

Scope

1 Guideline title

Obsessive-compulsive disorder: the management of obsessive-compulsive disorder in adults and children in primary and secondary care.

1.1 *Short title*

Obsessive-compulsive disorder (OCD).

2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Mental Health to develop a clinical guideline on the management of anxiety disorders for use in the NHS in England and Wales. This follows referral of the topic of anxiety disorders, by the Department of Health and Welsh Assembly Government (see Appendix). This document provides further detail on the specific issues relating to OCD and is a development of the original scope agreed for the anxiety disorders. The guideline will provide recommendations for good practice that are based on best available evidence of clinical and cost effectiveness.

- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

3 Clinical need for the guideline

- a) Obsessive-compulsive disorder (OCD) is a potentially life-long disabling disorder. Diagnostic features include recurrent obsessions or compulsions that are distressing, time-consuming, that interfere with occupational or educational functioning and social activities or relationships.
- b) In the UK, the prevalence of OCD is 1.2% of the adult population between 16-64 years of age, with it affecting a slightly higher proportion of women (1.5%) than men (1.0%). DSM IV estimates a lifetime prevalence of 2.5% and 1-year prevalence of 1.5%-2.1%. The disorder can occur at any age. Because OCD is often a “hidden” disorder, it is neither identified nor reported accurately. Thus, these figures should be viewed as underestimates.
- c) Individuals with OCD and related disorders are currently treated in a range of NHS settings including primary care services; general mental health services and specialist secondary care mental health services. The provision and uptake of such services varies across England and Wales and in part reflects presence or absence of specialist services.
- d) A number of guidelines, consensus statements and local protocols exist. This guideline will review evidence of clinical and cost effective practice, together with current guidelines, and will offer guidance on best practice.

4 The guideline

- a) The guideline development process is described in detail in three booklets that are available from the NICE website (see ‘Further information’). The Guideline Development Process – Information for Stakeholders describes how organisations can become involved in the development of a guideline.

- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

The recommendations made in the guideline will cover management of the following groups.

- a) Children and adults who meet the standard diagnostic criteria of obsessive-compulsive disorder and body dysmorphic disorders.

4.1.2 Groups that will not be covered

- a) Although the guidelines will be of relevance to all people with OCD whether or not it is accompanied by other illnesses, it will not address separately or specifically the management of individuals with other physical or psychiatric conditions.

4.2 Healthcare setting

- a) The guideline will cover the care provided in primary and secondary care and that provided by health care professionals who have direct contact with and make decisions concerning the care of patients with OCD.
- b) The guideline will also be relevant to the work of, but will not provide specific recommendations to the following non NHS services. However it will consider the interface between health care services and these services:
 - social services
 - voluntary sector

- education.

4.3 Clinical management – areas that will be covered

The guideline will cover the following areas of clinical practice:

- a) The full range of care routinely made available by the NHS with regard to OCD.
- b) Clarification and confirmation of diagnostic criteria currently in use and therefore the diagnostic factors that trigger the use of this guideline and assessment and instruments that might be used in this process. The definition of the condition in relation to other anxiety disorders will be precise.
- c) Pathways to treatment.
- d) Psychological interventions including type, format, frequency, duration and intensity. This will include computerised cognitive behaviour therapy (CCBT).
- e) Pharmacological treatments including type, dose and duration. When referring to pharmacological treatments, normally guidelines will recommend within the licence indications. However, where the evidence clearly supports it, recommendations for use outside the licence indications may be made in exceptional circumstances. It is the responsibility of prescribers to be aware of circumstances where medication is contra-indicated. The guideline will assume that prescribers are familiar with the side-effect profile and contraindications of medication they prescribe for patients with depression. The guideline will consider the side effects, toxicity and other disadvantages of treatments.
- f) Appropriate use of combined pharmacological and psychological interventions.
- g) Psychosurgery and deep brain stimulation.
- h) Self-care.

- i) Sensitivity to cross-cultural and religious factors.
- j) The role of the family in the treatment and support of patients.

4.4 *Clinical management – areas that will not be covered*

The guideline will not cover treatments that are not normally available on the NHS.

4.5 *Audit support within the guideline*

The guideline will include review criteria for audit, for key recommendation, which will enable objective measurements to be made of the extent and nature of local implementation of this guidance, particularly its impact upon practice and outcomes for people with OCD.

4.6 *Status*

4.6.1 *Scope*

This is the final version of the scope. It has been derived from the scope on generalised Anxiety which formerly included OCD and which was subject to a 4-week period of consultation with stakeholders and review by the Guidelines Advisory Committee. As a result of that consultation, a decision was taken to prepare a separate guideline for OCD and this separate scope was drafted and submitted to the Institute's Guideline Programme Director and Executive Lead for approval.

4.6.2 *Guideline*

The development of the guideline will begin in June 2003.

5 Further information

Information on the guideline development process is provided in:

- *The Guideline Development Process – Information for the Public and the NHS*

- *The Guideline Development Process – Information for Stakeholders*
- *The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups.*

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

“To prepare a clinical guideline and audit tool for the NHS in England and Wales for ‘talking’ therapies, drug treatments and prescribing for anxiety and related common mental disorders, including generalised anxiety disorder (GAD), panic disorder (with or without agoraphobia), post-traumatic stress disorder, and obsessive–compulsive disorder (OCD). The audit tool should include a dataset, database and audit methodology.”