1 2	NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE
3	Scope for guideline update
4 5	Obsessive-compulsive disorder and body dysmorphic disorder: assessment and management
6 7	NICE is updating its <u>guideline on obsessive-compulsive disorder and body</u> <u>dysmorphic disorder: treatment</u> (CG31).
8 9 10	The update will be developed using the methods and processes in <u>developing NICE</u> guidelines: the manual, including the <u>interim principles for methods and processes</u> for supporting digital living guideline recommendations.
11	Who the guideline update covers
12 13 14	This update will cover people that are suspected to meet, or meet, the diagnostic criteria for obsessive compulsive disorder (OCD) and body dysmorphic disorder (BDD).
15 16	In addition to adults, young people and children aged 8 years and older, this update will also extend the guideline to cover children under age 8.
17	Exclusions for this update
18	This update will not cover the assessment or treatment of bodily distress disorder.
19	Equality considerations
20	See the equalities and health inequalities assessment for this update.
21	Settings covered by the guideline update
22 23	All health, mental health and social care settings in which NHS care or social care is received or commissioned.

## 1 Activities, services or aspects of care covered by the

### 2 guideline update

- 3 We will look at the evidence and consider making new recommendations or updating
- 4 existing recommendations on:
- Recognition and assessment of OCD and BDD
- Treatment for OCD and BDD:
- 7 psychological interventions, for example, exposure and response prevention
- 8 (ERP), and cognitive behavioural therapy (CBT) with ERP. These interventions
- 9 can be delivered individually or in groups, face-to-face or remotely (including
- digital interventions)
- 11 pharmacological interventions, for example, selective serotonin-reuptake
- inhibitors (SSRIs) and clomipramine
- 13 combination interventions (psychological and pharmacological)
- Further-line treatment for OCD and BDD following no or limited response to
- treatment (including switching and augmentation strategies):
- 16 non-invasive neuromodulation interventions, for example, transcranial magnetic
- 17 stimulation
- 18 pharmacological interventions
- 19 psychological interventions
- Accessing and engaging with treatment.
- 21 If recommendations are retained from the current guideline, they may be edited to
- 22 ensure that they meet current editorial standards and reflect the current policy and
- practice context.

#### 24 Areas covered by other guidelines

- 25 The following areas are covered by other NICE guidance. This update will therefore
- 26 not include specific evidence reviews on these areas, but the committee may cross-
- 27 refer to the associated guidance:

- Deep brain stimulation (covered in deep brain stimulation for chronic, severe,
- 2 <u>treatment-resistant obsessive-compulsive disorder in adults</u> interventional
- 3 procedures guidance IPG693)
- Adaptations to interventions for people with OCD and autism (covered in autism
- 5 <u>spectrum disorder in adults</u> clinical guideline CG142 and <u>autism spectrum</u>
- 6 <u>disorder in under 19s</u> clinical guideline CG170)
- 7 Adaptations to interventions for people with OCD in the antenatal or perinatal
- 8 period (covered in <u>antenatal and postnatal mental health</u> clinical guideline CG192)
- Stopping antidepressant medication (covered in depression in adults NICE
- 10 guideline NG222 and medicines associated with dependence or withdrawal
- 11 symptoms NICE guideline NG215)
- General principles, not specific to OCD and BDD, for improving the experience of
- care (covered in <u>patient experience in adult NHS services</u> clinical guideline
- 14 CG138, service user experience in adult mental health clinical guideline CG136
- and <u>babies</u>, <u>children</u> and <u>young people's experience of healthcare</u> NICE guideline
- 16 NG204).

### 17 Draft review questions

- 18 We have identified the following draft review questions. These may change during
- 19 guideline development, but the areas covered will remain as listed in the final scope.

#### 20 Recognition and assessment of OCD and BDD

- 21 1. What is the accuracy and effectiveness of brief assessment tools for
- identifying OCD in children and young people?
- 23 2. What is the accuracy and effectiveness of brief assessment tools for
- identifying OCD in adults?
- 25 3. What is the accuracy and effectiveness of brief assessment tools for
- identifying BDD?

#### Interventions for OCD and BDD

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- 2 4. What is the effectiveness (including at longer-term follow-up) of
- psychological, pharmacological, and combination interventions for the
- 4 treatment of OCD in children and young people?
- 5 5. What is the effectiveness (including at longer-term follow-up) of
- 6 psychological, pharmacological, and combination interventions for the
- 7 treatment of OCD in adults?
- 8 6. What is the effectiveness (including at longer-term follow-up) of
- 9 psychological, pharmacological, and combination interventions for the
- treatment of BDD?

#### Further-line treatment for OCD and BDD

- 12 7. What is the effectiveness (including at longer-term follow-up) of further-line
- treatment (including switching and augmentation strategies) with non-
- invasive neuromodulation, pharmacological and psychological interventions
- for OCD and BDD following no or limited response to treatment?

#### 16 Accessing and engaging with treatment

- 17 8. What works well, and what could be improved, in terms of accessing and
- engaging with treatment for OCD and BDD?
- 19 Note that guideline recommendations for medicines will normally fall within licensed
- indications; exceptionally, and only if clearly supported by evidence, use outside a
- 21 licensed indication may be recommended. The guideline will assume that prescribers
- will use a medicine's summary of product characteristics to inform decisions made
- with individual patients.
- 24 The areas covered and draft questions will be used to develop detailed review plans
- 25 (protocols), which will guide the systematic review of the literature.

# Main outcomes for this update

- 27 The main outcomes that may be considered when searching for and assessing the
- 28 evidence are:

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- diagnostic accuracy of brief assessment tools
- change in (relevant OCD or BDD) symptoms
- response to treatment
- 4 discontinuation
- discontinuation due to adverse events
- experience of care from the perspective of service users and their families and
- 7 carers
- 8 cost-effectiveness.

# 9 Economic aspects

- 10 We will take economic aspects into account when making recommendations. For
- each review question (or key areas in the scope), we review the economic evidence
- and, where appropriate, carry out economic modelling and analyses, using an NHS
- 13 and personal social services perspective.

## 14 NICE guidance and quality standards that may be affected

### 15 by this guideline update

- Transcranial magnetic stimulation for obsessive-compulsive disorder
- interventional procedures guidance IPG676
- Anxiety disorders quality standard QS53.

#### 19 Further information

- 20 NICE guidelines cover health and care in England. Decisions on how they apply in
- other UK countries are made by ministers in the Welsh Government, Scottish
- 22 Government and Northern Ireland Executive.

The guideline update is expected to be published in January 2027.

To follow the progress of the update, see the <u>guideline in development page</u>.

Our website has information about how NICE guidelines are developed.

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