

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Centre for Clinical Practice

Review consultation document

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

1. Background information

Guideline issue date: 2005
First review year: 2007
Second review year: 2011
National Collaborating Centre: Mental Health

2. Consideration of the evidence

Literature search

From initial intelligence gathering and a high-level randomised control trial (RCT) search, clinical areas were identified to inform the development of clinical questions for focused searches. Through this stage of the process 20 studies were identified relevant to the guideline scope. The identified studies were related to the following clinical areas within the guideline:

- The clinical effectiveness of psychological therapies such as cognitive behavioural therapy, motivational interviewing and thought mapping.

One review question was developed based on the clinical areas above, qualitative feedback from other NICE departments, and the views expressed by the Guideline Development Group, for the more focused literature searches. The results of the focused searches are summarised in the table below. All references identified through the initial intelligence gathering, high-level RCT search and the focused searches can be viewed in Appendix 1

Clinical area 1: The clinical effectiveness of psychological therapies such as cognitive behavioural therapy, motivational interviewing and thought mapping.		
Clinical question	Summary of evidence	Relevance to guideline recommendations
What is the clinical effectiveness of psychological therapies such as motivational interviewing, thought mapping and cognitive behavioural therapies (both individual and group) in management of OCD?	<p>Through the focussed search thirteen studies relevant to the review question was identified.</p> <ul style="list-style-type: none"> • Two RCTs examined the combination of cognitive behavioural therapy (CBT) and motivational interviewing (MI) – one comparing group CBT combined with MI and thought mapping to group CBT, reported the combined intervention to be more effective. Whilst another study examining CBT combined with MI compared to CBT and psycho education in children reported CBT and MI in combination to be more effective. • One meta analysis with 5 RCTs examining CBT in children to control found CBT to be more effective (ES = 1.45) than pharmacotherapy (ES=0.48). 	No new evidence was identified which would change current guideline recommendations.

	<ul style="list-style-type: none">• Two studies (one in adults and another in children) examining CBT-intensive and weekly treatment; reported similar efficacy.• Two studies including a meta analysis reported group CBT to be effective.• Three studies (including 2 RCTs) comparing individual and group CBT reported individual CBT to have comparatively rapid treatment outcomes and better rates at one year follow up. While, another observational study found no significant differences among the group measured at 6 and 12 months follow up.• One study comparing exposure and response prevention (ERP) and cognitive therapy (CT) reported recovery rates of CT were slightly better than ERP, although both the interventions were equally effective in modifying dysfunctional beliefs.• An RCT comparing ERP and MI with ERP alone did not report any significant differences among the group.	
--	---	--

Guideline Development Group and National Collaborating Centre perspective

A questionnaire was distributed to Guideline Development Group (GDG) members and the National Collaborating Centre (NCC) to consult them on the need for an update of the guideline.

Four responses were received with respondents highlighting limited access to good psychological services, Improving access to psychotherapy roll out and variation in practice in stepped care approach particularly access to specialist care services. Other areas with potential new evidence were pharmacological augmentation therapies among treatment resistant groups, and treatment strategies for hoarding. Potential new areas suggested were deep brain stimulation, transcranial magnetic stimulation and different delivery formats of psychotherapies.

Feedback from the GDG and NCC contributed towards the development of clinical questions for the focused searches.

Implementation and post publication feedback

In total, 73 enquiries were received from post-publication feedback, all of which were routine.

Implementation feedback identified an implementation study by the North East Public Health Observatory on Improving Access to Psychological Therapies. The study uses data from 32 sites about the purpose of attendance, by the type(s) of intervention given and the employment grade of the therapist seen. Wide variation in utilisation of services was observed and the report pointed out low numbers of treatment sessions per patient in comparison to NICE recommendation.

Relationship to other NICE guidance

The following NICE guidance is related to CG31:

Guidance	Review date
CG78 Borderline personality disorder: treatment and management. Published January 2009.	January 2012
CG77 Antisocial personality disorder: treatment, management and prevention. Published January 2009.	January 2012
TA97 Computerised cognitive behaviour therapy for depression and anxiety (Review of Technology Appraisal 51). Published February 2006	TBC
CG9 Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. Published January 2004	TBC
IPG 242 Transcranial magnetic stimulation for severe depression. Published November 2010	TBC

Anti-discrimination and equalities considerations

No evidence was identified to indicate that the guideline scope does not comply with anti-discrimination and equalities legislation. The original scope is inclusive of children and adults who meet the standard diagnostic criteria of obsessive compulsive disorder and body dysmorphic disorders.

Conclusion

No additional areas were identified and supported by evidence that were not covered in the original guideline scope or would indicate a significant change in clinical practice. There are no factors described above that would invalidate or change the direction of current guideline recommendations. The Obsessive-compulsive disorder (CG31) should not be updated at this time.

3. Review recommendation

The guideline should not be considered for an update at this time.

The guideline will be reviewed again according to current processes

Centre for Clinical Practice
1 February 2011

Appendix 1

- Anderson, R.A. & Rees, C.S. 2007. Group versus individual cognitive-behavioural treatment for obsessive-compulsive disorder: a controlled trial. *Behaviour Research & Therapy*, 45, (1) 123-137
- Belloch, A., Cabedo, E., & Carrio, C. 2008. Empirically grounded clinical interventions: Cognitive versus behaviour therapy in the individual treatment of obsessive-compulsive disorder: Changes in cognitions and clinically significant outcomes at post-treatment and one-year follow-up. *Behavioural and cognitive psychotherapy*, 36, (5) 521-540
- Bolton, D. & Perrin, S. 2008. Evaluation of exposure with response-prevention for obsessive compulsive disorder in childhood and adolescence. *Journal of Behavior Therapy & Experimental Psychiatry*, 39, (1) 11-22
- Cabedo, E., Belloch, A., Carriño, C., Larsson, C., Iñiguez-Alvarez, H., García, E., & a F 2010. Group versus individual cognitive treatment for obsessive-compulsive disorder: Changes in severity at post-treatment and one-year follow-up. *Behavioural & Cognitive Psychotherapy*, 38, (2) 227-232
- Cordioli, A.V. 2008. Cognitive-behavioral therapy in obsessive-compulsive disorder. [Portuguese, English]
OT - A terapia cognitivo-comportamental no transtorno obsessivo-compulsivo. *Revista Brasileira de Psiquiatria*, 30, (SUPPL. 2) S65-S72
- Foa, E.B. 2010. Cognitive behavioral therapy of obsessive-compulsive disorder. *Dialogues in clinical neuroscience*, 12, (2) 199-207
- Freeman, J.B., Garcia, A.M., Coyne, L., Ale, C., Przeworski, A., Himle, M., Compton, S., & Leonard, H.L. 2008. Early childhood OCD: preliminary findings from a family-based cognitive-behavioral approach. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47, (5) 593-602
- Gava, I., Barbui, C., Aguglia, E., Carlino, D., Churchill, R., De, V.M., & McGuire, H.F. 2007. Psychological treatments versus treatment as usual for obsessive compulsive disorder (OCD). [Review] [84 refs]. *Cochrane Database of Systematic Reviews* (2) CD005333
- Jaurrieta, N., Jimenez-Murcia, S., Menchón, JM, Del Pino, A.M., Segalas, C., Alvarez-Moya, E.M., Labad, J., Granero, R., & Vallejo, J. 2008. Individual versus group cognitive-behavioral treatment for obsessive-compulsive disorder: a controlled pilot study. *Psychotherapy Research*, 18, (5) 604-614
- Jaurrieta, N., Jimenez-Murcia, S., Alonso, P., Granero, R., Segalas, C., Labad, J., Menchón, JM, & n JM 2008. Individual versus group cognitive behavioral treatment for obsessive-compulsive disorder: follow up. *Psychiatry & Clinical Neurosciences*, 62, (6) 697-704

Jonsson, H. & Hougaard, E. 2009. Group cognitive behavioural therapy for obsessive-compulsive disorder: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 119, (2) 98-106

Kearns, C., Tone, Y., Rush, G., & Lucey, J.V. 2010. Effectiveness of group-based cognitive-behavioural therapy in patients with obsessive-compulsive disorder. *Psychiatrist*, 34, (1) 6-9

Khodarahimi, S. 2009. Satiation therapy and exposure response prevention in the treatment of obsessive compulsive disorder. *Journal of Contemporary Psychotherapy*, 39, (3) 203-207

Merlo, L.J., Storch, E.A., Lehmkuhl, H.D., Jacob, M.L., Murphy, T.K., Goodman, W.K., & Geffken, G.R. 2010. Cognitive behavioral therapy plus motivational interviewing improves outcome for pediatric obsessive-compulsive disorder: a preliminary study. *Cognitive Behaviour Therapy*, 39, (1) 24-27

Meyer, E., Souza, F., Heldt, E., Knapp, P., Cordioli, A., Shavitt, R.G., & Leukefeld, C. 2010. A randomized clinical trial to examine enhancing cognitive-behavioral group therapy for obsessive-compulsive disorder with motivational interviewing and thought mapping. *Behavioural & Cognitive Psychotherapy*, 38, (3) 319-336

Meyer, E., Shavitt, R.G., Leukefeld, C., Heldt, E., Souza, F.P., Knapp, P., & Cordioli, A.V. 2010. Adding motivational interviewing and thought mapping to cognitive-behavioral group therapy: Results from a randomized clinical trial. *Revista Brasileira de Psiquiatria*, 32, (1) 20-29

Meyer, E., Souza, F., Heldt, E., Knapp, P., Cordioli, A., Shavitt, R.G., & Leukefeld, C. 2010. A randomized clinical trial to examine enhancing cognitive-behavioral group therapy for obsessive-compulsive disorder with motivational interviewing and thought mapping. *Behavioural & Cognitive Psychotherapy*, 38, (3) 319-336

O'Leary, E.M.M., Barrett, P., & Fjermestad, K.W. 2009. Cognitive-behavioral family treatment for childhood obsessive-compulsive disorder: A 7-year follow-up study. *Journal of Anxiety Disorders*, 23, (7) 973-978

Rosa-Alcazar, A.I., Sanchez-Meca, J., Gomez-Conesa, A., & Marin-Martinez, F. 2008. Psychological treatment of obsessive-compulsive disorder: a meta-analysis. *Clinical Psychology Review*, 28, (8) 1310-1325

Rowa, K., Antony, M.M., Summerfeldt, L.J., Purdon, C., Young, L., & Swinson, R.P. 2007. Office-based vs home-based behavioral treatment for obsessive-compulsive disorder: a preliminary study. *Behaviour Research & Therapy*, 45, (8) 1883-1892

Simpson, H.B., Zuckoff, A.M., Maher, M.J., Page, J.R., Franklin, M.E., Foa, E.B., Schmidt, A.B., & Wang, Y. 2010. Challenges using motivational

interviewing as an adjunct to exposure therapy for obsessive-compulsive disorder. *Behaviour Research & Therapy*, 48, (10) 941-948

Storch, E.A., Geffken, G.R., Merlo, L.J., Mann, G., Duke, D., Munson, M., Adkins, J., Grabill, K.M., Murphy, T.K., & Goodman, W.K. 2007. Family-based cognitive-behavioral therapy for pediatric obsessive-compulsive disorder: comparison of intensive and weekly approaches. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46, (4) 469-478

Storch, E.A., Merlo, L.J., Larson, M.J., Bloss, C.S., Geffken, G.R., Jacob, M.L., Murphy, T.K., & Goodman, W.K. 2008. Symptom dimensions and cognitive-behavioural therapy outcome for pediatric obsessive-compulsive disorder. *Acta Psychiatrica Scandinavica*, 117, (1) 67-75

Storch, E.A., Merlo, L.J., Lehmkuhl, H., Geffken, G.R., Jacob, M., Ricketts, E., Murphy, T.K., & Goodman, W.K. 2008. Cognitive-behavioral therapy for obsessive-compulsive disorder: a non-randomized comparison of intensive and weekly approaches. *Journal of Anxiety Disorders*, 22, (7) 1146-1158

Tolin, D.F., Hannan, S., Maltby, N., Diefenbach, G.J., Worhunsky, P., & Brady, R.E. 2007. A randomized controlled trial of self-directed versus therapist-directed cognitive-behavioral therapy for obsessive-compulsive disorder patients with prior medication trials. *Behavior Therapy*, 38, (2) 179-191

Watson, H.J. & Rees, C.S. 2008. Meta-analysis of randomized, controlled treatment trials for pediatric obsessive-compulsive disorder. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 49, (5) 489-498

Whittal, M.L., Robichaud, M., Thordarson, D.S., & McLean, P.D. 2008. Group and individual treatment of obsessive-compulsive disorder using cognitive therapy and exposure plus response prevention: a 2-year follow-up of two randomized trials. *Journal of Consulting & Clinical Psychology*, 76, (6) 1003-1014

References by Implementation team

North East Public Health Observatory (2010) Improving Access to Psychological Therapies. A review of the progress made by sites in the first roll-out year.