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COGNITIVE BEHAVIORAL THERAPY / EXPOSURE RESPONSE PREVENTION FOR PEDIATRIC OBSESSIVE COMPULSIVE DISORDER

A REVIEW OF TREATMENT LITERATURE

University of Colorado Boulder

Continued CBT vs. Sertraline for Pediatric OCD in non-responders

Method
CBT (N = 28), Sertraline (N = 22)

Participants
Ages 7–17 classified as non-responders to 14-week CBT treatment (CY-BOCS score < 16)
Attrition: CBT (7, 25%), SRT (5, 23%)

Treatment
During Step 1 all particpants received CBT treatment for 14 weeks; during Step 2 the continued CBT group received an additional 10 CBT treatment sessions over 16 weeks.

For the SRT group they received 6 SRT sessions over the 16 week period of Step 2. SRT group started with 25 mg / day and increased to 100 mg / day by week 4

Outcome Measure
Children's Yale Brown Obsessive Compulsive Scale (CY-BOCS)

Results
SS
No statistical significance between CBT and SRT groups (p = .351)
ES
- Post treatment
CBT > SRT, d = 0.10 (53.9%)
CS
Yes (see Table 2)

Full CBT vs. Brief CBT vs. WL for pediatric OCD

Method
Full CBT (N = 36) and Brief CBT (N = 36) vs. WL (N = 24)

Participants
Ages 10 – 18, meet DMS criteria for OCD; must have six weeks of stable dosage of any medication for OCD prior to trial entry. Recruited from 17 different child/adolescent mental health facilities in the U.K.

Treatment
1. Full CBT: 12 sessions over 12 weeks with average therapist contact
2. Brief CBT: 5 sessions over 12 weeks with average therapist contact and therapist-guided workbooks
3. Waitlist/delayed treatment: Treatment as usual

Outcome measure was assessed baseline, pre, post, 3 month follow up, 6 month follow up

Outcome Measure
Children's Yale Brown Obsessive Compulsive Scale (CY-BOCS)

Results
SS
Yes there was statisitical significance for both Full CBT and Brief CBT against the Waitlist, but no difference between Full CBT and Brief CBT

ES
Post treatment
Full CBT > Waitlist, d = 2.2 (97.7%)
Brief CBT > Waitlist, d = 1.6 (94.5%)

CS
- Yes (see Table 1)

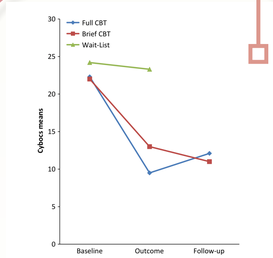

Figure 2 Mean CY-BOCS (child version of Yale-Brown Obsessive Compulsive Scale) total scores for the three groups at two time points: baseline and outcome (end of treatment or wait-list); and mean scores for the two treatment groups also at 3 months follow-up

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Table 2 Post-treatment Group-specific mean and response rates

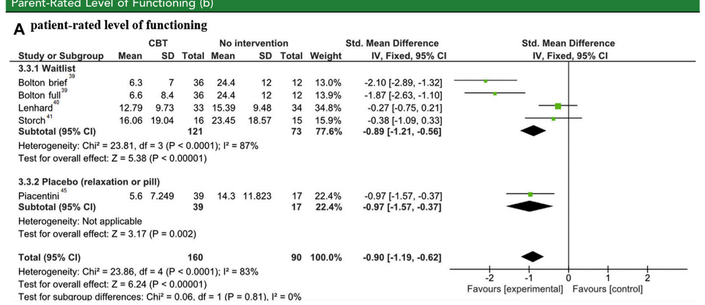
	Estimated mean or rate (95 % CI)[a]		Effect sizes CBT vs. SRT (95 % CI)[b, c]
	Continued CBT	Sertraline	
Primary outcomes			
CY-BOCS total score[d]	13.64 (10.96–16.32)	11.65 (7.88–15.42)	−0.29 (−0.85 to −0.27)
CY-BOCS <16[e]	0.50 (0.33–0.67)	0.45 (0.27–0.65)	0.10 (−0.72 to 0.52)
Secondary outcomes			
COIS-R parent report[f]	17.20 (11.74–22.67)	15.50 (8.86–22.14)	−0.11 (−0.67 to 0.45)
COIS-R child report[f]	15.39 (11.05–19.73)	8.44 (2.72–14.17)	−0.55 (−1.12 to −0.02)
CY-BOCS <11[g]	0.32 (0.18–0.51)	0.27 (0.13–0.48)	−0.22 (−0.41 to 0.85)
30 % reduction[h]	0.36 (0.21–0.54)	0.45 (0.27–0.65)	0.13 (−0.81 to 0.55)

INTRODUCTION

CLINICAL DISORDER: Pediatric Obsessive Compulsive Disorder
DIAGNOSTIC CRITERIA: Adolescents must experience the DSM-V diagnostic definitions for either obsessions or compulsions, or both
TREATMENT: Cognitive Behavioral Therapy and medication (SSRI's / Sertraline)
CBT consists of Exposure and Response (ritual) Prevention Methods, and SSRI's can be used in concurrence with CBT.
RESEARCH DESIGNS
RCT #1: Comparitive Treatment (continued CBT vs. Sertraline for non-responders)
RCT #2: Comparitive Treatment with waitlist group vs. full CBT (average of 12 therapy sessions over 12 weeks) vs. Brief (average of 5 therapy sessions over 12 weeks).
Meta-analysis: CBT vs. no treatment, waitlist, treatment as usual, and attention placebo; CBT vs. SSRIs

FIGURE 3 Effect of Cognitive-Behavioral Therapy Versus "No Intervention" on Patient-Rated Level of Functioning (a) and Parent-Rated Level of Functioning (b)

A patient-rated level of functioning



META-ANALYSIS

Purpose: Assess CBT vs no intervention, waitlist, and attention placebo, as well as CBT vs SSRIs, for treating pediatric OCD by assessing the harms and benefits of treatments; measured using three primary outcomes (OCD symptom severity, serious adverse events, level of functioning) and two secondary outcomes (adverse events and quality of life).

Methods: Analyze patient data from 12 trials (N = 645) comparing CBT to:
WL = (5 trials)
Placebo = (3 trials)
No intervention = (2 trials)
SSRI's = (3 trials); Co-intervention (no intervention and SSRI together) = (2 trials)

Findings: CBT may be more effective than no intervention and comparable to SSRIs however the data demonstrated to be insufficent for making an effect estimate with certainty.

SS
Yes, CBT > no intervention - decreasing OCD symptom severity (p = <. 00001, low certainty)
Yes, CBT > no intervention - improving level of functioning (p = < .00001, very low certainty)
Yes, CBT > no intervention - reduced risk of still having OCD (p = <. 00001, very low certainty)
ES
No, the data for CBT v. no intervention on seruious adverse events and quality of life was insufficent to assess an effect

No, the data for CBT v SSRIs on seruious adverse events, level of functioning, and quality of life was insufficent to assess an effect

CS
See figure 3 (above)

EFFECT SIZE

RCT #1

1. Outcome measure
CY-BOCS scale

2. Comparison made
Comparative treatment strategy (continued CBT vs SRT for CBT non-responders)

3. Report ES
0.10; z-score value = .53983

4. *The average person in the CBT group scored lower than 53.983% of the Sertraline participants on the CY-BOCS measure*

RCT #2

1. Outcome measure
CY-BOCS scale

2. Comparison made
Full CBT and brief CBT vs waitlist

3.Report ES
Full: 2.2; z-score value = .97725
Brief: 1.6; z-score value = .94520

4. The average person in the full CBT group scored lower than 97.725% of the wait-list/delayed participant group on the CY-BOCS measure

4a. The average person in the brief CBT group scored lower than 94.52% of the wait-list/delayed participant group on the CY-BOCS measure

SYNTHESIS AND RECOMMENDATIONS

The main findings of the RCTs contrast one another on the necessary time period for CBT to be most effective – RCT #1 found that the full 30 weeks was most effective, and RCT #2 found that brief CBT is as effective as full CBT.

None of the literature provided evidence that medication was more effective than CBT

Medication is likely the most beneficial when prescribed in addition to CBT