale for Children, major depression, bipolar illness, primary diagnosis of Tourette disorder, pervasive developmental disorder, psychosis, concurrent treatment with psychotropic medication, previous failed trials with SRIs or CBT, sertraline intolerance, medical or neurological disorder, pregnancy, history of remission following medication, CBT or combination<br>Notes: Baseline CY-BOCS 24.6, 80% had at least 1 psychiatric comorbid disorder, 63% had affective or anxiety disorders, 27% had ADHD, oppositional defiant disorder or conduct disorder, 16% had comorbid tic disorder | **Data Used**<br>Children's Yale-Brown Obsessive-Compulsive Scale<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 28**<br>Cognitive Behavioural Therapy - 14 1-hour visits over 12 weeks, involved psychoeducation, cognitive training, mapping of OCD target symptoms, ERP<br>**Group 2 N= 28**<br>Sertraline - Initial dose 25mg/d, increased to 200mg/d over 6 weeks in a fixed flexible upward titration, after which dosage could be adjusted as tolerated<br>**Group 3 N= 28**<br>CBT + Medication - CBT and sertraline treatment began simultaneously and followed the same protocol as for the individual interventions<br>**Group 4 N= 28**<br>Placebo | |
| **RIDDLE1992**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks + 12 weeks cross-over<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 75 screened, 30 met inclusion criteria (parents declined because they did not want child to receive fluoxetine or wanted fluoxetine treatment open-blind) | N= 14<br>Age: Mean 12 Range 8-15<br>Sex: 6 males 8 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: Aged <8 and >17 years; CGI<4; previous fluoxetine treatment<br>Notes: Comorbid disorders: MDD (n=2), tic (n=2), separation anxiety (n=3), overanxious (n=3), trichotillomania (n=1), ADHD (n=1); 7 patients continued receiving individual supportive or psychodynamic psychotherapy; baseline CY-BOCS 10 | **Data Used**<br>Revised Children's Manifest Anixety Scale<br>LOI-CV resistance<br>Leyton Obsessional Inventory (CV): interference<br>Leyton Obsessional Inventory (CV): symptom<br>Global Assessment Scale - Children<br>Leaving study early due to adverse events<br>Leaving study early<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 7**<br>Fluoxetine - 20mg/d<br>**Group 2 N= 7**<br>Placebo | |

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| **RIDDLE2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); double-blind phase followed by 1-year open label extension<br>Blindness: Double blind<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Mixed<br>Notes: Country of study: US; Analysis: ITT; study conducted at 17 sites<br>Info on Screening Process: 134 screened; 14 discontinued during 1-week washout phase | N= 120<br>Age: Mean 13<br>Sex: 64 males 56 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <8 and >17 years; OCD duration <6 months; CY-BOCS<16; NIMH-OC<8; Children's Depression Rating Scale>=40<br>Notes: Nonspecific supportive and/or behavioral therapy (e.g. relaxation, but not exposure and response prevention) was permitted during study; OCD duration 3.6 years; baseline CY-BOCS 24.2; baseline NIMH-OC 9.5 | **Data Used**<br>Suicidal behaviour<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Responder (OCD/BDD)<br>Children's Depression Rating Scale - Revised<br>NIMH-OC<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 63**<br>Placebo<br>**Group 2 N= 57**<br>Fluvoxamine - Initial dose 25mg/d, increased by 25mg every 3-4 days upto 200mg/d by day 22; after week 4, patients were maintained on a constant daily dose, mean final dose 165mg/d +-50, range 50-200, in children (8-12 yrs) 155mg/d, in adolescents (13-17yrs) 170mg/d | Response: CY-BOCS>=25% reduction |
| **ROMANO2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); all patients took 16-week s/blind fluoxetine 20-60mg/d, responders randomized to d/blind 1-year fluoxetine/placebo<br>Blindness: Double blind<br>Duration (days):<br>Followup: 52 weeks<br>Setting: Outpatient<br>Notes: Country of study: US, Analysis:ITT, study conducted at 11 sites<br>Info on Screening Process: 143 screened, 13 did not meet entry criteria, 130 entered s/blind phase, 71 continued onto d/blind phase, 1 excluded from all analyses because of data integrity concerns | N= 71<br>Age: Mean 41<br>Sex: 30 males 40 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <14 and >70 years, Y-BOCS<19, CGI not moderate or worse, previous failure with fluoxetine trial<br>Notes: Mean age at first episode 16 years; baseline Y-BOCS (at d/blind phase) 10.7 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>SF-36 social functioning<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 36**<br>Fluoxetine - Continuation of dose achieved by end of acute phase; 27 received 60mg/d, 8 received 40mg/d, 1 received 20mg/d<br>**Group 2 N= 35**<br>Placebo - 24 recevied 60mg/d, 10 received 40mg/d | Response: Y-BOCS>=25% reduction and CGI-Improvement "much improved" or "very much improved" |
| **SMERALDI1992**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: Italy, Analysis: per protocol<br>Info on Screening Process: Not reported | N= 12<br>Age: Mean 29 Range 18-50<br>Sex: 10 males 2 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Contraindication to tricyclic or serotonergic treatment<br>Notes: 7 patients had comorbid recurrent major depression; OCD duration not reported; baseline Y-BOCS 28.6, baseline MADRS 15.2 | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Montgomery-Asberg Depression Rating Scale<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 6**<br>Clomipramine - 50mg days 1-3, 100mg days 4-7, 150mg days 8-9, 200mg from day 10 onwards<br>**Group 2 N= 6**<br>Fluvoxamine - 50mg days 1-3, 100mg days 4-7, 150mg days 8-9, 200mg from day 10 onwards | |

| ZOHAR1996A | | | | |
|---|---|---|---|---|
| Study Type: RCT<br>Study Description: Allocation: random (no details), on a 2:1:1 ratio of paroxetine:clomipramine:placebo; responders could continue into long-term treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: multi-national in Europe; Analysis: ITT<br>Info on Screening Process: 437 enrolled, 406 received active medication, 7 excluded for technical reasons | N= 399<br>Age: Range 16-74<br>Sex: 190 males 209 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <16 and >70 years, OCD duration <6 months, Y-BOCS<16, NIMH-OC<7, primary diagnosis of MDD or a psychiatric disorder within previous 3 months<br>Notes: OCD duration: 15 years | **Data Used**<br>Clinical Global Impressions: severity of illness<br>Yale-Brown Obsessive-Compulsive Scale: total<br>Montgomery-Asberg Depression Rating Scale<br>Responder (OCD/BDD)<br>Adverse events<br>Leaving study early<br>Leaving study early due to adverse events<br>Symptom Checklist-90 | **Group 1 N= 201**<br>Paroxetine - 10mg week1, increased to 20mg, and then upto 60mg from day 14 onwards; mean daily dose across study 37.5mg<br>**Group 2 N= 99**<br>Clomipramine - 25mg week1, increased to 50mg, and then upto 250mg from day 14 onwards; mean daily dose across study 113.1mg<br>**Group 3 N= 99**<br>Placebo | Response: Y-BOCS>=25% reduction |

References of Included Studies


**ANSSEAU_1** (Unpublished Data Only)

Ansseau, M., Bejerot, S., Blauwblomme, J. F., Bollen, J., Braccini, De Bleeker, E. et al. A double-blind study to compare the maintenance of efficacy and relapse rates in patients with obsessive-compulsive disorder who responded to paroxetine, clomipramine or placebo in the short-term study 136.

**ANSSEAU_2** (Unpublished Data Only)

Ansseau, M., Bejerot, S., Blauwblomme, J. F., Bollen, J., Braccini, De Bleeker, E. et al. A double-blind study to compare the maintenance of efficacy and relapse rates in patients with obsessive-compulsive disorder who responded to paroxetine, clomipramine or placebo in the short-term study 136.

**ASKIN1999** (Published Data Only)

Askin, R., Turan, M., Cilli, A. S., & Kaya, N. (1999). Clomipramine versus sertraline in the treatment of obsessive compulsive disorder. Klinik Psikofarmakoloji Buelteni, 9, 133-138.

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Bailer, D. C., Burnham, D., & Oakes, R. Long term treatment with paroxetine of outpatients with obsessive-compulsive disorder: an extension of the comparative study.

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Bergeron, R., Ravindran, A. V., Chaput, Y., Goldner, E., Swinson, R., van Ameringen, M. A. et al. (2002). Sertraline and fluoxetine treatment of obsessive-compulsive disorder: results of a double-blind, 6-month treatment study. Journal of Clinical Psychopharmacology., 22, 148-154.

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Bisserbe, J. C., Lane, R. M., & Flament, M. F. (1997). A double-blind comparison of sertraline and clomipramine in outpatients with obsessive-compulsive disorder. European Psychiatry, 12, 82-93.

**BOGETTO2002** (Published Data Only)

Bogetto, F., Albert, U., & Maina, G. (2002). Sertraline treatment of obsessive-compulsive disorder: efficacy and tolerability of a rapid titration regimen. European Neuropsychopharmacology., 12, 181-186.

**BURNHAM** (Unpublished Data Only)

Burnham, D. B., Apter, J., Ballenger, J. C., Lydiard, B., Bastani, B., Borison, R. L. et al. (1993). Paroxetine versus clomipramine and placebo in the treatment of obsessive-compulsive disorder.

**CARPENTER** (Unpublished Data Only)

Carpenter, D. J., Schaefer, D. M., Lawnnson, S., Truman, M., & Moran, E. A 38-week, two phase, multicentre study to investigate the safety and effectiveness of paroxetine (10-60mg/day) in the treatment of children and adolescent outpatients with obsessive-compulsive disorder.

**CHOUINARD1990** (Published Data Only)

Chouinard, G., Goodman, W., Greist, J., Jenike, M., Rasmussen, S., White, K. et al. (1990). Results of a double-blind placebo controlled trial of a new serotonin uptake inhibitor, sertraline, in the treatment of obsessive-compulsive disorder. Psychopharmacology Bulletin., 26, 279-284.

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Freeman, C. P., Trimble, M. R., Deakin, J. F., Stokes, T. M., & Ashford, J. J. (1994). Fluvoxamine versus clomipramine in the treatment of obsessive compulsive disorder: a multicenter, randomized, double-blind, parallel group comparison. Journal of Clinical Psychiatry., 55, 301-305.

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Gallagher, D. J., Carpenter, D. J., Sheehan, B. M., Bailey, A., & Gardiner, C. (2001). A randomised, multicentre, 10-week, double-blind, placebo-controlled, flexible-dose study to evaluate the efficacy and safety of paroxetine in children and adolescents with obsessive-compulsive disorder.

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**GOODMAN1989** (Published Data Only)

Goodman, W. K., Price, L. H., Rasmussen, S. A., Delgado, P. L., Heninger, G. R., & Charney, D. S. (1989). Efficacy of fluvoxamine in obsessive-compulsive disorder. A double-blind comparison with placebo. Archives of General Psychiatry., 46, 36-44.

**GOODMAN1996** (Published Data Only)

Goodman, W. K., Kozak, M. J., Liebowitz, M., & White, K. L. (1996). Treatment of obsessive-compulsive disorder with fluvoxamine: a multicentre, double-blind, placebo-controlled trial. International Clinical Psychopharmacology., 11, 21-29.

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**HOLLANDER2003B** (Published Data Only)

Hollander, E., Koran, L. M., Goodman, W. K., Greist, J. H., Ninan, P. T., Yang, H. et al. (2003). A double-blind, placebo-controlled study of the efficacy and safety of controlled-release fluvoxamine in patients with obsessive-compulsive disorder. Journal of Clinical Psychiatry., 64, 640-647.

**HOLLANDER2003D** (Published Data Only)

Hollander, E., Allen, A., Steiner, M., Wheadon, D. E., Oakes, R., & Burnham, D. B. (2003). Acute and long-term treatment and prevention of relapse of obsessive-compulsive disorder with paroxetine. Journal of Clinical Psychiatry, 64, 1113-1121.

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Jenike, M. A., Hyman, S., Baer, L., Holland, A., Minichiello, W. E., Buttolph, L. et al. (1990). A controlled trial of fluvoxamine in obsessive-compulsive disorder: Implications for a serotonergic theory. American Journal of Psychiatry, 147, 1209-1215.

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Jenike, M. A., Baer, L., Summergrad, P., Minichiello, W. E., Holland, A., & Seymour, R. (1990). Sertraline in obsessive-compulsive disorder: A double-blind comparison with placebo. American Journal of Psychiatry, 147, 923-928.

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Jenike, M. A., Baer, L., Minichiello, W. E., Rauch, S. L., & Buttolph, M. L. (1997). Placebo-controlled trial of fluoxetine and phenelzine for obsessive- compulsive disorder. American Journal of Psychiatry, 154, 1261-1264.

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Kamijima, K., Murasaki, M., Asai, M., Higuchi, T., Nakajima, T., Taga, C. et al. (2004). Paroxetine in the treatment of obsessive-compulsive disorder: randomized, double-blind, placebo-controlled study in Japanese patients. Psychiatry and Clinical Neuroscience, 58, 427-433.

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**MALLYA1992** (Published Data Only)

Mallya, G. K., White, K., Waternaux, C., & Quay, S. (1992). Short- and long-term treatment of obsessive-compulsive disorder with fluvoxamine. Annals of Clinical Psychiatry, 4, 77-80.

**MARCH1998** (Published Data Only)

Wilens, T. E., Biederman, J., March, J. S., Wolkow, R., Fine, C. S., Millstein, R. B. et al. (1999). Absence of cardiovascular adverse effects of sertraline in children and adolescents. Journal of the American Academy of Child & Adolescent Psychiatry., 38, 573-577.

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**MILANFRANCHI1997** (Published Data Only)

Milanfranchi, A., Ravagli, S., Lensi, P., Marazziti, D., & Cassano, G. B. (1997). A double-blind study of fluvoxamine and clomipramine in the treatment of obsessive-compulsive disorder. International Clinical Psychopharmacology., 12, 131-136.

**MONTGOMERY1993** (Published Data Only)

Montgomery, S. A., McIntyre, A., Osterheider, M., Sarteschi, P., Zitterl, W., Zohar, J. et al. (1993). A double-blind, placebo-controlled study of fluoxetine in patients with DSM-III-R obsessive-compulsive disorder. European Neuropsychopharmacology, 3, 143-152.

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**MUNDO1997A** (Published Data Only)

Mundo, E., Bianchi, L., & Bellodi, L. (1997). Efficacy of fluvoxamine, paroxetine, and citalopram in the treatment of obsessive-compulsive disorder: a single-blind study. Journal of Clinical Psychopharmacology., 17, 267-271.

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Perse, T. L., Greist, J. H., Jefferson, J. W., Rosenfeld, R., & Dar, R. (1987). Fluvoxamine treatment of obsessive-compulsive disorder. American Journal of Psychiatry., 144, 1543-1548.

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Phillips, K. A., Albertini, R. S., & Rasmussen, S. A. (2002). A randomized placebo-controlled trial of fluoxetine in body dysmorphic disorder.[comment]. Archives of General Psychiatry, 59, 381-388.

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Riddle, M. A., Scahill, L., King, R. A., Hardin, M. T., Anderson, G. M., Ort, S. I. et al. (1992). Double-blind, crossover trial of fluoxetine and placebo in children and adolescents with obsessive-compulsive disorder. Journal of the American Academy of Child & Adolescent Psychiatry., 31, 1062-1069.

**RIDDLE2001** (Published Data Only)

Riddle, M. A., Reeve, E. A., Yaryura-Tobias, J. A., Yang, H. M., Claghorn, J. L., Gaffney, G. et al. (2001). Fluvoxamine for children and adolescents with obsessive-compulsive disorder: a randomized, controlled, multicenter trial. Journal of the American Academy of Child & Adolescent Psychiatry., 40, 222-229.

**ROMANO2001** (Published Data Only)

Romano, S., Goodman, W., Tamura, R., & Gonzales, J. (2001). Long-term treatment of obsessive-compulsive disorder after an acute response: a comparison of fluoxetine versus placebo. Journal of Clinical Psychopharmacology., 21, 46-52.

**SMERALDI1992** (Published Data Only)

Smeraldi, E., Erzegovesi, S., Bianchi, I., & Pasquali, L. (1992). Fluvoxamine vs clomipramine treatment in obsessive-compulsive disorder: A preliminary study. New Trends in Experimental & Clinical Psychiatry, 8, 63-65.

**ZOHAR1996A** (Published Data Only)

Zohar, J. & Judge, R. (1996). Paroxetine versus clomipramine in the treatment of obsessive-compulsive disorder. OCD Paroxetine Study Investigators. British Journal of Psychiatry., 169, 468-474.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.05 SNRIs

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **ALBERT2002**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), allocation to venlafaxine or clomipramine on a 1:2 ratio<br>Blindness: Single blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: Italy; Analysis: ITT<br>Info on Screening Process: Not reported | N= 73<br>Age: Mean 30<br>Sex: 35 males 38 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: OCD duration<1 year, Y-BOCS<16, HRSD-17>14, current diagnosis of MDD, currently or previously treated with SSRIs<br>Notes: OCD duration: 5.15 years, baseline Y-BOCS 25.4 | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: total<br>Leaving study early due to adverse events<br>Adverse events<br>Responder (OCD/BDD)<br>Leaving study early | **Group 1 N= 47**<br>Clomipramine - 50mg/d, increased to minimum 150mg/d, upto a maximum of 225mg/d; mean daily dose (in completers) 168.1+-28.9mg<br>**Group 2 N= 26**<br>Venlafaxine - 25mg tid, increased to 75mg tid, upto a maximum of 350mg; mean daily dose (in completers) 265+-52.5mg | Responders: improvement from baseline in YBOCS score of 35% or more and a CGI score equal to or less than 2 |
| **DENYS2003A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: Netherlands, Analysis: ITT<br>Info on Screening Process: Not reported | N= 150<br>Age:<br>Sex:<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <18 and >65 years, Y-BOCS<18, HRSD-17>14; primary diagnosis of MDD or any other psychotic disorder, use of antidepressants or antipsychotics 1 month before screening<br>Notes: mean OCD duration 15 years; baseline Y-BOCS 26.1, baseline HRSD 8.1, comorbid mood disorders n=32, comorbid anxiety disorders n=16, other comorbid axis 1 disorders n=12, comorbid axis II disorders n=45 | **Data Used**<br>Hamilton Rating Scale for Anxiety<br>Leaving study early due to adverse events<br>Leaving study early<br>Responder (OCD/BDD)<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: total | **Group 1 N= 75**<br>Paroxetine - Fixed dosing schedule: 15mg/d wk1-2, 30mg/d wk 3-4, 45mg/d wk 5-6, 60mg/d wk 7-12<br>**Group 2 N= 75**<br>Venlafaxine XR - Fixed dosing schedule: 75mg/d wk1-2, 150mg/d wk3-4, 225mg/d wk5-6, 300mg/d wk7-12 | Response: Y-BOCS>=35% reduction; Global subjective QoL data - completer analysis |

References of Included Studies

**ALBERT2002** (Published Data Only)

Albert, U., Aguglia, E., Maina, G., & Bogetto, F. (2002). Venlafaxine versus clomipramine in the treatment of obsessive-compulsive disorder: a preliminary single-blind, 12-week, controlled study. Journal of Clinical Psychiatry, 63, 1004-1009.

**DENYS2003A** (Published Data Only)

Denys, D., van der Wee, N., van Megen, H. J. G. M., & Westenberg, H. G. M. (2003). A double blind comparison of venlafaxine and paroxetine in obsessive-compulsive disorder. Journal of Clinical Psychopharmacology, 23, 568-575.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.06 MAOIs

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **INSEL1983B**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 2weeks washout+4 weeks placebo+6 weeks drug A+4 weeks placebo +6 weeks drug B+4 weeks placebo<br>Blindness: Double blind<br>Duration (days):<br>Followup: 6 weeks<br>Setting: Outpatient (n=7), inpatient (n=6)<br>Notes: Country of study: US; Analysis:<br>Info on Screening Process: 24 screened, 3 excluded on diagnostic grounds, 8 did not reach active drug trial due to medical abnormalities, no longer met inclusion criteria or conditions deteriorated during washout phase | N= 13<br>Age: Mean 32 Range 19-57<br>Sex: 8 males 5 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: OCD duration<1 year, aged >17 years, primary depression or schizophrenia, major medical illness or history of leukotomy or other neurosurgery<br>Notes: Mean duration of illness 6.4 years (range 1.5-13 years) | **Data Used**<br>Beck Depression Inventory<br>Profile of Moods scale<br>Leyton Obsessional Inventory: trait<br>Leyton Obsessional Inventory: resistance<br>Leyton Obsessional Inventory: interference<br>Hamilton Rating Scale for Depression<br>NIMH Global Depression Scale<br>NIMH Global Anxiety Scale<br>NIMH Global OCD Scale<br>Obsessive-Compulsive Rating Scale<br>Comprehensive Psychopathological Rating Scale: OC | **Group 1 N= 12**<br>Clomipramine - Initial dose 100mg/d, increased to 300mg/d as tolerated. Protocol later changed to initial dose 50mg/d, with 50mg increments every two days to 300mg/d as tolerated<br>**Group 2 N= 11**<br>Clorgyline - Patients were given 30mg/d from the first day | Data not extractable before the point of cross-over |
| **JENIKE1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: No mention<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 64<br>Age: Mean 35<br>Sex: 36 males 28 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged<18 years, OCD duration<1 year, NIMH-OC<7, DSM Major depression, HRSD>17<br>Notes: OCD duration not reported; baseline Y-BOCS 19; baseline NIMH-OC 7.7 | **Data Used**<br>Clinical Global Impressions<br>OCD Scale (CPRS)<br>Leaving study early<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: total | **Group 1 N= 23**<br>Fluoxetine - Subjects titrated to 80mg/day by week 3; mean maxiumum dose 77.9mg/day<br>**Group 2 N= 20**<br>Phenelzine - Subjects titrated to 60mg/day by week 3; all patients achieved maximum dose<br>**Group 3 N= 21**<br>Placebo | |
| **VALLEJO1992**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: UK; Analysis: completer<br>Info on Screening Process: 42, 12 excluded due to pregnancy, under age, psychopathy, schizophrenia, hysteria, anankastic depression, refusal to give signed informed consent | N= 30<br>Age: Mean 32<br>Sex: 12 males 14 females<br>Diagnosis:<br>OCD by DSM-III<br>31% MDD<br>Exclusions: Aged <18 and >65 years, OCD duration <2 years, primary depression, other psychoses, physical illness, organic brain pathology, pregnant or breast-feeding<br>Notes: OCD duration 17 years | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Maudsley Obsessive-Compulsive Inventory | **Group 1 N= 14**<br>Phenelzine - 45mg/d weeks 1&2, 60mg/d weeks 3 & 4, 75mg/d weeks 5-12<br>**Group 2 N= 16**<br>Clomipramine - 75mg/d weeks 1&2, 150mg/d weeks 3 & 4, 225mg/d weeks 5-12 | |

References of Included Studies

**INSEL1983B** (Published Data Only)

Insel, T. R., Murphy, D. L., Cohen, R. M., Alterman, I., Kilts, C., & Linnoila, M. (1983). Obsessive-compulsive disorder. A double-blind trial of clomipramine and clorgyline. Archives of General Psychiatry., 40, 605-612.

**JENIKE1997** (Published Data Only)

Jenike, M. A., Baer, L., Minichiello, W. E., Rauch, S. L., & Buttolph, M. L. (1997). Placebo-controlled trial of fluoxetine and phenelzine for obsessive- compulsive disorder. American Journal of Psychiatry, 154, 1261-1264.

**VALLEJO1992** (Published Data Only)

Vallejo, J., Olivares, J., Marcos, T., Bulbena, A., & Menchon, J. M. (1992). Clomipramine versus phenelzine in obsessive-compulsive disorder. A controlled clinical trial. British Journal of Psychiatry., 161, 665-670.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.07 Anxiolytics

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **HOLLANDER2003C**<br>Study Type: RCT<br>Study Description: Allocation: random (2/3rds assigned to clonazepam)<br>Duration of study: 10 weeks<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatients recruited through physician referral, 1993-1995<br>Notes: Country of study: US<br>Info on Screening Process: 27 screened and entered into double-blind treatment | N= 27<br>Age: Mean 38<br>Sex: 18 males 9 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: 1: DSM-III-R diagnoses of psychotic disorders (other than delusional disorder, somatic type), major depression with psychosis, bipolar disorder or organic mental disorder; 2: current substance abuse; 3: current suicidal ideation; 4: Patients with major depression taking antidepressants and not in full remission for at least 3 months; 5: pregnancy and/or breast feeding; 6: intolerance to tapering or discontinuation of other medications; 7: history of major medical disorders (e.g., current seizure disorder, cardiovascular, hepatic, renal, gastrointestinal, pulmonary, metabolic, endocrine, haematologic or other systemic diseases).<br>Notes: Sample included both treatment naïve and treatment resistant patients with OCD (resistance = failure of 2 or more trials with SRIs at adequate dose range for at least 12 weeks of therapy). | **Data Used**<br>NIMH-OC<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Yale-Brown Obsessive-Compulsive Scale: total<br>Leaving study early due to adverse events<br>Responder (OCD/BDD)<br>Leaving study early | **Group 1 N= 17**<br>Clonazepam - Medication was dispensed 3 times a day according to a pre-arranged dosage schedule (3-6mg/day). Dosage levels were fixed during weeks 1-3 (1 mg at mid-day for week 1, 1mg BID for week 2, and 1mg TID for week 3) and flexible during weeks 4-10.<br>**Group 2 N= 10**<br>Placebo | |
| **PATO1991**<br>Study Type: Cross-over<br>Study Description: Cross-over after 6 weeks of active drug treatment.<br>Blindness: Double blind<br>Duration (days):<br>Notes: Country of study: US<br>Mean (SD) doses were 225(49) mg/day for clomipramine and 58 (7) mg/day for buspirone. | N= 20<br>Age: Mean 35<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III-R<br>Notes: Patients had experienced obsessive-compulsive symptoms for a minimum of one year. A minimum rating of 4 on the NIMH global OC scale was required for inclusion in the study. | **Data Used**<br>NIMH-OC<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: total<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 9**<br>Clomipramine - Each patient's dose was increased to the maximum that could be tolerated, up to 250mg/day. Patients achieved the maximum doses by day 14 and were maintained on these for the remaining 4 weeks of of the 6-week phase.<br>**Group 2 N= 9**<br>Buspirone - Each patient's dose was increased to the maximum that coould be tolerated, up to 60mg/day. Patients achieved the maximum doses by day 14 and were maintained on these for the remaining 4 weeks of the 6-week phase. | |

References of Included Studies

**HOLLANDER2003C** (Published Data Only)

Hollander, E., Kaplan, A., & Stahl, S. M. (2003). A double-blind, placebo-controlled trial of clonazepam in obsessive-compulsive disorder. World Journal of Biological Psychiatry., 4, 30-34.

**PATO1991** (Published Data Only)

Pato, M. T., Pigott, T. A., Hill, J. L., Grover, G. N., Bernstein, S., & Murphy, D. L. (1991). Controlled comparison of buspirone and clomipramine in obsessive-compulsive disorder. American Journal of Psychiatry., 148, 127-129.

# Characteristics Table and Reference List for the ReferenceID's Included in The Clinical Question: 1.09 Other pharmacological interventions

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **DENBOER1992**<br>Study Type: RCT<br>Study Description: A double-blind, placebo-controlled study with syntocinon (oxytocin) was carried out in 12 patients with OCD.<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient anxiety clinic of the department of Biological Psychiatry, Academic Hospital Utrecht, The Netherlands.<br>Info on Screening Process: 12 patients entered the study. | N= 12<br>Age:<br>Sex: 3 males 9 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Patients with a score of 15 or more on the 17-item Hamilton Rating Scale for Depression, major affective disorder, schizophrenia, and other psychotic disorders, and those suffering from significant medical problems on the basis of a complete medical evaluation. Only those patients who used small amounts of benzodiazepines (e.g., oxazepam 30mg daily) were elected to participate in the study. People who were treated with antidepressants were excluded from the study. No behavior therapy was given during the study. All patients underwent behavior therapy before inclusion in the study, but only those who stopped therapy more than 6 months before the study were included.<br>Notes: OCD with a minimum duration of 1 year. Oxytocin group: mean age (SD) = 39.8 (7.5), mean duration of illness (SD) = 13.8 (10.8). Placebo group: mean age (SD) = 39.8 (8.9), mean duration of illness (SD) = 14.2 (10.6)). | **Data Used**<br>General Symptom Index<br>State-Anxiety Inventory<br>Self-Rating Depression Scale<br>Hamilton Rating Scale for Anxiety<br>Hamilton Rating Scale for Depression<br>Adverse events<br>Leaving study early | **Group 1 N= 6**<br>Oxytocin - Patients were treated for 6 weeks. Following a wash-out period of 1 week, oxytocin was administered intranasally (one squeeze in each nostril, 4 times a day). The solution contained 40 IU/ml oxytocin and one squeeze delivered about 22 IU oxytocin.<br>**Group 2 N= 6**<br>Placebo - Patients were treated for 6 weeks. Following a wash-out period of 1 week, placebo was administered intranasally (one squeeze in each nostril, 4 times a day). | |
| **EPPERSON1996**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 7 days in each treatment phase separated by 7-day placebo washout<br>Blindness: Double blind<br>Duration (days):<br>Notes: Country of study: US; Analysis: ITT | N= 7<br>Age: Mean 46<br>Sex: 4 males 3 females<br>Diagnosis:<br>OCD by DSM-IV<br>100% MDD by DSM-IV<br>Notes: Mean age of OCD onset 18.7+-3.7 years; contamination concerns and cleaning rituals were the primary symptoms, one patient was a hoarder, all had comorbid major depression, 1 one dependent personality disorder, 1 had Tourette's syndrome | **Data Used**<br>Beck Depression Inventory<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 7**<br>Oxytocin - Patients received intranasal oxytocin 40 IU/mL for 1 week<br>**Group 2 N= 7**<br>Placebo - Patients received saline placebo for 1 week | |
| **FUX1996**<br>Study Type: Cross-over<br>Study Description: Double-blind, controlled cross-over trial of 18g/day of inositol or placebo for 6 weeks each.<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported.<br>Notes: No washout period between the phases of the cross-over.<br>Info on Screening Process: 15 patients entered the trial, 13 included in the data analysis. | N= 13<br>Age: Mean 34 Range 23-56<br>Sex: 5 males 8 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Notes: Mean duration of illness was 8.1 years (SD=5, range=1-17). | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>**Data Not Used**<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>Hamilton Rating Scale for Anxiety - no pre-cross-over data | **Group 1 N= 7**<br>Inositol - Dose of inositol (1g/day) was given as 2 teaspoonfuls in juice 3 times daily. Only lorazepam, up to 2mg/day, was allowed in addition to the study drug.<br>**Group 2 N= 6**<br>Placebo - Placebo was glucose. | |

References of Included Studies

**DENBOER1992** (Published Data Only)

Den Boer, J. A. & Westenberg, H. G. (1992). Oxytocin in obsessive compulsive disorder. Peptides, 13, 1083-1085.

**EPPERSON1996** (Published Data Only)

Epperson, C. N., McDougle, C. J., & Price, L. H. (1996). Intranasal oxytocin in obsessive-compulsive disorder. Biological Psychiatry., 40, 547-549.

**FUX1996** (Published Data Only)

Fux, M., Levine, J., Aviv, A., & Belmaker, R. H. (1996). Inositol treatment of obsessive-compulsive disorder. American Journal of Psychiatry., 153, 1219-1221.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.10 Augmentation

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **ATMACA2002**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Study duration: 3 month open-label screening with SRI + 8 weeks double-blind<br>Blindness: Single blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Turkey; Analysis: ITT<br>Info on Screening Process: 52 entered open-label phase, 19 responded, 4 dropped out due to treatment incompliance, 2 due to intolerance | N= 27<br>Age: Mean 28<br>Sex: 14 males 13 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Included patients applying to University between Sept and Dec 2000, had received at least 1 adequate SRI trial prior to open-label phase<br>Excluded OCD with psychotic features, study drug intolerance during open-label phase, Y-BOCS<18, patient had improved enough as agreed by authors, CGI-I>minimal improvement<br>Notes: OCD age of onset: 22 years, baseline Y-BOCS: 24; comorbid disorders: major depression (8), social phobia (2), hypochondriasis (2), panic disorder (2) | **Data Used**<br>Responders (30% Y-BOCS)<br>Clinical Global Impressions: severity of illness<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early<br>Adverse events | **Group 1 N= 14**<br>SRI + Quetiapine - Quetiapine 50mg/d added to SRI and increased by a 25mg/d in each 2 week period based on response and side-effects to maximum 200mg/d; mean final dose 90.38mg/d +-42.7; fluoxetine 40mg/d n=5; fluvoxamine 200mg/d n=5; clomipramine 150mg/d n=4<br>**Group 2 N= 13**<br>SRI + Placebo - fluoxetine 40mg/d n=5; fluvoxamine 200mg/d n=4; clomipramine 150mg/d n=4 | |
| **BARR1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Study duration: 6 weeks, and 10 weeks in a subgroup who joined the study later<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: Completer (those completing 10-week study duration)<br>Info on Screening Process: 33 randomised, 3 dropped out within first 3 weeks due to adverse effects, 30 completed 6 weeks, 23 completed 10 weeks | N= 30<br>Age: Mean 38<br>Sex: 17 males 13 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: OCD duration<2 years, had received SSRI for <10 weeks before start of study, Y-BOCS<16, CGI>minimally improved<br>Notes: Baseline Y-BOCS 25; 3 patients were receiving low-dose benzodiazepines, 3 were receiving behaviour therapy<br>Study duration originally 6 wks, but in 25 patients enrolling into study later, duration continued to 10 weeks - data extracted for this subgroup | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 10**<br>SSRI + Desipramine - The daily dose of desipramine was adjusted weekly in order to obtain a plasma desipramine level greater than 125ng/ml; mean final dose 150.9mg/d +-69.7<br>**Group 2 N= 13**<br>SSRI + Placebo | |

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| **DANNON2000**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Study duration: Minimum 15-wk open-label paroxetine 60mg/d, non-responders (Y-BOCS<25% reduction) 6-wk d-blind phase<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Israel, Analysis: completer<br>Info on Screening Process: 23 entered open-label phase & 16 d-blind phase, 3 drop-outs due to lack of compliance, 4 responded to open-label treatment, 2 drop-outs in d-blind phase due to adverse effects | N= 14<br>Age: Mean 34<br>Sex: 8 males 6 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged<18 and >72 years, response to open-label paroxetine (Y-BOCS>=25% reduction), other primary psychiatric diagnosis, major medical problems, pregnancy, substance or alcohol abuse, contraindication to beta-blocker treatment<br>Notes: Mean OCD duration of episode 7.5 months, mean baseline Y-BOCS 30; baseline MADRS 16.4; baseline HAMS-ANX 12.5 | **Data Used**<br>Hamilton Rating Scale for Anxiety<br>Montgomery-Asberg Depression Rating Scale<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 16**<br>Paroxetine + Pindolol - Pindolol 2.5mg tid + Paroxetine 60mg/d<br>**Group 2 N= 16**<br>Paroxetine + Placebo - Placebo + Paroxetine 60mg/d | |
| **FUX1999**<br>Study Type: Cross-over<br>Study Description: Allocation: random<br>Duration of study: 6 weeks in each treatment; data extractable at point of cross-over<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Israel; Analysis: completer<br>Info on Screening Process: 13 recruited, 3 dropped out after baseline assessment | N= 10<br>Age: Mean 30<br>Sex: 2 males 8 females<br>Diagnosis:<br>Exclusions: Inclusion: were clinically stable and on stable doses of SRI for at least 8 weeks,<br>Notes: Mean duration of illness 11.1 +-6 years; mean baseline Y-BOCS 27.6 +-5.83 | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 6**<br>SRI + Inositol - Inositol 18g/d + fluoxetine (40-60mg), fluvoxamine (200-250mg) or clomipramine (150-225mg)<br>**Group 2 N= 5**<br>SRI + Placebo - fluoxetine (40-60mg), fluvoxamine (200-250mg) or clomipramine (150-225mg) | |
| **GRADY1993**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details), both patients & assessors not informed of treatment order or duration<br>Study duration: 8 wks(4 wks in each treatment)<br>Blindness: Double blind<br>Duration (days):<br>Notes: Country of study: US; Analysis: completer | N= 14<br>Age: Mean 39<br>Sex: 7 males 7 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Had not been maintained with stable doses of 80mg/d fluoxetine for 10 weeks, OCD duration <1 year<br>Notes: Mean baseline Y-BOCS 17.7; patients were maintained with same dose of open-label fluoxetine throughout study | **Data Used**<br>NIMH Global Anxiety Scale<br>Hamilton Rating Scale for Depression<br>NIMH Obsessive Compulsive Rating<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 14**<br>Buspirone - Dose increased over 2 weeks, and all patients reached stable dose of 60mg/d during the final two weeks<br>**Group 2 N= 14**<br>Placebo | Data not extractable at the point of cross-over |

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| **HOLLANDER2003E**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), raters were blind to drug condition<br>Duration of study:8 weeks<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 16<br>Age: Mean 40<br>Sex: 9 males 7 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: OCD duration<2 years, major medical illness, history of schizophrenia, schizoaffective disorder or bipolar disorder<br>Included patients who were treatment-resistant: non-response (CGI>=3) to at least two SRI trials, taking SRI medication for >=12 weeks<br>Notes: mean OCD duration 22.65 years; mean baseline Y-BOCS 29.27 | **Data Used**<br>Adverse events<br>Responders (CGI; 25% Y-BOCS)<br>Leaving study early<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 10**<br>SRI + Risperidone - Initial risperidone dose 0.5mg/d, increased weekly by 0.5mg over first 6 weeks until 3mg/d was reached or reported side-effects. Mean final dose 2.25+-0.86mg/d<br>**Group 2 N= 6**<br>SRI + Placebo - Initial dose 0.5mg/d, increased weekly by 0.5mg over first 6 weeks until 3mg/d was reached or reported side-effects. Mean final dose 2.75+-0.5mg/d | Response: CGI "much improved" or "very much improved" and Y-BOCS>=25% reduction |
| **MCDOUGLE1991**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); patients, treating staff and raters were blind to treatment<br>Study 1 duration: 2 weeks<br>Study 2 duration: 4 weeks<br>Blindness: Double blind<br>Duration (days):<br>Setting: 22 outpatient, 8 inpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 74 completed 2-week placebo and minimum 6- or 7-week single-blind fluvoxamine, 44 were not considered treatment refractory | N= 30<br>Age: Mean 35<br>Sex: 11 males 19 females<br>Diagnosis:<br>OCD by DSM-III-R<br>50% MDD by DSM-III-R<br>Exclusions: Following fluvoxamine alone treatment, Y-BOCS>=35% reduction or Y-BOCS<16, CGI>minimal improvement, and consensus of clinician of improvement; MDD primary to OCD<br>Notes: OCD duration: not reported; mean baseline Y-BOCS 25.4 | **Data Used**<br>Responder (OCD/BDD)<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 16**<br>SSRI + Lithium - Initial Li dose 900mg/d, dosage adjusted to keep serum level between 0.5&1.2mmol/l, same fluvoxamine dose as during s-blind treatment<br>Study 1: mean fluvox 286+-23.4mg/d; mean Li 954.5+-180.9mg/d<br>Study 2: 300mg/d fluvox; mean serum Li 0.79 +- 0.23 mmol/l<br>**Group 2 N= 14**<br>SSRI + Placebo - Study 1: mean fluvoxamine dose 277.8+-44.1mg/d<br>Study 2: all received 300mg/d fluvoxamine | |
| **MCDOUGLE1993A**<br>Study Type: RCT<br>Study Description: Allocation:random (no details)<br>Study duration: 1 week placebo, 8 weeks fluvoxamine single-blind, 6 weeks fluvoxamine+buspirone double-blind<br>Blindness: Double blind<br>Duration (days):<br>Setting: Inpatients and outpatients<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 50 entered single-blind phase, 17 were not considered treatment refractory | N= 33<br>Age:<br>Sex: 16 males 17 females<br>Diagnosis:<br>Exclusions: Following fluvoxamine alone treatment, Y-BOCS>=35% reduction or Y-BOCS<16, CGI>minimal improvement, and consensus of primary investigators of improvement<br>Notes: OCD duration: not reported; mean baseline Y-BOCS 25.5 | **Data Used**<br>Responder (OCD/BDD)<br>Hamilton Rating Scale for Anxiety<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 19**<br>SSRI + Buspirone - Initial buspirone dose 15mg/d, increased by 15mg/d to maxiumum 60mg/d depending on clinical response and side effects; mean fluvoxamine dose 278.9+-38.4<br>**Group 2 N= 14**<br>SSRI + Placebo - Mean fluvoxamine dose 296.4mg/d+-13.4 | |

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| **MCDOUGLE1994A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Study duration: 1week placebo, 8 weeks d-blind fluvoxamine alone, 4 week d-blind fluvoxamine+haloperidol<br>Blindness: Double blind<br>Duration (days):<br>Setting: 9 inpatient, 25 outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: 62 entered fluvoxamine alone treatment phase,16 responded to fluvoxamine alone, 7 had side effects, 4 non-compliant, one had exacerbation of motor tics | N= 34<br>Age: Mean 35<br>Sex: 26 males 8 females<br>Diagnosis:<br>OCD by DSM-III-R<br>47% MDD by DSM-III-R<br>24% Tourette's syndrome by Schedule for Tourette+other Behavioural Syndromes<br>21% Chronic motor tic disorder by Schedule for Tourette+other Behavioural Syndromes<br>Exclusions: Not refractory to fluvoxamine alone treatment; primary MDD; primary tic disorder<br>Inclusion criterion for refractoriness: Y-BOCS<35% reduction or Y-BOCS>=16; CGI<=minimal improvement; consensus of treating clinicans<br>Notes: Mean OCD duration 19.4 years, mean baseline Y-BOCS 25.2; OCD patients with comorbid Tic disorder were specifically sought from the community | **Data Used**<br>Responder (OCD/BDD)<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 17**<br>SSRI + Haloperidol - Haloperidol 2mg/d for 3 days, increased by 2mg every 3 days to a maximum of 10mg/d + 300mg fluvoxamine; mean haloperidol dose 6.2mg/d+-3<br>**Group 2 N= 17**<br>SSRI + Placebo - Mean fluvoxamine dose before augmentation phase 282.4mg/d+-49.8 | Response: Y-BOCS>=35% reduction; CGI "much improved" or "very much improved"; consensus of improvement between treating clinician and primary investigators |
| **MCDOUGLE2000A**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated list)<br>Study duration: 1 week placebo + 12 weeks open-label SRI + 6 weeks d-blind SRI + risperidone<br>Blindness: Double blind<br>Duration (days):<br>Setting: 9 inpatients, 27 outpatients<br>Notes: Country of study: US; Analysis: ITT (Y-BOCS scores) and per protocol (HAM-D and HAM-A scores)<br>Info on Screening Process: 70 entered open-label SRI treatment phase, 34 excluded: 23 responded to SRI treatment, 7 had adverse effects to SRI, 4 were non-compliant | N= 36<br>Age: Mean 37<br>Sex: 21 males 15 females<br>Diagnosis:<br>OCD by DSM-IV<br>83% MDD by DSM-IV<br>14% Chronic motor tic disorder by Schedule for Tourette+other Behavioural Syndromes<br>19% Tourette's syndrome by DSM-IV<br>Exclusions: Not refractory to fluvoxamine alone treatment; medical or cardiac problems, pregnant, were receiving psychotropic medications within 4 weeks of study<br>Inclusion criterion for refractoriness: Y-BOCS<35% reduction or Y-BOCS>=16; CGI<=minimal improvement; consensus of treating clinicans<br>Notes: OCD duration: 17.44 years; baseline Y-BOCS 27.6 | **Data Used**<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Adverse events<br>Responder (OCD/BDD)<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 20**<br>SRI + Risperidone - Risperidone 1mg/d for 7 days, increased by 1mg per week to maximum of 6mg/d + SRI; mean risperidone dose 2.2mg/d; SRI dose: CMI 250mg/d, Fluvox 300mg/d, Fluox 80mg/d, Sert 150mg/d, Par 40mg/d<br>**Group 2 N= 16**<br>SRI + Placebo - Mean CMI 212.5+-47.87, Fluvoxamine 300mg/d+-0, Fluoxetine 60mg/d+-20, Sertraline 200mg/d+-0 | |
| **MUNDO1998**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 8 weeks<br>Blindness: Double blind<br>Duration (days):<br>Notes: Country of study: Italy | N= 15<br>Age: Mean 26<br>Sex: 7 males 9 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Comorbid diagnoses except for Tic Disorder or Tourette Syndrome, previous unsuccessful trial with fluvoxamine, HAM-D scores > 17, severe medical illness, history of seizures, respiratory diseases or dysrhythmias, pregnancy, lactation or history of allergy or intolerance to study drugs<br>Notes: Duration of illness 9 years | **Data Not Used**<br>Hamilton Rating Scale for Depression - no dat<br>NIMH-OC - no data<br>Yale-Brown Obsessive-Compulsive Scale: total - no data | **Group 1 N= 7**<br>Placebo - Fluvoxamine + placebo<br>**Group 2 N= 8**<br>Pindolol - Fluvoxamine + pindolol: Fluvoxamine - days 1-3 100mg/d, days 4-7 200mg/d, day 8 onwards 300mg/d; Pindolol - day 1 2.5mg/d, day 2 2.5mg/d b.i.d, day 3 onwards 2.5mg/d t.i.d | |

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| **NOORBALA1998**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Outpatient<br>Notes: Country of study: Iran; Analysis: per protocol<br>Info on Screening Process: 34, 4 dropped out due to non-compliance | N= 34<br>Age: Mean 32 Range 18-54<br>Sex: 31 males 3 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Y-BOCS<18, OCD duration<1 year, HRSD>19, HRSD item 1>2, other psychiatric diagnosis within 1 year of study, pregnant or lactating, unstable medical disorders such as cardiovascular, hepatic, renal illnesses<br>Notes: Baseline Y-BOCS 33.19 | **Data Used**<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 15**<br>Clomipramine + Nortriptyline - 150mg/d clomipramine + 50mg/d nortriptyline<br>**Group 2 N= 15**<br>Clomipramine + placebo - 150mg/d clomipramine + placebo | |
| **PALLANTI1999**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Open<br>Duration (days):<br>Followup: 90 days<br>Setting: Outpatient<br>Notes: Country of study: Italy; Analysis: ITT<br>Info on Screening Process: Not reported | N= 16<br>Age: Mean 25<br>Sex: 10 males 6 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 and >45 years; OCD duration<1 year; Y-BOCS<25, any other axis I disorder, a medical disorder that would contraindicate with clomipramine<br>Notes: Included patients who had failed an adequate trial of clomipramine and of fluoxetine, failure defined as Y-BOCS<35% reduction and CGI - minimal improvement; baseline Y-BOCS 33.2; baseline HRSD 12.6 | **Data Used**<br>Responders (35% Y-BOCS)<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 7**<br>Citalopram - 20mg/d initial dose, increase after 2 weeks to 40mg/d<br>**Group 2 N= 9**<br>Citalopram + Clomipramine - 20mg/d citalopram initial dose, increased after 2 weeks to 40mg/d; 25mg/d clomipramine initial dose, increased after 2 weeks to 150mg/d | Response: Y-BOCS >=35% reduction |
| **PIGOTT1991**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Duration of study: 8 weeks (4 weeks in each treatment)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 16<br>Age: Mean 39<br>Sex: 8 males 8 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <18 and >65 years, less than partial response to CMI based on Y-BOCS and NIMH Global OC scores, history of drug abuse or addiction, significant renal, hepatic, metabolic, or neurologic abnormalities<br>Notes: Mean duration of illness 19+-8 years, duration of CMI treatment 30+-4 weeks, mean daily dose CMI 185+-50mg/d, baseline Y-BOCS 17+-5; patients were maintained on same dose of open-lable CMI throughout study | **Data Not Used**<br>NIMH Obsessive Compulsive Rating - no pre-cross-over data<br>Hamilton Rating Scale for Depression - no pre cross-over data<br>Yale-Brown Obsessive-Compulsive Scale: total - no pre-cross-over data | **Group 1 N= 16**<br>Lithium carbonate - Initial dose 300mg/d, 300mg/d increments every 3 days, to maximum 1500mg/d in three divided doses per day, mean daily dose 1034+-153mg/d<br>**Group 2 N= 16**<br>Thyroid hormone - Fixed dose of 25micrograms/d administered in two divided doses per day | |

| SHAPIRA2004 | | | | |
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| Study Type: RCT<br>Study Description: Allocation: random (no details). Study duration: 6-week, double-blind augmentation phase following 8-week, open-label monotherapy phase.<br>Blindness: Double blind<br>Duration (days):<br>Setting: No details.<br>Notes: Country of study: US. Analysis: ITT/LOCF.<br>Info on Screening Process: 74 treated with open-label fluoxetine; 44 were partial or non-responders after 8 weeks and enrolled in augmentation phase. | N= 44<br>Age: Mean 37<br>Sex: 18 males 26 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Primary depression, schizophrenia or other psychotic disorders; active bipolar disorder; abuse of alcohol or other significant substance within 6 months; increased risk of seizures or history of neurosurgery, encephalitis or significant head trauma; significant medical condition such as heart, liver or renal disease.<br>Notes: Inclusion: subjects age 14-70, at least 1-year duration of a current DSM-IV principal diagnosis of OCD plus definition of OCD by a rating of "moderate" or greater on the global severity item of CGI and Y-BOCS score of 19 or greater. | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Responders (25% Y-BOCS)<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 22**<br>Fluoxetine + Olanzapine - Olanzapine was initiated at 5mg daily and titrated upward to a maximum of 10mg as early as the second week.<br>**Group 2 N= 22**<br>Fluoxetine + Placebo - Up to 40mg fluoxetine. | Responders: 25% or greater improvement in Y-BOCS scores from augmentation baseline to end of treatment. |

References of Included Studies


**ATMACA2002** (Published Data Only)

Atmaca, M., Kuloglu, M., Tezcan, E., & Gecici, O. (2002). Quetiapine augmentation in patients with treatment resistant obsessive-compulsive disorder: a single-blind, placebo-controlled study. International Clinical Psychopharmacology., 17, 115-119.

**BARR1997** (Published Data Only)

Barr, L. C., Goodman, W. K., Anand, A., McDougle, C. J., & Price, L. H. (1997). Addition of desipramine to serotonin reuptake inhibitors in treatment-resistant obsessive-compulsive disorder. American Journal of Psychiatry., 154, 1293-1295.

**DANNON2000** (Published Data Only)

Dannon, P. N., Sasson, Y., Hirschmann, S., Iancu, I., Grunhaus, L. J., & Zohar, J. (2000). Pindolol augmentation in treatment-resistant obsessive compulsive disorder: a double-blind placebo controlled trial. European Neuropsychopharmacology., 10, 165-169.

**FUX1999** (Published Data Only)

Fux, M., Benjamin, J., & Belmaker, R. H. (1999). Inositol versus placebo augmentation of serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder: A double-blind cross-over study. International Journal of Neuropsychopharmacology, 2, 193-195.

**GRADY1993** (Published Data Only)

Grady, T. A., Pigott, T. A., L'Heureux, F., Hill, J. L., Bernstein, S. E., & Murphy, D. L. (1993). Double-blind study of adjuvant buspirone for fluoxetine-treated patients with obsessive-compulsive disorder. American Journal of Psychiatry., 150, 819-821.

**HOLLANDER2003E** (Published Data Only)

Hollander, E., Rossi, N. B., Sood, E., & Pallanti, S. (2003). Risperidone augmentation in treatment-resistant obsessive-compulsive disorder: a double-blind, placebo-controlled study. International Journal of Neuropsychopharmacology, 6, 397-401.

**MCDOUGLE1991** (Published Data Only)

McDougle, C. J., Price, L. H., Goodman, W. K., Charney, D. S., & Heninger, G. R. (1991). A controlled trial of lithium augmentation in fluvoxamine-refractory obsessive-compulsive disorder: Lack of efficacy. Journal of Clinical Psychopharmacology, 11, 175-184.

**MCDOUGLE1993A** (Published Data Only)

McDougle, C. J., Goodman, W. K., Leckman, J. F., Holzer, J. C., Barr, L. C., McCance-Katz, E. et al. (1993). Limited therapeutic effect of addition of buspirone in fluvoxamine-refractory obsessive-compulsive disorder. American Journal of Psychiatry., 150, 647-649.

**MCDOUGLE1994A** (Published Data Only)

McDougle, C. J., Goodman, W. K., Leckman, J. F., Lee, N. C., Heninger, G. R., & Price, L. H. (1994). Haloperidol addition in fluvoxamine-refractory obsessive-compulsive disorder. A double-blind, placebo-controlled study in patients with and without tics. Archives of General Psychiatry., 51, 302-308.

**MCDOUGLE2000A** (Published Data Only)

McDougle, C. J., Epperson, C. N., Pelton, G. H., Wasylink, S., & Price, L. H. (2000). A double-blind, placebo-controlled study of risperidone addition in serotonin reuptake inhibitor-refractory obsessive-compulsive disorder. Archives of General Psychiatry, 57, 794-801.

**MUNDO1998** (Published Data Only)

Mundo, E., Guglielmo, E., & Bellodi, L. (1998). Effect of adjuvant pindolol on the antiobsessional response to fluvoxamine: a double-blind, placebo-controlled study. International Clinical Psychopharmacology., 13, 219-224.

**NOORBALA1998** (Published Data Only)

Noorbala, A. A., Hosseini, S. H., Mohammadi, M. R., & Akhondzadeh, S. (1998). Combination of clomipramine and nortriptyline in the treatment of obsessive-compulsive disorder: a double-blind, placebo-controlled trial. Journal of Clinical Pharmacy & Therapeutics., 23, 155-159.

**PALLANTI1999** (Published Data Only)

Pallanti, S., Quercioli, L., Paiva, R. S., & Koran, L. M. (1999). Citalopram for treatment-resistant obsessive-compulsive disorder. European Psychiatry: the Journal of the Association of European Psychiatrists., 14, 101-106.

**PIGOTT1991** (Published Data Only)

Pigott, T. A., Pato, M. T., L'Heureux, F., Hill, J. L., Grover, G. N., Bernstein, S. E. et al. (1991). A controlled comparison of adjuvant lithium carbonate or thyroid hormone in clomipramine-treated patients with obsessive-compulsive disorder. Journal of Clinical Psychopharmacology., 11, 242-248.

**SHAPIRA2004** (Published Data Only)

Shapira, N.A., Ward, H.E., Mandoki, M., Murphy, T.K., Yang, M.C.K., Blier, P. & Goodman, W.K. (2004). A double-blind, placebo-controlled trial of olanzapine addition in fluoxetine-refractory obsessive-compulsive disorder. Biological Psychiatry., 553, 553-555.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.13 SRIs vs non-SRIs

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **GOODMAN1990A**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 8 weeks<br>Setting: Outpatients<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 40<br>Age: Mean 38<br>Sex: 19 males 21 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>Exclusions: OCD duration <1 year, CGI-global severity >=moderate; primary depression; MDD primary diagnosis<br>Notes: Patients with current major depression: Fluvoxamine n=14, Desipramine n=13; chronic tics history n=6; patients attended weekly individual psychotherapy (comprised supportive therapy, psychoeducation, relaxation techniques); mean OCD duration 18 years | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 19**<br>Desipramine - 50mg for first 3 days, increased to 150mg by 2nd week, and upto 300mg based on clinical response; mean final dose 223mg/d (+-48)<br>**Group 2 N= 21**<br>Fluvoxamine - 50mg for first 3 days, increased to 150mg by 2nd week, and upto 300mg based on clinical response; mean final dose 214mg/d (+-55) | |
| **HOEHNSARIC2000**<br>Study Type: RCT<br>Study Description: Randomization using a computer-generated randomization scheme<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT; study conducted at 16 sites<br>Info on Screening Process: Not reported | N= 116<br>Age: Mean 38<br>Sex: 66 males 48 females<br>Diagnosis:<br>100% OCD by DSM-III-R<br>100% MDD by DSM-III-R<br>Exclusions: Y-BOCS<20, HRSD-24<18, HRSD-item 1<2, CGI for OCD & MDD<4<br>Notes: OCD duration: 213 mo; MDD duration 24 mo; Y-BOCS baseline 26; HRSD-24 baseline: 27.5 | **Data Used**<br>Responder (OCD/BDD)<br>Responder (MDD)<br>Remission (MDD)<br>Leaving study early due to adverse events<br>Leaving study early<br>Adverse events<br>Hamilton Rating Scale for Depression<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 80**<br>Sertraline - flexible dosage (based on response and side-effects): 50mg/d first 2 weeks, 100mg/d by week 4, 150mg/d at week 4, 200mg/d at week 5; mean final dose 160.1mg/d+-50<br>**Group 2 N= 86**<br>Desipramine - flexible dosage (based on response and side-effects): 50mg/d titrated upto 300mg/d; mean final dose 193.5mg/d+-90 | Response: for OCD: Y-BOCS>=40% reduction, for MDD: HRSD>=50% reduction; MDD remission: HRSD<=17 |
| **JENIKE1997**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Blindness: No mention<br>Duration (days):<br>Followup: 10 weeks<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 64<br>Age: Mean 35<br>Sex: 36 males 28 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged<18 years, OCD duration<1 year, NIMH-OC<7, DSM Major depression, HRSD>17<br>Notes: OCD duration not reported; baseline Y-BOCS 19; baseline NIMH-OC 7.7 | **Data Used**<br>Clinical Global Impressions<br>OCD Scale (CPRS)<br>Leaving study early<br>NIMH-OC<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 23**<br>Fluoxetine - Subjects titrated to 80mg/day by week 3; mean maxiumum dose 77.9mg/day<br>**Group 2 N= 20**<br>Phenelzine - Subjects titrated to 60mg/day by week 3; all patients achieved maximum dose<br>**Group 3 N= 21**<br>Placebo | |

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| **PATO1991**<br>Study Type: Cross-over<br>Study Description: Cross-over after 6 weeks of active drug treatment.<br>Blindness: Double blind<br>Duration (days):<br>Notes: Country of study: US<br>Mean (SD) doses were 225(49) mg/day for clomipramine and 58 (7) mg/day for buspirone. | N= 20<br>Age: Mean 35<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-III-R<br>Notes: Patients had experienced obsessive-compulsive symptoms for a minimum of one year. A minimum rating of 4 on the NIMH global OC scale was required for inclusion in the study. | **Data Used**<br>NIMH-OC<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 9**<br>Clomipramine - Each patient's dose was increased to the maximum that could be tolerated, up to 250mg/day. Patients achieved the maximum doses by day 14 and were maintained on these for the remaining 4 weeks of of the 6-week phase.<br>**Group 2 N= 9**<br>Buspirone - Each patient's dose was increased to the maximum that coould be tolerated, up to 60mg/day. Patients achieved the maximum doses by day 14 and were maintained on these for the remaining 4 weeks of the 6-week phase. | |
| **VALLEJO1992**<br>Study Type: RCT<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: UK; Analysis: completer<br>Info on Screening Process: 42, 12 excluded due to pregnancy, under age, psychopathy, schizophrenia, hysteria, anankastic depression, refusal to give signed informed consent | N= 30<br>Age: Mean 32<br>Sex: 12 males 14 females<br>Diagnosis:<br>OCD by DSM-III<br>31% MDD<br>Exclusions: Aged <18 and >65 years, OCD duration <2 years, primary depression, other psychoses, physical illness, organic brain pathology, pregnant or breast-feeding<br>Notes: OCD duration 17 years | **Data Used**<br>Leaving study early due to adverse events<br>Leaving study early<br>Hamilton Rating Scale for Depression<br>Hamilton Rating Scale for Anxiety<br>Maudsley Obsessive-Compulsive Inventory | **Group 1 N= 14**<br>Phenelzine - 45mg/d weeks 1&2, 60mg/d weeks 3 & 4, 75mg/d weeks 5-12<br>**Group 2 N= 16**<br>Clomipramine - 75mg/d weeks 1&2, 150mg/d weeks 3 & 4, 225mg/d weeks 5-12 | |
| **VOLAVKA1985**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated random numbers in blocks of six patients)<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12<br>Setting: Outpatient<br>Notes: Country of study: US; Analysis:<br>Info on Screening Process: Not reported | N= 23<br>Age: Mean 30 Range 19-54<br>Sex: 11 males 12 females<br>Diagnosis:<br>OCD<br>Exclusions: Aged <18 and >65 years, OCD duration <1 year, primary depression, significant medical disease, schizophrenia, pregnancy, concomittant use of other psychotropic drugs, alcohol or drug abuse<br>Notes: Did not use standardised diagnostic tool | **Data Used**<br>Global Evaluation of Efficacy<br>Leaving study early due to adverse events<br>Leaving study early<br>Self-Rating Obsessional Neurotic Scale<br>Hamilton Rating Scale for Depression<br>Self-Rating Obsessive-Compulsive Personality | **Group 1 N= 11**<br>Clomipramine - Gradual increase (by 50mg/d each week) to 300mg/d, maximum dose was reached by week 5<br>**Group 2 N= 12**<br>Imipramine - Gradual increase (by 50mg/d each week) to 300mg/d, maximum dose was reached by week 5 | |

References of Included Studies


**GOODMAN1990A** (Published Data Only)

Goodman, W. K., Price, L. H., Delgado, P. L., Palumbo, J., Krystal, J. H., Nagy, L. M. et al. (1990). Specificity of serotonin reuptake inhibitors in the treatment of obsessive-compulsive disorder. Comparison of fluvoxamine and desipramine. Archives of General Psychiatry, 47, 577-585.

**HOEHNSARIC2000** (Published Data Only)

Hoehn-Saric, R., Ninan, P., Black, D. W., Stahl, S., Greist, J. H., Lydiard, B. et al. (2000). Multicenter double-blind comparison of sertraline and desipramine for concurrent obsessive-compulsive and major depressive disorders. Archives of General Psychiatry., 57, 76-82.

**JENIKE1997** (Published Data Only)

Jenike, M. A., Baer, L., Minichiello, W. E., Rauch, S. L., & Buttolph, M. L. (1997). Placebo-controlled trial of fluoxetine and phenelzine for obsessive- compulsive disorder. American Journal of Psychiatry, 154, 1261-1264.

**PATO1991** (Published Data Only)

Pato, M. T., Pigott, T. A., Hill, J. L., Grover, G. N., Bernstein, S., & Murphy, D. L. (1991). Controlled comparison of buspirone and clomipramine in obsessive-compulsive disorder. American Journal of Psychiatry., 148, 127-129.

**VALLEJO1992** (Published Data Only)

Vallejo, J., Olivares, J., Marcos, T., Bulbena, A., & Menchon, J. M. (1992). Clomipramine versus phenelzine in obsessive-compulsive disorder. A controlled clinical trial. British Journal of Psychiatry., 161, 665-670.

**VOLAVKA1985** (Published Data Only)

Volavka, J., Neziroglu, F., & Yaryura-Tobias, J. A. (1985). Clomipramine and imipramine in obsessive-compulsive disorder. Psychiatry Research., 14, 85-93.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.11 Psychological vs pharmacological interventions

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **DEHAAN1998**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 12 weeks<br>Blindness:<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: the Netherlands; Analysis: completer<br>Info on Screening Process: 32, 4 refused treatment, 1 was admitted to hospital, 1 left the country | N= 22<br>Age: Mean 14<br>Sex: 11 males 11 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: Aged <8 and >18 years, OCD duration<6 months, diagnosis of organic mental disorders, psychotic disorders, Tourette's disorder, autism, mental retardation, or a primary diagnosis of major depressive disorder, receiving behavior therapy or seotonergic antidepressants within 6 months of study<br>Notes: Mean OCD duration 2.47 years; comorbid anxiety disorder (n=2), eating disorder (n=1), tic disorder (n=1); mean baseline CY-BOCS 22.65 | **Data Used**<br>Leaving study early<br>Responders (30% Y-BOCS)<br>Child Depression Inventory - patient<br>Child Behaviour Checklist<br>Leyton Obsessional Inventory - Child version<br>Children's Yale-Brown Obsessive-Compulsive Scale | **Group 1 N= 13**<br>Individual BT - 12 weekly sessions, administered by behavior therapists or trained child psychiatrists, consisted of ERP aimed at reducing anxiety, constructing a hierarchy of rituals, homework assignments, explaining mechanisms by which rituals are preserved<br>**Group 2 N= 10**<br>Clomipramine - 12 weekly sessions, 25mg for first week, increased to a maximum 200mg/d | |
| **FOA2005**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); indepentent assessor blind to randomization<br>Duration of study: acute phase 12 weeks + discontinuation phase 12 weeks<br>Blindness: Single blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: 833 screened, 312 did not meet criteria: no OCD (93), received EX/RP or CMI (117), excluded for medical reason (22), comorbidity (75), other reasons (5), unwilling to participate (65), refused to receive CMI (56),or EX/RP (54) or placebo (6), other (191) | N= 122<br>Age: Mean 35<br>Sex: 64 males 58 females<br>Diagnosis:<br>Obsessive-compulsive neurosis by DSM-III-R<br>Exclusions: Aged <18 and >70 years, OCD duration <1 year, Y-BOCS<17, current major depression, HAM-D>18, substance abuse or dependence within past 6 months, current schizotypal or borderline personality disorder, previous intensive treatment with CMI or ERP<br>Notes: Duration of illness 16.4 years, baseline Y-BOCS scores 25 | **Data Used**<br>Responders (CGI)<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early<br>Clinical Global Impressions<br>Adverse events<br>NIMH-OC | **Group 1 N= 36**<br>Clomipramine - Fixed dose first 5 weeks, starting at 25mg/d, increasing to 200mg/d, increased to 250mg/d as tolerated, mean final dose 196mg/d<br>**Group 2 N= 26**<br>Placebo - Mean final dose for 209mg/d<br>**Group 3 N= 29**<br>Exposure + response prevention - 15 2-hr sessions over first 3 weeks and 2 home visits, weekly 45 min meetings for remaining 8 weeks, imaginal and in vivo exposure performed<br>**Group 4 N= 31**<br>BT + clomipramine - ERP + CMI, patients met individually with both a therapist and a psychopharmacologist, mean final dose 163+-65mg/d | Responders: CGI=<2 |

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| **MARKS1980**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), assessors blind to treatment group Study duration: 4 weeks drug only + 3 weeks exposure or relax + 3 weeks exposure<br>Blindness: Single blind<br>Duration (days):<br>Setting: Initial 4 weeks drugs-only phase in outpatient setting, 6 weeks of psychological treatment in inpatient setting, after which patients were discharged<br>Notes: Country of study: UK; analysis: ITT Patients referred by psychiatrists and GPs Follow-up at 8, 16, 52 and 104 weeks post treatment | N= 40<br>Age: Mean 35<br>Sex: 11 males 29 females<br>Diagnosis:<br>OCD<br>Exclusions: Mild obsessive-compulsive rituals less than one year's duration, aged <18 and >59 years, history of psychosis, did not agree to involve relatives in treatment, previous adequate behavioural treatment<br>Notes: Mean duration of illness 11.75 years, | **Data Used**<br>Wakefield Inventory<br>Hamilton Rating Scale for Depression<br>Behavioural avoidance test - Performance<br>Behavioural Avoidance Test - Discomfort<br>Compulsive activity checlist<br>Target rituals (self rated): time<br>Target rituals (self rated): discomfort<br>Target rituals (assessor rated): time<br>Target rituals (assessor rated): discomfort | **Group 1 N= 10**<br>BT + clomipramine - CMI: initial dose 10mg raised to 225mg, continued for next 8 months<br>Exposure: Included modelling and retraining of day-to-day ritualistic habits, patients instructed to carrout out exposure tasks between sessions and to keep records of their performance<br>**Group 2 N= 10**<br>Placebo + relaxation - Pbo: initial dose 10mg raised to 225mg, continued for next 8 months<br>Relaxation: 45 min daily, after 15 sessions (week 7) switched to exposure, patients instructed by tape-recorder and modelling by therapist to tense and relax body parts alternately<br>**Group 3 N= 10**<br>Clomipramine + relaxation - CMI: initial dose 10mg raised to 225mg, continued for next 8 months<br>Relaxation: 45 min daily, after 15 sessions (week 7) switched to exposure, patients instructed by tape-recorder and modelling by therapist to tense and relax body parts alternately<br>**Group 4 N= 10**<br>BT + Placebo - Therapist modelled activities which the patient avoided, then refrained from ritualizing. Patients practiced this on day-to-day rituals and were instructed to carry out exposure tasks between sessions and to keep records of their performance | Anxiety, lesiure, sex, family, social life and work adjustment was rated on 0-8 point scales used by Gelder and Marks (1966) Wakefield Inventory is a modified and shortened version of the Zung depression rating scale |
| **POTS2004**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated sequence in blocks of 4), double-blind concealment in medication conditions only, assessors blind to treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: US, conducted at 3 sites, Analysis: ITT<br>Info on Screening Process: 154 screened, 31 deemed ineligible, 10 not interested, 1 asymptomatic at baseline | N= 112<br>Age: Mean 12<br>Sex: 56 males 56 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <7 and >17 years, CY-BOCS<17, NIMH Global Severity Score<8, IQ<81 as measured by Block Design and Vocabulary subtests in Wechesler Intelligence Scale for Children, major depression, bipolar illness, primary diagnosis of Tourette disorder, pervasive developmental disorder, psychosis, concurrent treatment with psychotropic medication, previous failed trials with SRIs or CBT, sertraline intolerance, medical or neurological disorder, pregnancy, history of remission following medication, CBT or combination<br>Notes: Baseline CY-BOCS 24.6, 80% had at least 1 psychiatric comorbid disorder, 63% had affective or anxiety disorders, 27% had ADHD, oppositional defiant disorder or conduct disorder, 16% had comorbid tic disorder | **Data Used**<br>Children's Yale-Brown Obsessive-Compulsive Scale<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 28**<br>Cognitive Behavioural Therapy - 14 1-hour visits over 12 weeks, involved psychoeducation, cognitive training, mapping of OCD target symptoms, ERP<br>**Group 2 N= 28**<br>Sertraline - Initial dose 25mg/d, increased to 200mg/d over 6 weeks in a fixed flexible upward titration, after which dosage could be adjusted as tolerated<br>**Group 3 N= 28**<br>CBT + Medication - CBT and sertraline treatment began simultaneously and followed the same protocol as for the individual interventions<br>**Group 4 N= 28**<br>Placebo | |

References of Included Studies

**DEHAAN1998** (Published Data Only)

de Haan, E., Hoogduin, K. A., Buitelaar, J. K., & Keijsers, G. P. (1998). Behavior therapy versus clomipramine for the treatment of obsessive-compulsive disorder in children and adolescents. Journal of the American Academy of Child & Adolescent Psychiatry., 37, 1022-1029.

**FOA2005** (Published Data Only)

Kozak, M. J., Liebowitz, M. R., & Foa, E. B. (2000). Cognitive behavior therapy and pharmacotherapy for obsessive-compulsive disorder: The NIMH-sponsored collaborative study. In W.K.Goodman & M. V. Rudorfer (Eds.), Obsessive-compulsive disorder: contemporary issues in treatment. Personality and clinical psychology series (pp. 501-530).

Simpson, H. B., Liebowitz, M. R., Foa, E. B., Kozak, M. J., Schmidt, A. B., Rowan, V. et al. (2004). Post-treatment effects of exposure therapy and clomipramine in obsessive-compulsive disorder. Depress.Anxiety, 19, 225-233.

*Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E. et al. (2005). Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. Am.J.Psychiatry, 162, 151-161.

**MARKS1980** (Published Data Only)

Marks, I. M., Stern, R. S., Mawson, D., Cobb, J., & McDonald, R. (1980). Clomipramine and exposure for obsessive-compulsive rituals: i. British Journal of Psychiatry., 136, 1-25.

**POTS2004** (Published Data Only)

Franklin, M., Foa, E., & March, J. S. (2003). The pediatric obsessive-compulsive disorder treatment study: rationale, design, and methods. J Child Adolesc.Psychopharmacol., 13 Suppl 1, S39-S51.

POTS (2004). Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder: the Pediatric OCD Treatment Study (POTS) randomized controlled trial. JAMA, 292, 1969-1976.

# Appendix 16: Included/excluded studies table for the Clinical Question: 1.12 Combination therapy

Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **COTTRAUX1990**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); independent assessor blind to ratings<br>Study duration: 15-day washout+24 weeks treatment+6-month- & 1-year follow-up<br>Blindness: Single blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: France; Analysis:completer<br>During 1 year follow-up, some patients remained on serotonergic drugs, some were shifted to clomipramine<br>Info on Screening Process: 65 screened | N= 60<br>Age: Mean 36<br>Sex: 16 males 28 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: Primary diagnosis of major depressive disorder, patients with Gilles de la Tourette disorder, organic mental disorders and schizophrenia, patients were taking MAOI, barbituates, clormethiazole, phenothiazines, butyrophenones, and neuroleptics, benzodiazepines apart from occasional use of bromazepam up to 6mg/d<br>Notes: Mean duration of illness in 44 completers 13 years, 51 had previous antidepressant treatment, 10 received ECT, 12 were failures of psychodynamic treatments or psychoanalysis, 3 received behaviour therapy without success, 2 presented pure obsessions | **Data Used**<br>Global criterion of improvement (duration/rituals)<br>Target rituals (self rated): discomfort<br>Target rituals (self rated): duration of rituals<br>Target rituals (self rated): time<br>Target rituals(assessor rated):duration of rituals<br>Retardation scale<br>Target rituals (assessor rated): time<br>Leaving study early due to adverse events<br>Target rituals (assessor rated): discomfort<br>Hamilton Rating Scale for Depression<br>Beck Depression Inventory<br>Montgomery-Asberg Depression Rating Scale<br>Behavioural Avoidance Test - Avoidance<br>Behavioural Avoidance Test - Discomfort<br>Compulsive activity checlist<br>Leaving study early | **Group 1 N= 20**<br>BT + Placebo - Exposure + placebo (see Fluvoxamine + Exposure therapy details for Exposure method)<br>**Group 2 N= 20**<br>Fluvoxamine + exposure therapy - fluvoxamine up to 300mg; exposure homework & flooding in fantasy for 8 weeks, guided exposure and response prevention for a further 16 weeks. Couple therapy, cognitive restructuring, flooding in fantasy and assertive training was added, upto 25 sessions<br>**Group 3 N= 20**<br>Fluvoxamine + antiexposure therapy - fluvoxamine up to 300mg; antiexposure involved asking patients to avoid any kind of exposure to feared situations, to relax at a fixed period daily, to let rituals and/or obsessive thoughts to just happen, patients were given an explanatory manual | Global criterion of improvement: >30% reduction in duration of rituals per day |
| **FOA1992**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); drugs administered double-blind<br>Duration of study: 22 weeks plus 9-month, 1 yr and 2 yr follow-ups<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient and inpatient<br>Notes: Country of study: US; Analysis: completer<br>Info on Screening Process: 80 met OCD criteria, 48 entered the study | N= 48<br>Age: Mean 33<br>Sex: 25 males 13 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: OC symptom duration less than 1 year, current major depression, psychosis, organic mental disorder, and current substance abuse<br>Notes: Mean age at symptom onset 24.1+-18.4 years, for 26 patients main ritual was washing/cleaning, for 12 patients main ritual was checking/repeating | **Data Used**<br>OC symptoms: fear (self-rated)<br>OC symptoms: fear (assessor rated)<br>OC symptoms: compulsive symptoms (self-rated)<br>OC symptoms: compulsive symptoms (assessor rated)<br>OC symptoms: avoidance (self-rated)<br>OC symptoms: avoidance (assessor rated)<br>Social Adjustment Scale (self-rated)<br>Compulsive activity checlist<br>State-Anxiety Inventory<br>Hamilton Rating Scale for Depression<br>Beck Depression Inventory | **Group 1 N= 10**<br>Mild-depressed placebo - see "High-depressed imipramine"<br>**Group 2 N= 9**<br>High-depressed Imipramine - first 6 wks drug only: increased up to 250mg by 3 wks, mean daily dose 229mg<br>BT: 15 daily 2-hr sessions over next 3 wks, at 4th wk home-visits by therapists for 4 hours on 2 days, BT consisted of ERP and imaginal exposure, 12 weeks of supportive therapy<br>**Group 3 N= 10**<br>High-depressed placebo - see "High-depressed imipramine"<br>**Group 4 N= 9**<br>Mild-depressed imipramine - see "High-depressed imipramine" | Follow-up at 6 months, 12 months and 24 months not extractable as n in each group not reported |

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| **FOA2005**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); indepentent assessor blind to randomization<br>Duration of study: acute phase 12 weeks + discontinuation phase 12 weeks<br>Blindness: Single blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: US<br>Info on Screening Process: 833 screened, 312 did not meet criteria: no OCD (93), received EX/RP or CMI (117), excluded for medical reason (22), comorbidity (75), other reasons (5), unwilling to participate (65), refused to receive CMI (56),or EX/RP (54) or placebo (6), other (191) | N= 122<br>Age: Mean 35<br>Sex: 64 males 58 females<br>Diagnosis:<br>Obsessive-compulsive neurosis by DSM-III-R<br>Exclusions: Aged <18 and >70 years, OCD duration <1 year, Y-BOCS<17, current major depression, HAM-D>18, substance abuse or dependence within past 6 months, current schizotypal or borderline personality disorder, previous intensive treatment with CMI or ERP<br>Notes: Duration of illness 16.4 years, baseline Y-BOCS scores 25 | **Data Used**<br>Responders (CGI)<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Leaving study early<br>Clinical Global Impressions<br>Adverse events<br>NIMH-OC | **Group 1 N= 36**<br>Clomipramine - Fixed dose first 5 weeks, starting at 25mg/d, increasing to 200mg/d, increased to 250mg/d as tolerated, mean final dose 196mg/d<br>**Group 2 N= 26**<br>Placebo - Mean final dose for 209mg/d<br>**Group 3 N= 29**<br>Exposure + response prevention - 15 2-hr sessions over first 3 weeks and 2 home visits, weekly 45 min meetings for remaining 8 weeks, imaginal and in vivo exposure performed<br>**Group 4 N= 31**<br>BT + clomipramine - ERP + CMI, patients met individually with both a therapist and a psychopharmacologist, mean final dose 163+-65mg/d | Responders: CGI=<2 |
| **HOHAGEN1998**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); medication administered double-blind<br>Patients recruited from University hospitals<br>Duration of study: 8 weeks<br>Blindness: Double blind<br>Duration (days):<br>Setting: inpatient<br>Notes: Country of study: Germany; Analysis:ITT<br>Info on Screening Process: 60 recruited, 2 dropped out, one because of nausea and stomach upset, other because of acute suicidal tendencies | N= 49<br>Age: Mean 35<br>Sex: 20 males 29 females<br>Diagnosis:<br>OCD by DSM-III-R<br>22% MDD by DSM-III-R<br>Exclusions: OCD secondary to affective disorder or schizophrenia; Y-BOCS<=16; lifetime diagnosis of psychotic disorder, drug or alcohol abuse, organic psychosyndromes, epilepsy or acute suicidal tendency and pregnancy, concurrently using thyroid medicaiton, alpha-or beta-blockers or other psychoactive substances; not medication-free within 7 days of study<br>Notes: Baseline Y-BOCS 28.2+-3.4; mean OCD duration 11.7+-11.6 years<br>Comorbid disorders: 47% Axis I disorder, 53.1% personality disorder | **Data Used**<br>Clinical Global Impressions<br>Symptom Checklist-90<br>Hamilton Rating Scale for Depression<br>Responders (35% Y-BOCS)<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 25**<br>BT + Placebo - BT: used a multimodal psychotherapy approach; behavior analysis wks 0-3; ERP wks 4-8, exposure comprised 3 levels: therapist-aided, co-therapist aided, self-management. Exposure began in clincial environment, then conducted at home<br>Placebo: as in BT+fluv<br>**Group 2 N= 24**<br>Fluvoxamine + BT - Fluvoxamine: initial dose 50mg, increased weekly by 50mg to 300mg in 5 weeks, unless side-effects became intolerable. If side-effects occurred, dose reduced by 50mg in a double-blind manner. Mean dose 288.1mg (range 250-300mg)<br>BT: see BT + placebo | |

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| **MARKS1980**<br>Study Type: RCT<br>Study Description: Allocation: random (no details), assessors blind to treatment group<br>Study duration: 4 weeks drug only + 3 weeks exposure or relax + 3 weeks exposure<br>Blindness: Single blind<br>Duration (days):<br>Setting: Initial 4 weeks drugs-only phase in outpatient setting, 6 weeks of psychological treatment in inpatient setting, after which patients were discharged<br>Notes: Country of study: UK; analysis: ITT<br>Patients referred by psychiatrists and GPs<br>Follow-up at 8, 16, 52 and 104 weeks post treatment | N= 40<br>Age: Mean 35<br>Sex: 11 males 29 females<br>Diagnosis:<br>OCD<br>Exclusions: Mild obsessive-compulsive rituals less than one year's duration, aged <18 and >59 years, history of psychosis, did not agree to involve relatives in treatment, previous adequate behavioural treatment<br>Notes: Mean duration of illness 11.75 years, | **Data Used**<br>Wakefield Inventory<br>Hamilton Rating Scale for Depression<br>Behavioural avoidance test - Performance<br>Behavioural Avoidance Test - Discomfort<br>Compulsive activity checlist<br>Target rituals (self rated): time<br>Target rituals (self rated): discomfort<br>Target rituals (assessor rated): time<br>Target rituals (assessor rated): discomfort | **Group 1 N= 10**<br>BT + clomipramine - CMI: initial dose 10mg raised to 225mg, continued for next 8 months<br>Exposure: Included modelling and retraining of day-to-day ritualistic habits, patients instructed to carrout out exposure tasks between sessions and to keep records of their performance<br>**Group 2 N= 10**<br>Placebo + relaxation - Pbo: initial dose 10mg raised to 225mg, continued for next 8 months<br>Relaxation: 45 min daily, after 15 sessions (week 7) switched to exposure, patients instructed by tape-recorder and modelling by therapist to tense and relax body parts alternately<br>**Group 3 N= 10**<br>Clomipramine + relaxation - CMI: initial dose 10mg raised to 225mg, continued for next 8 months<br>Relaxation: 45 min daily, after 15 sessions (week 7) switched to exposure, patients instructed by tape-recorder and modelling by therapist to tense and relax body parts alternately<br>**Group 4 N= 10**<br>BT + Placebo - Therapist modelled activities which the patient avoided, then refrained from ritualizing. Patients practiced this on day-to-day rituals and were instructed to carry out exposure tasks between sessions and to keep records of their performance | Anxiety, lesiure, sex, family, social life and work adjustment was rated on 0-8 point scales used by Gelder and Marks (1966)<br>Wakefield Inventory is a modified and shortened version of the Zung depression rating scale |
| **NEZIROGLU2000**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 10 weeks FLX + 33 weeks BT or FLX + 9 weeks FLX<br>Blindness: Open<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 10<br>Age: Mean 14 Range 10-17<br>Sex: 6 males 4 females<br>Diagnosis:<br>OCD by DSM-IV<br>Notes: Mean age of OCD onset 9.9+-11.7 years<br>Included patients who had previously failed to comply with BT<br>Comorbid disorders: ADHD (n=2), trichotillomania (n=1) | **Data Used**<br>Clinical Global Impressions: global improvement<br>Clinical Global Impressions: severity<br>NIMH Global OCD Scale<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Responder (MDD) | **Group 1 N= 5**<br>Fluvoxamine + BT - Fluvoxamine alone first 10 weeks, 20 BT sessions 90 min, once a week over 33 weeks, BT consisted of ERP. Following ERP, 4 patients continued with fluvoxamine until week 52<br>**Group 2 N= 5**<br>Fluvoxamine - Fluvoxamine adminstered from baseline to week 52, initial dose 50mg/d increased over the first month to a maximal dose of 200 mg/d at 50mg increments. Patients were kept at 200mg during all phases including maintenance. | |

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| **POTS2004**<br>Study Type: RCT<br>Study Description: Allocation: random (computer-generated sequence in blocks of 4), double-blind concealment in medication conditions only, assessors blind to treatment<br>Blindness: Double blind<br>Duration (days):<br>Followup: 12 weeks<br>Setting: Outpatient<br>Notes: Country of study: US, conducted at 3 sites, Analysis: ITT<br>Info on Screening Process: 154 screened, 31 deemed ineligible, 10 not interested, 1 asymptomatic at baseline | N= 112<br>Age: Mean 12<br>Sex: 56 males 56 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Aged <7 and >17 years, CY-BOCS<17, NIMH Global Severity Score<8, IQ<81 as measured by Block Design and Vocabulary subtests in Wechesler Intelligence Scale for Children, major depression, bipolar illness, primary diagnosis of Tourette disorder, pervasive developmental disorder, psychosis, concurrent treatment with psychotropic medication, previous failed trials with SRIs or CBT, sertraline intolerance, medical or neurological disorder, pregnancy, history of remission following medication, CBT or combination<br>Notes: Baseline CY-BOCS 24.6, 80% had at least 1 psychiatric comorbid disorder, 63% had affective or anxiety disorders, 27% had ADHD, oppositional defiant disorder or conduct disorder, 16% had comorbid tic disorder | **Data Used**<br>Children's Yale-Brown Obsessive-Compulsive Scale<br>Leaving study early due to adverse events<br>Leaving study early | **Group 1 N= 28**<br>Cognitive Behavioural Therapy - 14 1-hour visits over 12 weeks, involved psychoeducation, cognitive training, mapping of OCD target symptoms, ERP<br>**Group 2 N= 28**<br>Sertraline - Initial dose 25mg/d, increased to 200mg/d over 6 weeks in a fixed flexible upward titration, after which dosage could be adjusted as tolerated<br>**Group 3 N= 28**<br>CBT + Medication - CBT and sertraline treatment began simultaneously and followed the same protocol as for the individual interventions<br>**Group 4 N= 28**<br>Placebo | |
| **VANBALKOM1998**<br>Study Type: RCT<br>Study Description: Allocation: random (no details)<br>Duration of study: 8 wks + 8 wks<br>Participants were GP referrals and mental health agencies, responders to media ad<br>Blindness: No mention<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: Netherlands; Analysis: completer<br>Info on Screening Process: 152, 35 declined participation (refused randomization to pharmacological treatment) (16), waiting list condition (5), or CBT(1), not willing to stop antidepressants or neuroleptics (5), other (8) | N= 117<br>Age: Mean 35<br>Sex: 30 males 40 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: OCD duration<1 year, patients with obsessions only, organic mental disorders, psychotic disorders, psychoactive substance use, mental retardation, other severe mental disorders, SSRI medication in 6 months before study, pregnancy<br>Notes: Mean OCD duration in completers (N=70) 12.5 +- 10.4 years. All therapists (5 psychologists and 1 psychiatrist) were experienced with BT for OCD and received training in cognitive therapy | **Data Used**<br>Leaving study early<br>Symptom Checklist-90: OC<br>Beck Depression Inventory<br>Anxiety Discomfort Scale<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 25**<br>Cognitive therapy - 16 45-minute sessions for first 8 weeks, patients learned to consider intrusions as stimuli and to identify anxiety evoking automatic thoughts, which were challenged & replaced by alternative, rational, nondistressing thoughts, used Socratic Dialogue<br>**Group 2 N= 22**<br>Individual BT - 16 sessions lasting 45 minutes, exposure in vivo with response prevention. After all compulsions and avoidance behaviour were inventoried, a fear hierarchy was made, and exposure homework was assigned, patients were asked to keep homework diaries<br>**Group 3 N= 28**<br>Fluvoxamine + BT - Patients received 6 30-minute sessions of fluvoxamine only during first 8 weeks, fluvoxamine started at 50mg every night, increased upto maximum 300mg/d based on patient response, during next 10 sessions, behavioural therapy added to fluvoxamine treatment<br>**Group 4 N= 24**<br>Fluvoxamine + CT - Patients received 6 30-minute sessions of fluvoxamine only during first 8 weeks, fluvoxamine started at 50mg every night, increased upto maximum 300mg/d based on patient response, during next 10 sessions, cognitive therapy added to fluvoxamine treatment<br>**Group 5 N= 18**<br>Wait list control - Lasted for 8 weeks | |

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**COTTRAUX1990** (Published Data Only)

Cottraux, J., Mollard, E., Bouvard, M., & Marks, I. (1993). Exposure therapy, fluvoxamine, or combination treatment in obsessive-compulsive disorder: one-year followup. Psychiatry Research., 49, 63-75.

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Simpson, H. B., Liebowitz, M. R., Foa, E. B., Kozak, M. J., Schmidt, A. B., Rowan, V. et al. (2004). Post-treatment effects of exposure therapy and clomipramine in obsessive-compulsive disorder. Depress.Anxiety, 19, 225-233.

*Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E. et al. (2005). Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. Am.J.Psychiatry, 162, 151-161.

**HOHAGEN1998** (Published Data Only)

Hohagen, F., Winkelmann, G., Rasche-Ruchle, H., Hand, I., Konig, A., Munchau, N. et al. (1998). Combination of behaviour therapy with fluvoxamine in comparison with behaviour therapy and placebo. Results of a multicentre study. British Journal of Psychiatry - Supplementum., 173, 71-78.

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**NEZIROGLU2000** (Published Data Only)

Neziroglu, F., Yaryura-Tobias, J. A., Walz, J., & McKay, D. (2000). The effect of fluvoxamine and behavior therapy on children and adolescents with obsessive-compulsive disorder. Journal of Child & Adolescent Psychopharmacology., 10, 295-306.

**POTS2004** (Published Data Only)

Franklin, M., Foa, E., & March, J. S. (2003). The pediatric obsessive-compulsive disorder treatment study: rationale, design, and methods. J Child Adolesc.Psychopharmacol., 13 Suppl 1, S39-S51.

POTS (2004). Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder: the Pediatric OCD Treatment Study (POTS) randomized controlled trial. JAMA, 292, 1969-1976.

**VANBALKOM1998** (Published Data Only)

de Haan, E., Van Oppen, P., van Balkom, A. J., Spinhoven, P., Hoogduin, K. A., & Van Dyck, R. (1997). Prediction of outcome and early vs. late improvement in OCD patients treated with cognitive behaviour therapy and pharmacotherapy. Acta Psychiatrica Scandinavica., 96, 354-361.

*van Balkom, A. J., de Haan, E., Van Oppen, P., Spinhoven, P., Hoogduin, K. A., & Van Dyck, R. (1998). Cognitive and behavioral therapies alone versus in combination with fluvoxamine in the treatment of obsessive compulsive disorder. Journal of Nervous & Mental Disease., 186, 492-499.

# Appendix 16: Included/excluded studies table for the Other Medical Topic Group

## Studies Included in the Comparions Covered by This Evidence Table

| | | |
|---|---|---|
| **3.01 Neurosurgery** | **Stereotactic anterior capsulotomy vs cingulotomy** | |
| | FODSTAD1982 | |
| **3.02 Deep brain stimulation** | **Electrical capsular stimulation: on vs off** | |
| | NUTTIN2003 | |
| **3.03 Repetitive transcranial magnetic stimulation** | **Active vs placebo** | **Right vs left** |
| | ALONSO2001 | GREENBERG1997 |
| | | SACHDEV2001 |
| **3.05 Other interventions** | **Plasma exchange vs IV immunoglobulin vs placebo** | |
| | PERLMUTTER1999 | |

## Characteristics of Included Studies

| Methods | Participants | Outcomes | Interventions | Notes |
|---|---|---|---|---|
| **ALONSO2001** | | | | |
| Study Type: RCT<br>Study Description: Allocation: random (no details), patients & clinician blind to treatment<br>Duration of study: 10 weeks<br>Number of sessions: 18 (3 per week for 6 weeks)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Outpatient<br>Notes: Country of study: Spain; Analysis: ITT<br>Info on Screening Process: Not reported | N= 18<br>Age: Mean 35 Range 20-59<br>Sex: 6 males 12 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: Not right-handed, any other DSM-IV axis I disorder, history of seizure or head trauma<br>Notes: Brain target right dorsolateral prefrontal cortex; patients received 18 sessions at 1 Hz; duration of each session 20 minutes | **Data Used**<br>Responder (OCD/BDD)<br>Hamilton Rating Scale for Depression<br>Yale-Brown Obsessive-Compulsive Scale: tota<br>Adverse events | **Group 1 N= 10**<br>Transcranial Magnetic Stimulation - The intensity was 110% of the motor threshold as determined by the miniumum intensity in the right motor cortex that produced a visible motor response in the left thumb<br>**Group 2 N= 8**<br>Placebo - The intensity was 20% of the motor threshold | |

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|---|---|---|---|---|
| **FODSTAD1982**<br>Study Type: RCT<br>Study Description: Allocation: random (sealed envelope technique)<br>Blindness: No mention<br>Duration (days):<br>Followup: 12 months<br>Setting: Not reported<br>Notes: Country of study: Sweden, Analysis:<br>Info on Screening Process: Not reported | N= 4<br>Age: Mean 47 Range 37-60<br>Sex: all females<br>Diagnosis:<br>OCD<br>Exclusions: Inclusion criteria: poor response to extensive psychiatric treatment, experienced severe suffering and social disability<br>Notes: No formal diagnosis performed, patients had chronic obsessive compulsive neurosis as manifested by obsessional t houghts and compulsive behaviour | **Data Used**<br>Hamilton Rating Scale for Depression<br>Comprehensive Psychopathological Rating Scale: OC | **Group 1 N= 2**<br>Anterior capsulotomy - Bilateral steriotactic capsulotomy; lesion points were on and 4 mm below the intercommissural line at distance of half the intercommissural distance in front of the anterior commissure<br>**Group 2 N= 2**<br>Cingulotomy - 4 lesions each on the left and right were made 7 and 11 mm above the roof of the frontal horn, 13 and 17 mm lateral to the midsagittal plane | Hamilton Scale as modified by Vilkki, 1977 |
| **GREENBERG1997**<br>Study Type: Cross-over<br>Study Description: Allocation: random (no details)<br>Blindness: Single blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: US; Analysis: ITT<br>Info on Screening Process: Not reported | N= 12<br>Age: Mean 37<br>Sex: 6 males 6 females<br>Diagnosis:<br>OCD by DSM-III-R<br>Exclusions: History of seizure or head traum, were reciving medications that lower the seizure threshold<br>Notes: Mean baseline Y-BOCS 19.8 +-9.7<br>Stimulation used 80% motor threshold, 20 Hz/2 seconds per minute for 20 minutes. Motor threshold was set at 2% below the value at which 5 successive pulses produced no visible abductor pollicis brevis contraction | **Data Used**<br>NIMH self-rating scale | **Group 1 N= 12**<br>Right lateral prefrontal cortex stimulation - Repetitive Transcranial Magnetic Stimulation, 30 min per session, stimulation site was right lateral prefrontal cortex, motor threshold set at 2% below value at which 5 successive pulses produced no visible abductor pollicis brevis contraction<br>**Group 2 N= 12**<br>Left lateral prefrontal cortex stimulation - Repetitive Transcranial Magnetic Stimulation, 30 min per session, stimulation site was left lateral prefrontal cortex, motor threshold set at 2% below value at which 5 successive pulses produced no visible abductor pollicis brevis contraction | Other measures:<br>Mood scale: 100-point visual analog scale administered by blind researcher |
| **NUTTIN2003**<br>Study Type: Cross-over<br>Study Description: Allocation: random (coin-toss); patients, evaluating psychiatrist & psychologist were blinded<br>Study duration: 6 months (3 months in each condition)<br>Blindness: Double blind<br>Duration (days):<br>Setting: Not reported<br>Notes: Country of study: Belgium<br>Info on Screening Process: Not reported | N= 4<br>Age:<br>Sex: no information<br>Diagnosis:<br>OCD by DSM-IV<br>50% MDD by DSM-IV<br>Exclusions: Aged <18 or >60 years; Y-BOCS<30 + GAF>45 persisting over 5 years, despite adequte trials or intolerance to 2 SSRIs & clomipramine, augmentation startegies, and CBT; current or past psychotic disorder, clinically significant disorder or medical illness affecting brain function or structure, current or unstably remitted substance abuse<br>Notes: Two patients had comorbid major depression, one patient had comorbid somatoform disorder nos | **Data Not Used**<br>Beck Depression Inventory - no data<br>Clinical Global Severity Scale - no pre-cross-over data<br>Clinical Global Improvement - no pre-cross-over data<br>Yale-Brown Obsessive-Compulsive Scale: total - no pre-cross-over data | **Group 1 N= 4**<br>Capsular stimulation off - Stimulator off for 3 months<br>**Group 2 N= 4**<br>Capsular stimulation on - Stimulation electrodes placed in and dorsal to internal capsule, stimulator kept on for 3 months, stimulation performed at threshold level to achieve obvious acute reduction of obsessive thoughts, depression and anxiety | |

| | | | | |
|---|---|---|---|---|
| **PERLMUTTER1999**<br>Study Type: RCT<br>Study Description: Children with severe, infection-triggered exacerbations of OCD/tic disorders were randomly assigned treatment with plasma exchange, IVIG or placebo.<br>Blindness: Double blind<br>Duration (days):<br>Followup: 1 month and 1 year<br>Setting: National Institute of Mental Health outpatient clinic.<br>Notes: IVIG and placebo: double-blind. Plasma exchange: open. First assessment at 1 month. Follow-up at one year for plasma exchange and IVIG only.<br>Info on Screening Process: 200 children were screened by telephone; 58 underwent face-to-face screening at the clinic. 28 did not meet eligibility criteria or were unwilling to participate in the trial. 30 enrolled in the trial. | N= 30<br>Age:<br>Sex: 19 males 11 females<br>Diagnosis:<br>OCD by DSM-III<br>Exclusions: History of Sydenham's chorea or rheumatic fever, autism, schizophrenia or other psychotic disorder, a neurological disorder other than a tic disorder, an autoimmune disorder, or other medical illness.<br>Notes: Eligibility criteria were a tic disorder, OCD, or both. Mean age (SD): plasma exchange 10.3 years (2.8), IVIG 9.1 years (2.4), placebo 9.4 (2.3). | **Data Used**<br>Emotional lability<br>Global severity<br>Depression<br>Anxiety<br>Psychosocial functioning<br>Global impairment<br>Obsessions and compulsions<br>Leaving study early due to adverse events<br>Adverse events<br>Leaving study early | **Group 1 N= 10**<br>Plasma exchange - One plasma volume (45mL/kg bodyweight) was exchanged in each procedure, and 5 or 6 procedures were done, once a day or on alternate days, to complete a course in 10-12 days.<br>**Group 2 N= 10**<br>IV immunoglobulin - Children received 1g/kg IVIG daily for 2 consecutive days.<br>**Group 3 N= 10**<br>IV placebo - Children received 1g/kg saline solution daily for 2 consecutive days. | |
| **SACHDEV2001**<br>Study Type: RCT<br>Study Description: Allocation: random (no details); patient and assessor was blind to side (left v right) of stimulation<br>Duration of study: 2 weeks<br>Blindness: Double blind<br>Duration (days):<br>Followup: 1 month<br>Setting: Not reported<br>Notes: Country of study: Australia; Analysis: ITT<br>Info on Screening Process: Not reported | N= 12<br>Age: Mean 40<br>Sex: 9 males 3 females<br>Diagnosis:<br>OCD by DSM-IV<br>Exclusions: History of psychosis, substance abuse or tic disorders<br>Notes: Duration of illness: 17.3 years, 9 patients had a history of comorbid major depression; baseline Y-BOCS 24.15+-7.81 | **Data Used**<br>State-Anxiety Inventory<br>Montgomery-Asberg Depression Rating Scale<br>Beck Depression Inventory<br>Yale-Brown Obsessive-Compulsive Scale: tota | **Group 1 N= 6**<br>Right rTMS - 5 rTMS sessions per week, stimulation parameters 10Hz, 30 trains of 5 seconds each, 25 seconds between trains, and 110% resting motor threshold. A 70-mm 8-shaped stimulating coil was centrered over the right dorsolateral prefrontal cortex<br>**Group 2 N= 6**<br>Left rTMS - 5 rTMS sessions per week, stimulation parameters 10Hz, 30 trains of 5 seconds each, 25 seconds between trains, and 110% resting motor threshold. A 70-mm 8-shaped stimulating coil was centrered over the left dorsolateral prefrontal cortex | |

## Characteristics of Excluded Studies

| Reference ID | Reason for Exclusion |
|---|---|
| **NUTTIN1999** | Single case double-blind study (for more results see NUTTIN2003) |

## References to Included Studies


**ALONSO2001** (Published Data Only)

Alonso, P., Pujol, J., Cardoner, N., Benlloch, L., Deus, J., Menchon, J. M. et al. (2001). Right prefrontal repetitive transcranial magnetic stimulation in obsessive-compulsive disorder: a double-blind, placebo-controlled study. American Journal of Psychiatry., 158, 1143-1145.

**FODSTAD1982** (Published Data Only)

Fodstad, H., Strandman, E., Karlsson, B., & West, K. A. (1982). Treatment of chronic obsessive compulsive states with stereotactic anterior capsulotomy or cingulotomy. Acta Neurochirurgica, 62, 1-23.

**GREENBERG1997** (Published Data Only)

Greenberg, B. D., George, M. S., Martin, J. D., Benjamin, J., Schlaepfer, T. E., Altemus, M. et al. (1997). Effect of prefrontal repetitive transcranial magnetic stimulation in obsessive-compulsive disorder: a preliminary study. American Journal of Psychiatry., 154, 867-869.

**NUTTIN2003** (Published Data Only)

Nuttin, B. J., Gabriels, L. A., Cosyns, P. R., Meyerson, B. A., Andreewitch, S., Sunaert, S. G. et al. (2003). Long-term electrical capsular stimulation in patients with obsessive-compulsive disorder. Neurosurgery., 52, 1263-1272.

**PERLMUTTER1999** (Published Data Only)

Perlmutter, S. J., Leitman, S. F., Garvey, M. A., Hamburger, S., Feldman, E., Leonard, H. L. et al. (1999). Therapeutic plasma exchange and intravenous immunoglobulin for obsessive-compulsive disorder and tic disorders in childhood. Lancet, 354, 1153-1158.

**SACHDEV2001** (Published Data Only)

Sachdev, P. S., McBride, R., Loo, C. K., Mitchell, P. B., Malhi, G. S., & Croker, V. M. (2001). Right versus left prefrontal transcranial magnetic stimulation for obsessive-compulsive disorder: a preliminary investigation. Journal of Clinical Psychiatry., 62, 981-984.

## References to Excluded Studies

**NUTTIN1999**

Nuttin, B., Cosyns, P., Demeulemeester, H., Gybels, J., & Meyerson, B. (1999). Electrical stimulation in anterior limbs of internal capsules in patients with obsessive-compulsive disorder. Lancet., 354, 1526.

## Characteristics of all excluded studies

| Reference ID | Reason for Exclusion |
|---|---|
| **AMIN1977** | Diagnoses: phobic or obsessive neurosis |
| **ANTONELLI1973** | Diagnoses: psychoneuroses |
| **ARAUJO1996** | Analysis of data from another study (DEARAUJO1995) |
| **BOERSMA1976** | No extractable data for treatment comparisons |
| **CASSANO1981** | Diagnoses: phobic-obsessive psychoneurotics |
| **CHOUINARD1992** | Analysis of data from other studies (CHOUINARD1992, GREIST 1995a, GREIST 1995b) |
| **CORYELL1989** | No extractable data for drug-placebo comparison |
| **CUI1986** | Article not in the English language |
| **DENBOER1987** | Diagnoses: phobic disorders or anxiety states |
| **DEVEAUGHGEISS1989B** | Preliminary results of trials reported in CLOMIPRAMINECOL 1991; findings also presented in DEVEAUGHGEISS 1989A |
| **DEVEAUGHGEISS1990** | Analysis of data from CLOMIPRAMINECOL1991 |
| **DEVEAUGHGEISS1991C** | Analysis of data from CLOMIPRAMINECOL1991 and DEVEAUGHGEISS 1992 |
| **DIAMOND1989** | No extractable data for drug-placebo comparison |
| **DREESSEN1997** | No extractable data |
| **DUBOIS1991** | Article not in the English language |
| **EINAT2000** | Results of OCD study reported elsewhere (FUX 1996) |
| **EMMELKAMP1977** | No extractable data for treatment comparisons |
| **EMMELKAMP1980** | Cross-over trial: no extractable data for treatment comparisons |
| **EMMELKAMP1980A** | No extractable data for treatment comparisons |
| **EMMELKAMP1981** | Cross-over trial: no extractable data for treatment comparisons |
| **EMMELKAMP1989** | No extractable data for treatment comparisons |
| **EMMELKAMP1990** | No extractable data for treatment comparisons |
| **ERZEGOVESI1992** | Not a therapeutic intervention |
| **FALSSTEWART1993A** | No extractable data for treatment comparisons |
| **FOA1980** | No extractable data |
| **FRITZLER1997** | Delayed group began treatment at mid-point of immediate treatment group, so post-treatment data not extractable |

| | |
|---|---|
| **GEISLER1969** | Article not in the English language |
| **GOURNAY1997** | Results reported elsewhere (VEALE 1996) |
| **GREIST1990** | Sub-population of CLOMIPRAMINECOL 1991 |
| **HACKMANN1975** | Cross-over trial, data not extractable before the point of cross-over |
| **HEMBREE2003** | Not an RCT (patients chose their treatment) |
| **HESSO1969** | Article not in the English language |
| **HOLLANDER1993** | Not a therapeutic intervention |
| **HOLLANDER1999** | Cross-over trial, data not extractable at point of cross-over |
| **INSEL1982** | Analysis of data from INSEL 1983B; no extractable data for drug-comparator comparison |
| **INSEL1985** | Treatment study not an RCT |
| **JIANXUN1998** | Article not in the English language |
| **JONES1998A** | S.D.s not reported on efficacy measures, data not extractable |
| **KARABANOW1977** | Diagnoses: obsessive-compulsive and psychopathological traits |
| **KASVIKIS1988** | Analysis of data from another study (MARKS1988) |
| **KASVIKIS1988A** | No extractable data for treatment comparisons |
| **KAZARIAN1977** | Non-clinical population (psychology students) |
| **KEULER1996** | Not a therapeutic intervention |
| **KIM1997** | Not a therapeutic intervention |
| **KORAN1996** | Analysis of data from another study (BEASLEY1992) |
| **KORAN2001A** | Not a therapeutic intervention |
| **LAX1992** | Treatment outcomes reported elsewhere (MARKS 1988) |
| **LEONARD1995** | Not an RCT; analysis of data from other studies (FLAMENT1985 and LEONARD1989A) |
| **LIN1979** | No extractable data for treatment comparisons |
| **MARAZZITI1997** | Sub-population of MILANFRANCHI 1997 |
| **MARKS1988** | No extractable data for treatment comparisons |
| **MAVISSAKALIAN1983A** | Linked to VOLAVKA 1985 - part of multi-centre study; no extractable data for treatment comparisons (except leaving the study early) |
| **MAVISSAKALIAN1986** | Data pooled from other studies |
| **MAWSON1982** | No extractable data for relevant treatment comparisons |
| **MCKAY1997** | No extractable data for treatment comparisons |

| | |
|---|---|
| **MONTEIRO1987** | No extractable data for drug-placebo comparison |
| **MONTELEONE1997** | Fluvoxamine treatment section of study not an RCT |
| **MUNDO1995A** | Not a clinical intervention study |
| **MUNDO1997** | No extractable data for drug-comparator comparisons |
| **MUNDO1999** | Part 1 - not a clinical intervention study; Part 2 - no extractable data for drug-comparator comparison (apart from leaving study early and reasons for leaving) |
| **NUTTIN1999** | Single case double-blind study (for more results see NUTTIN2003) |
| **OCONNOR1999** | Allocation random, but 3 participants were given preferred treatment |
| **ORVIN1967** | Diagnoses: obsessive-compulsive and phobic reactions, schizophrenia |
| **OSULLIVAN1991** | No extractable data for treatment comparisons |
| **PATO1988** | Not an RCT |
| **PETER2000** | No extractable data |
| **PIDRMAN1997** | No extractable data for drug-comparator comparison |
| **PIGOTT1990** | Cross-over trial: data not extractable at point of cross-over |
| **PIGOTT1992** | No extractable data for drug-placebo comparison |
| **PIGOTT1992A** | Not an RCT: all patients received adjuvant buspirone |
| **PRASAD1984** | Features Zimelidine which is no longer used |
| **PRICE1987** | Not an RCT |
| **RACHMAN1971** | No extractable data for treatment comparisons |
| **RAO2002** | Review of another study (PHILLIPS 2002B) |
| **RAPOPORT1980** | Cross-over trial: data not extractable at point of cross-over |
| **RAVIZZA1995** | No extractable data for drug-comparator comparison |
| **RAVIZZA1996A** | Open-label trial |
| **SALKOVSKIS2003** | An experimental study |
| **SALLEE1998** | No extractable data for drug-comparator comparison |
| **SHAOMEI239** | Article not in the English language |
| **SOOMRO2002** | Review of another study (KORAN 2002) |
| **STEIN1999** | Not a therapeutic intervention |
| **STEIN2001** | Analysis of data from another study (MONTGOMERY2001) |
| **STEKETEE1982_1** | No extractable data for treatment comparisons |

| | |
|---|---|
| **STEKETEE1982_2** | Does not mention whether patients were randomised to treatment groups: no extractable data for treatment comparisons |
| **STERN1973** | Cross-over trial: data not extractable at point of cross-over |
| **STERN1977** | Analysis of data from MARKS 1980; no extractable data for drug-placebo comparison |
| **TURNER1985** | Not an RCT |
| **USHIJIMA1997** | Article not in the English language |
| **WAXMAN1977** | Diagnoses: phobic and obsessional disorders |
| **WEIR2000** | Review of another study (PERLMUTTER 1999) |
| **YARGIC1995** | Article not in the English language |
| **YARYURATOBIAS1976** | Design - double-blind 4 month study, with placebo given on 4th or 6th week; no extractable data for drug-placebo comparison |
| **YARYURATOBIAS1996** | No extractable data for treatment comparisons (apart from leaving the study early); insufficient trial information. |
| **ZAHN1984** | Part of INSEL 1983B; psychophysiological outcome measures (skin conductance and tonic heart rate) |
| **ZHANG2002** | Article not in the English language |
| **ZITTERL1999** | Sub-population of another study (MONTGOMERY1993) |
| **ZOHAR1987** | No extractable data |

## References to all excluded studies


**AMIN1977**

Amin, M. M., Ban, T. A., Pecknold, J. C., & Klingner, A. (1977). Clomipramine (Anafranil) and behaviour therapy in obsessive-compulsive and phobic disorders. Journal of International Medical Research., 5, 33-37.

**ANTONELLI1973**

Antonelli, F., De Gregorio, M., & Dionisio, A. (1973). Trazodone in the treatment of psychoneuroses: a double-blind study. Current Therapeutic Research, Clinical & Experimental., 15, 799-804.

**ARAUJO1996**

Araujo, L. A., Ito, L. M., & Marks, I. M. (1996). Early compliance and other factors predicting outcome of exposure for obsessive-compulsive disorder. British Journal of Psychiatry., 169, 747-752.

**BOERSMA1976**

Boersma, K., Den Hengst, S., Dekker, J., & Emmelkamp, P. M. G. (1976). Exposure and response prevention in the natural environment: a comparison with obsessive-compulsive patients. Behaviour Research and Therapy, 14, 19-24.

**CASSANO1981**

Cassano, G. B., Castrogiovanni, P., & Mauri, M. (1981). A multicenter controlled trial in phobic-obsessive psychoneurosis. The effect of chlorimipramine and of its combinations with haloperidol and diazepam. Progress in Neuro-Psychopharmacology, 5, 129-138.

**CHOUINARD1992**

Chouinard, G. (1992). Sertraline in the treatment of obsessive compulsive disorder: two double-blind, placebo-controlled studies. [Review] [40 refs]. International Clinical Psychopharmacology., 7, 37-41.

**CORYELL1989**

Coryell, W. H., Black, D. W., Kelly, M. W., & Noyes, R., Jr. (1989). HPA axis disturbance in obsessive-compulsive disorder. Psychiatry Research., 30, 243-251.

**CUI1986**

Cui, Y. H. (1986). A double-blind trial of chlorimipramine and doxepin in obsessive-compulsive neurosis. [Chinese]. Chung-Hua Shen Ching Ching Shen Ko Tsa Chih [Chinese Journal of Neurology & Psychiatry]., 19, 279-281.

**DENBOER1987**

Den Boer, J. A., Westenberg, H. G., Kamerbeek, W. D., Verhoeven, W. M., & Kahn, R. S. (1987). Effect of serotonin uptake inhibitors in anxiety disorders; a double-blind comparison of clomipramine and fluvoxamine. International Clinical Psychopharmacology., 2, 21-32.

**DEVEAUGHGEISS1989B**

DeVeaugh-Geiss, J., Landau, P., & Katz, R. (1989). Treatment of Obsessive Compulsive Disorder with clomipramine. Psychiatric Annals, 19, 97-101.

**DEVEAUGHGEISS1990**

DeVeaugh-Geiss, J., Katz, R., Landau, P., Goodman, W., & Rasmussen, S. (1990). Clinical predictors of treatment response in obsessive compulsive disorder: exploratory analyses from multicenter trials of clomipramine. Psychopharmacology Bulletin., 26, 54-59.

**DEVEAUGHGEISS1991C**

DeVeaugh-Geiss, J., Katz, R., Landau, P., & Moroz, G. (1991). Clomipramine hydrochloride (Anafranil) in the treatment of obsessive-compulsive disorder: Results from three multicentre trials. In M.A.Jenike & M. Asberg (Eds.), Understanding obsessive-compulsive disorder (OCD) (pp. 46-51).

**DIAMOND1989**

Diamond, B. I., Borison, R. L., Katz, R., & DeVeaugh-Geiss, J. (1989). Rebound withdrawal reactions due to clomipramine. Psychopharmacology Bulletin., 25, 209-212.

**DREESSEN1997**

Dreessen, L., Hoekstra, R., & Arntz, A. (1997). Personality disorders do not influence the results of cognitive and behavior therapy for obsessive compulsive disorder. Journal of anxiety disorders {J Anxiety Disord}, 11(5), 503-521.

**DUBOIS1991**

Dubois, A. M. (1983). A double-blind study of two types of psychiatric treatments. [French]. Genitif, 5, 91-101.

**EINAT2000**

Einat, H., Shaldubina, A., & Belmaker, R. H. (2000). Epi-inositol: A potential antidepressant. Drug Development Research, 50, 309-315.

**EMMELKAMP1977**

Emmelkamp, P. M. G. & Kraanen, J. (1977). Therapist-controlled exposure in vivo versus self-controlled exposure in vivo: a comparison with obsessive-compulsive patients. Behaviour Research and Therapy, 15, 491-495.

**EMMELKAMP1980**

Emmelkamp, P. M. G. & Van der, H. H. (1980). Treatment of harming obsessions. Behavioural Analysis & Modification, 4, 28-35.

**EMMELKAMP1980A**

Emmelkamp, P. M., van der, H. M., van Zanten, B. L., & Plochg, I. (1980). Treatment of obsessive-compulsive patients: the contribution of self-instructional training to the effectiveness of exposure. Behaviour Research & Therapy., 18, 61-66.

**EMMELKAMP1981**

Emmelkamp, P. M. G. & Giesselbach, P. (1981). Treatment of obsessions: Relevant vs. irrelevant exposure. Behavioural Psychotherapy, 9, 322-329.

**EMMELKAMP1989**

Emmelkamp, P. M., van Linden van den Heuvell, Ruphan, M., & Sanderman, R. (1989). Home-based treatment of obsessive-compulsive patients: intersession interval and therapist involvement. Behaviour Research & Therapy., 27, 89-93.

**EMMELKAMP1990**

Emmelkamp, P. M. G., de Haan, E., & Hoogduin, C. A. L. (1990). Marital adjustment and obsessive-compulsive disorder. British Journal of Psychiatry, 156, 55-60.

**ERZEGOVESI1992**

Erzegovesi, S., Ronchi, P. & Smeraldi, E. (1992). 5HT-2 receptor and fluvoxamine effect in obsessive-compulsive disorder. Human Psychopharmacology., 7, 287-289.

**FALSSTEWART1993A**

Fals-Stewart, W., Marks, A. P., & Schafer, J. (1993). A comparison of behavioral group therapy and individual behavior therapy in treating obsessive-compulsive disorder. Journal of Nervous & Mental Disease, 181, 189-193.

**FOA1980**

Foa, E. B., Steketee, G., & Milby, J. B. (1980). Differential effects of exposure and response prevention in obsessive-compulsive washers. Journal of Consulting & Clinical Psychology, 48, 71-79.

**FRITZLER1997**

Fritzler, B. K., Hecker, J. E., & Losee, M. C. (1997). Self-directed treatment with minimal therapist contact: preliminary findings for obsessive-compulsive disorder. Behaviour Research & Therapy., 35, 627-631.

**GEISLER1969**

Geisler, A. & Schou, M. (1969). [Lithium for obsessive-compulsive neuroses. A double-blind therapeutic trial]. [Danish]. Nordisk Psykiatrisk Tidsskrift., 23, 493-495.

**GOURNAY1997**

Gournay, K., Veale, D., & Walburn, J. (1997). Body dysmorphic disorder: pilot randomized controlled trial of treatment; implications for nurse therapy research and practice... including commentary by Newell R and Latham M with author response. Clinical Effectiveness in Nursing, 1, 38-46.

**GREIST1990**

Greist, J. H., Jefferson, J. W., Rosenfeld, R., Gutzmann, L. D., March, J. S., & Barklage, N. E. (1990). Clomipramine and obsessive compulsive disorder: A placebo-controlled double-blind study of 32 patients. Journal of Clinical Psychiatry, 51, 292-297.

**HACKMANN1975**

Hackmann, A. & McLean, C. (1975). A comparison of flooding and thought stopping in the treatment of obsessional neurosis. Behaviour Research and Therapy, 13, 263-269.

**HEMBREE2003**

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