2008 - 2009

Annual Report of Trustwide Service for OCD/BDD and other severe neurotic conditions (BCPU)

1. Introduction and Background

i. What was Commissioned?

From April 2006, the Commissioners of the 5 local Boroughs of:-

- Kingston
- Merton
- Richmond
- Sutton
- Wandsworth

decided to purchase a comprehensive service for OCD/BDD based on the Guidelines issued by the National Institute for Health and Clinical Excellence (NICE,2006). This was to operate on a "Hub and Spoke" Model and would provide 1 WTE therapist per Borough, 0.2 WTE Consultant Psychiatrist and 0.5 Administrator. The Service would concentrate on patients with the most severe OCD/BDD but in addition would also provide input in terms of raising public awareness and education, and joint working with colleagues in Primary Care and the Community Mental Health (CMH) Services to deliver evidence-based best practice treatment for OCD/BDD.

In addition the Service would provide expert CBT and advice for patients with other Neurotic Conditions who had failed treatment in the CMH Teams. Examples of other conditions of this sort include Severe Panic Disorders; Post-traumatic stress and other Anxiety Disorders.

ii. Problems in Third Year of Operation.

- 0.4 WTE has been absent on sick and maternity leave most of this year. It has proven impossible to find consistent high calibre cover to compensate for this.

- Reorganisation of local CMHTs has lead to considerable upheaval and difficulty in liaison with some of the Teams

- The Clinical Manager and Clinical Consultant Psychotherapist for the service retired at the end of March 2009. There are no plans to replace this post. Although the full impact of this has not yet been felt by the Service, there has been considerable concern about this during the year.

2. Special Achievements

During the year we our delighted by a number of achievements and recognition of the high calibre service we offer.

These have included:

- **The Service was a Finalist in the LONDON HEALTH AND SOCIAL CARE AWARDS in the category of *"Most Transformed Service"***

- The Service won the **Audit into Action Award 2008** for the South West London and St George's Mental Health NHS Trust **Quality Awards**

- The Service was runner up for the **Theory into Practice Award 2008** for the South West London and St George's Mental Health NHS Trust **Quality Awards**

- The Service was featured as an exemplar to others on the **NICE shared learning web-site.** http://www.nice.org.uk/page.aspx?o=391017 and http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=150

- We have been successful so far in our application, as part of a Consortium, to the **National Institute for Health Service Research** for funds to study the outcome of psychological therapy, drug treatment and combination treatment in patients with a range of severity of OCD. So far our initial expression of interest was accepted and we were asked to submit a full proposal. That proposal has been sent for peer-review and further questions were asked which were answered. We are now awaiting the final decision. If successful, we would be the major Trust involved in this multi-centre study with us making up 40% of the workload (in collaboration with Hertfordshire Partnership; Essex; Southampton and Dundee). This £ multi-million grant would be a great honour and would improve patient care and have a wide effect on improving services and access to services for OCD in the local area as well as having a National impact.

- Dr Lynne Drummond was asked to become medical adviser for **Triumph over Phobias and OCD UK (TOP UK)**. This is a charitable organisation which runs treatment groups staffed by volunteers throughout the UK. Although this role is undertaken in her spare time, Dr Drummond's involvement in this has enabled us to explore ways in which we can work collaboratively with TOP UK to improve access to services and offer treatments for those patients who are not ready for treatment in traditional health-care settings. A new treatment group is shortly to start in Richmond/Twickenham due to our joint working. We hope that we can replicate this throughout the 5 Boroughs.

- The Service presented its work at several National and International Conferences including:-

International Conference for Cognitive Behavioural Psychotherapy – Rome 19th – 23rd June 008.DRUMMOND, L.M. Predictors of Outcome in Severe, Chronic Resistant Obsessive-Compulsive Disorder**Royal College of Psychiatrists Annual Meeting – London 1nd – 5th July 2008.**

Development of a New service for Severe Obsessive Compulsive Disorder
Convened and Chaired by LM DRUMMOND
LM DRUMMOND Characteristics of Patient Referrals
LM DRUMMOND Services at South West London and St George's

Royal College of Psychiatrists Annual Meeting – London 1nd – 5th July 2008.
MOOLA,Z, DRUMMOND,LM and PILLAY, A.Marital Status in Severe, Chronic Obsessive-Compulsive Disorder.

Annual Conference of the British Association for Behavioural and Cognitive Psychotherapy – Edinburgh 16th -21st July 2008
Symposium Entitled Predictors of Change in Obsessive-Compulsive Disorders (4 lectures):

- PILLAY,A and DRUMMOND,LM Inpatient and Community Treatment
- MORTON,K, MORISSEY,S and DRUMMOND,LM Readiness to change and outcome,
- RANI,RS;DRUMMOND,LM;FINEBERG,NA et al. Sleep and Obsessive Compuslive disorders
- BOLAND,W; PILLAY,A and DRUMMOND,LM Social and demographic factors and change.

Annual Conference of the British Association for Behavioural and Cognitive Psychotherapy – Edinburgh 16th -21st July 2008
DRUMMOND,LM and PILLAY,A. Treating Severe, Chronic Resistant Obsessive Compulsive Disorder – In conference Workshop.

Annual Conference of the British Association for Behavioural and Cognitive Psychotherapy – Edinburgh 16th -21st July 2008
HATTERSLEY,N AND DRUMMOND, L.M. Leadership Training in the NHS

Annual Conference of the British Association for Behavioural and Cognitive Psychotherapy – Edinburgh 16th -21st July 2008
HINDHAUGH,K;OKUSI,D AND DRUMMOND, LM Psychiatrist Heal thyself.

Annual Conference of the British Association for Behavioural and Cognitive Psychotherapy – Edinburgh 16th -21st July 2008
MORTON,K.; KOLB,P, DRUMMOND,LM <TURNER,Jand MENZIES,R. Danger Ideation Reduction therapy and Obsessive-Compulsive Disorder.

Annual Conference of the British Association for Behavioural and Cognitive Psychotherapy – Edinburgh 16th -21st July 2008
MOOLA,Z, DRUMMOND,LM and PILLAY, A.Marital Status in Severe, Chronic Obsessive-Compulsive Disorder.

NHS Innovations Live
London 12th November 2008
HATTERSLEY,N AND DRUMMOND, L.M. Leadership Training in the NHS

Two papers describing the Model and work of our Local Service were published:

- DRUMMOND, L.M., PILLAY, A. KOLB, P., BENSON,S., FOGG,R., JONES-THOMAS, E., and RANI, R.S. (2008) The Introduction of a Community Model for the treatment of Obsessive-Compulsive and Body Dysmorphic Disorders Psychiatric Bulletin, 32, 336-341

- BOSCHEN, M.J., DRUMMOND,L.M. and PILLAY,A. (2008) Treatment of severe, treatment refractory obsessive-compulsive disorder: A study of inpatient and community treatment. CNS Spectrums, 13 (120, 1056-1065.

3. Visitors

We have attracted steady stream of Honorary therapists who wish to learn from our expertise and model. These are from a range of professions and from both inside and outside the Trust. In October 2008 a delegation of clinicians from the **National Neuropsychiatric Service in Dundee, Scotland** visited to look at our way of working.

We also had a visit from **Dr Mark Boschen** , Senior Lecturer in Psychology at **Griffith University, Queensland, Australia**. Dr Boschen worked with us to further evaluate outcome with our patients

4. Media

Over this year we have featured articles describing treatments for Anxiety Disorders and OCD in South London Press and various local papers.

Dr Drummond was filmed for a web-based interview and demonstration about anxiety disorders published on-line by the British Medical Journal

5. Conferences and Training

Over the year we ran 2 training days :

- **20th October , 2008** a Conference examining the optimal treatment for OCD/BDD was held in the Conference Centre at Springfield University Hospital and was attended by Mental health practitioners from throughout the Trust

- **4th December 2008** a Conference for local GPs and Commissioners was held at Springfield Hospital. this conference looked at optimal treatment regimen for OCD/BDD and the outcome of treatment.

- In addition, we presented a workshop aimed at public education and help for sufferers at the **National Conference for OCD-UK; OCD Action and TOP-UK**

6. OCD/BDD

Operationalisation of the NICE Guidelines for OCD/BDD

In the NICE Guidelines OCD/BDD are discussed in 6 Levels of intervention and treatment (www.nice.org.uk). It is implied, but not defined, that these stages correlate to severity as well as chronicity of condition and resistance to treatment. To this end we have operationalised the NICE Guidelines for the purposes of reporting on activity. The Yale Brown Obsessive Compulsive Scale (YBOCS) is an internationally recognised scale for measuring the severity of OCD/BDD. It has a maximum score of 40 with scores from 0-8 representing mild; 8-16 moderate 16-24 considerable; 24-32 severe and 32+ profound handicap due to OCD/BDD. We thus used the operationalised definitions as follows. (Please note that these are a rough guide only. Some patients may require more intensive treatment due to co-morbidity):

NICE Stepped care model severity level	YBOCS score	Description	Likely Intervention
Level 1	**<16**	At this level the patient is only just recognising that he/she has aproblem and is starting to seek help. Life only minimally impaired; patient likely to still be working.	Patient awareness and education
Level 2	**c. 16**	Probably still in work	Suitable for self-help CBT +/- treatment with serotonin reuptake inhibiting drugs (SRIs)
Level 3	**16 - 24**	Problematic symptoms May still be able to work	Suitable for self-help CBT +/- treatment with serotonin reuptake inhibiting drugs (SRIs) Referral to Psychotherapy in primary Care Team (PiPTC) if need more than self-help and SRIs
Level 4	**16 - 24**	Considerable symptoms , Less likely to be working	Referred to CMH Team Trail of alternative SRI = =/- augmentation with other agent Trial of CBT by member of CMH Team
Level 5	**24 - 32**	Unlikely to be working due to disability Has already unsuccessfully received CBT from CMH Team and/or PiPTC Has received/is receiving SRI and augmentation with either dopamine blocker or supranormal SRI dosage etc. as described by Pallanti et al, 2002	Needs either Clinic –based CBT from Unit specialising in OCD/BDD or more likely intensive home-based treatment from unit specialising in OCD/BDD Psychopharmacological review to be carried out by specialist team
Level 6	**>30**	Unlikely to be working due to disability Meets stringent criteria of previous treatments listed below.	**Refer to the National Service commissioned by the National commissioning Group of the DoH**

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Activity Levels

- **Referrals for 2008/9 across 5 Boroughs = 179 patients (25 rejected)**
- **Current caseload across 5 Boroughs = 149 patients**
- **Total Direct Clinical Hours with Patients at Level 5 = 2305 hours**

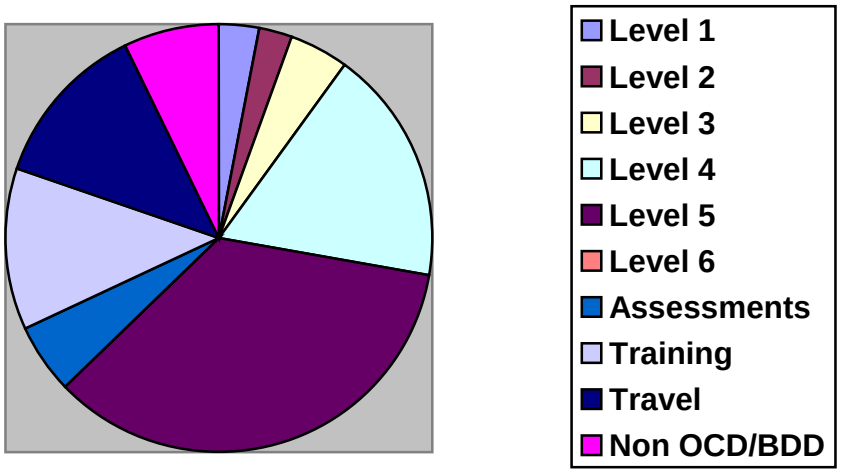
This represents 30% of total hours worked.

NICE Level	Examples of this activity	Approximate Number of Hours dedicated to this activity in 2008/2009
Level 1 - Public Awareness	Joint working with charitable organisations and public information = 30 hours Dissemination of leaflet about OCD/BDD = 30 hours Production of Posters for Public Events = 30 hours Attendance at Market place event = 24 hours Production of information packs for families of OCD/BDD sufferers = 25 hours Production of Information leaflets for patients on healthy living = 25 hours Production of information leaflets about OCd/BDD and benefits = 10 hours Involvement in Trust ethnic awareness events = 28 hours	**202 hours**
Level 2 - Awareness in General Practice	Production of information packs for GPs = 20 hours Promoting web-site for GPs = 20 hours Liaison with GPs re information website = 30 hours Dissemination of Leaflets re OCD = 10 hours Academic Talks to GPs about the service = 32 hours Conference for GPs = 41 hours Visits to GP practices = 5 hours	**158 hours**
Level 3 - Treatment in General Practice	Liaison with PiPCT/ GPs = 305 hours	**305 hours**
Level 4 - Treatment in Specialist CMH Teams	Provision of Certificate in CBT to CMH Team members = 32 hours Conference for local CMHTs = 36 hours Clinical Supervision with members of CMH Teams = 325 hours Joint working with CMH Team members = 660 hours Peer supervision and paperwork for this = 120 hours	**1173 hours**

Level 5 - Treatment in Specialist Teams with special expertise in OCD/BDD		**2305 hours**
Level 6 - Intensive Programmes and IP Services – provided Nationally		**6 hours**
Assessments		**352 hours**
Treatment of patients with severe neurotic disorders (non-OCD/BDD)		**475 hours**
Mandatory training courses; CPD and individual supervision of therapists		**793 hours**
Travel to patients; between sites etc.		**836 hours**
TOTAL		**6605 hours***

***This number appears greater than available hours due to work by Honorary Therapists (unpaid) and supervised by BCPU staff**

Pie Chart Demonstrating Time Spent In Various Activities

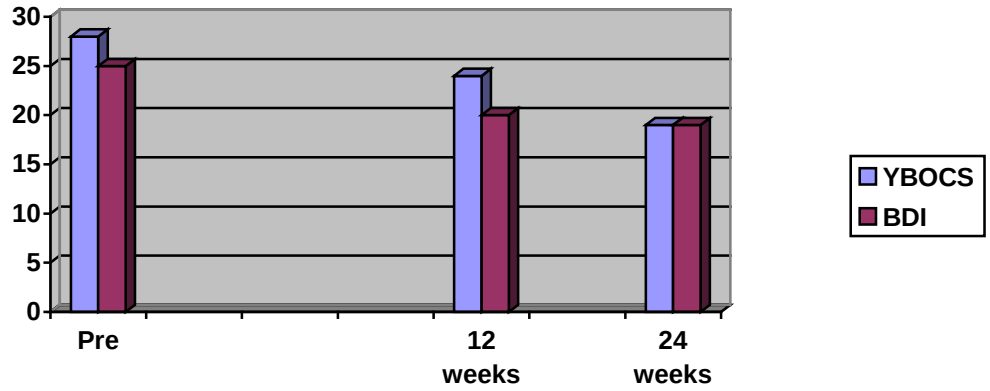


4. Clinical Outcome (these results refer to 2007/08)

70 patients with OCD (30 men; 40women)

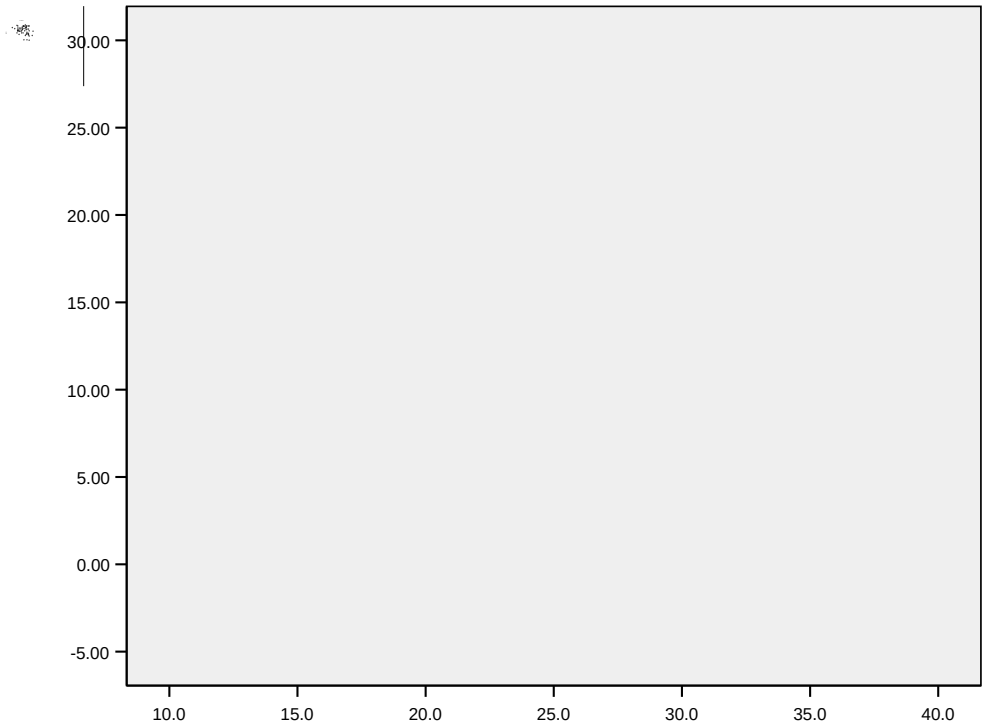
Average age = 39 years (sd 11;range 19-73yrs)
Mean Duration of OCD = 19 years (sd11;range 3 -50 years)
Clinical Outcome with treatment (last available figure carried forward in an "Intention to Treat Paradigm")

Measures	Start of Treatment Mean (S.D)	After 24 weeks Mean (S.D)	p-value
YBOCS (n=67)	28(6)	20 (7)	<0.0005
BDI (n=37)	27 (12)	16 (12)	<0.0005



Key:
pre = Pre-treatment scores
post = Post-treatment scores
YBOCS = Yale-Brown Obsessive Compulsive Score (max. 40)
BDI = Beck Depression Inventory (> 20 is severe depression)

Improvement (pre-treatment YBOCS minus 24 week YBOCS) against initial YBOCS score (0 = no change or dropout; negative score indicates worsening of symptoms)
(2 patients scored 28,0;22,10 and 20,9 respectively and are not fully shown on the graph



Graph demonstrating overall clinical improvement of patients with OCD

5. Future Developments and Plans for 2009- 2010.

- Further Refine Patient Pathway to ensure seamless access of patients into appropriate service
- Continue to develop liaison with Primary Care and CMH Teams in order to consolidate the community base of the service. Joint working to be started in recognition in some GP practices
- Further Increase liaison and input in Level 1 – 4 of NICE Guidelines

6. The National Unit

From 1st April 2007, the DoH has funded a National service for patients with the most profound OCD/BDD at Level 6 who have failed all previous treatments including treatment with home-based treatments provided by Regional Specialists**.** This has been funded via the National Commissioning Group (NCG**)** of the Department of Health

At SWLSTG, commissions the following:-

10 IP beds at 85% bed occupancy plus post admission treatment and follow-up
1000 Therapy hours (independent of activity following on from IP)

To ensure these services are not overburdened or inequitably accessed by patients across the Country strict protocols are applied.
To be eligible for an NCG Service a patient with OCD/BDD must:-

- YBOCS>30
- Failed to respond to 2 previous trials of SRIs at BNF recommended doses fo a minimum of 3 months each
- Failed to respond Augmentation of SRIs as per Palanti et al. 2002
- Failed to respond 2 previous trials of CBT which include elements of graded exposure and response-prevention and one of which should have been carried out in the environment in which symptoms are usually generated (ie home-based treatment).

In addition to be eligible for IP admission patients must have specific reasons why less intensive treatment is unsuitable viz:-

- Danger to self either due to suicidality or due to extreme self-neglect (e.g. failure to drink sufficiently without nursing input)
- Danger to others due to OCD (e.g. impulsive acts)
- Compulsions so severe that cannot mange without 24 hour care (e.g. regular incontinence due to OCD; Compulsions taking >3 hours to get up in morning)
- Severe delayed sleep phase shift resulting in patient not being awake during the day
- Complicating additional diagnosis making close observation throughout treatment essential (e.g. anorexia nervosa and OCD)
- Diagnostic doubt

In addition to providing Services the National Unit has been able to provide leadership and also research in the area of OCD/BDD. Between 1st April 2007 and 31st March 2008 the following academic publications were published:-

Articles (* denotes peer-reviewed)

*MUKHOPADHYAY,S., FINEBERG,NA, DRUMMOND,LM, TURNER,J, WHITE,S, WULFF,K and GHODSE,H. (2008) Delayed Sleep Phase Shift in Severe Obsessive-Compulsive Disorder: A Systematic Case Report Survey. CNS Spectrums, 13:5, 1-8

*DRUMMOND,L.M. and KOLB,PJ (2008) Obsessive Compulsive Contamination Fears and Anorexia Nervosa; the Application of the New Psychoeducational Treatment of Danger Ideation Reduction Therapy (D.I.R.T.)., Behaviour Change , 25:1,44-49

*DRUMMOND, L.M., PILLAY, A. KOLB, P., BENSON,S., FOGG,R., JONES-THOMAS, E., and RANI, R.S. (2008) The Introduction of a Community Model for the treatment of Obsessive-Compulsive and Body Dysmorphic Disorders Psychiatric Bulletin, 32, 336-341

*DRUMMOND, L.M., FINEBERG, N.A, L HEYMAN,I., KOLB, P., PILLAY,A., RANI, R.S. SALKOVSKIS, P. and VEALE, D. (2008) Description of Progress in the Development of a National Service for Adolescents and Adults with the most Severe, Refractory Obsessive-Compulsive and Body Dysmorphic Psychiatric Bulletin, 32, 333-336

DRUMMOND,L.M. and HATTERSLEY,N (2008) Leadership training: What is it for? British Medical Journal : Career Focus, 337, 83-84.

*BOSCHEN,M.J., DRUMMOND,L.M. and PILLAY,A. (2008) Treatment of severe, treatment refractory obsessive-compulsive disorder: A study of inpatient and community treatment. CNS Spectrums, 13 (120, 1056-1065.