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.**

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<tr>
<th>Clinical question</th>
<th>Summary of evidence</th>
<th>Relevance to guideline recommendations</th>
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| 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? | Through the focussed search thirteen studies relevant to the review question was identified.  
- 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.                                                               |
- 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:

<table>
<thead>
<tr>
<th>Guidance</th>
<th>Review date</th>
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<tbody>
<tr>
<td>TA97 Computerised cognitive behaviour therapy for depression and anxiety (Review of Technology Appraisal 51). Published February 2006</td>
<td>TBC</td>
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<tr>
<td>CG9 Eating disorders: Core interventions in the treatment and management of anorexia nervosa, bulimia nervosa and related eating disorders. Published January 2004</td>
<td>TBC</td>
</tr>
<tr>
<td>IPG 242 Transcranial magnetic stimulation for severe depression. Published November 2010</td>
<td>TBC</td>
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### 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


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


**References by Implementation team**