

The OCD Program: Internet-based Treatment of Obsessive-Compulsive Disorder

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Introduction

- The prevalence of obsessive-compulsive disorder (OCD) in Australia is 2%¹
- Only a small percentage of people with OCD have access to evidence based care²
- Barriers to accessing evidence based treatment** include direct and indirect costs of treatment, lack of appropriately trained clinicians and stigma^{3,4}
- Our aim was to develop and evaluate the efficacy and acceptability of an Internet-delivered treatment program for OCD, *The OCD Program***

Methods

- An open trial design with 22 participants
- Primary outcome measures were the Yale Brown Obsessive Compulsive Scale (YBOCS)⁵ and Obsessive Compulsive Inventory (Revised) (OCI-R)⁶. The Sheehan Disability Scale (SDS)⁷ was used to measure disability. Measures were administered at pre-, post-treatment, and 3-month follow-up.
- Diagnosis was established using the MINI International Neuropsychological Interview (MINI)⁸.

About the OCD Program:

- 8 online lessons delivered over 8 weeks comprising best practice cognitive and behavioural interventions.
- Cognitive components include techniques targeting 6 cognitive biases common in OCD:
 - The overestimation of threat
 - The overestimation of responsibility
 - Thought action fusion
 - Need to control thoughts
 - Perfectionism
 - Intolerance to uncertainty
- Behavioural component includes Exposure and Response Prevention (ERP)

Lessons provide structured information on overcoming OCD symptoms:

OCD IS MADE UP OF 3 TYPES OF SYMPTOMS:
1. UNHELPFUL THOUGHTS
2. PHYSICAL SYMPTOMS OF ANXIETY/DISTRESS
3. UNHELPFUL BEHAVIOURS

MY FIRST ERP STEPLADDER IS LISTED BELOW ...

STEP 3: I HAD TO RE-ESTIMATE HOW RESPONSIBLE I WAS ... I WAS LEFT WITH A 35% RESPONSIBILITY IN THIS SITUATION

ITEMS:
100 - DRIVING ALONE AT NIGHT
110 - THINKING ABOUT HARMING SOMEONE
120 - TOUCHING A UNIVERSITY DESK
130 - LEAVING THE HOUSE
140 - SITTING ON A DIRTY FLOOR
150 - LEAVING A LIGHT SWITCH ON ALL DAY
160 - WALKING ALONG A DARK STREET
170 - DRIVING ALONE IN A QUIET STREET
180 - LEAVING THE TV ON
190 - USING PUBLIC TOILETS
200 - LEAVING THE TOASTER PLUGGED IN
210 - WALKING ON A QUIET STREET
220 - TOUCHING THE BOTTOM OF MY SHOES
230 - TOUCHING LIBRARY BOOKS

MY ESTIMATES:
1. ME = 35 %
2. THE PEDESTRIAN = 30 %
3. LOCAL GOVERNMENT = 25 %
4. CAR COMPANIES = 10 %

Lesson summaries provide homework tasks and reinforce information in lessons

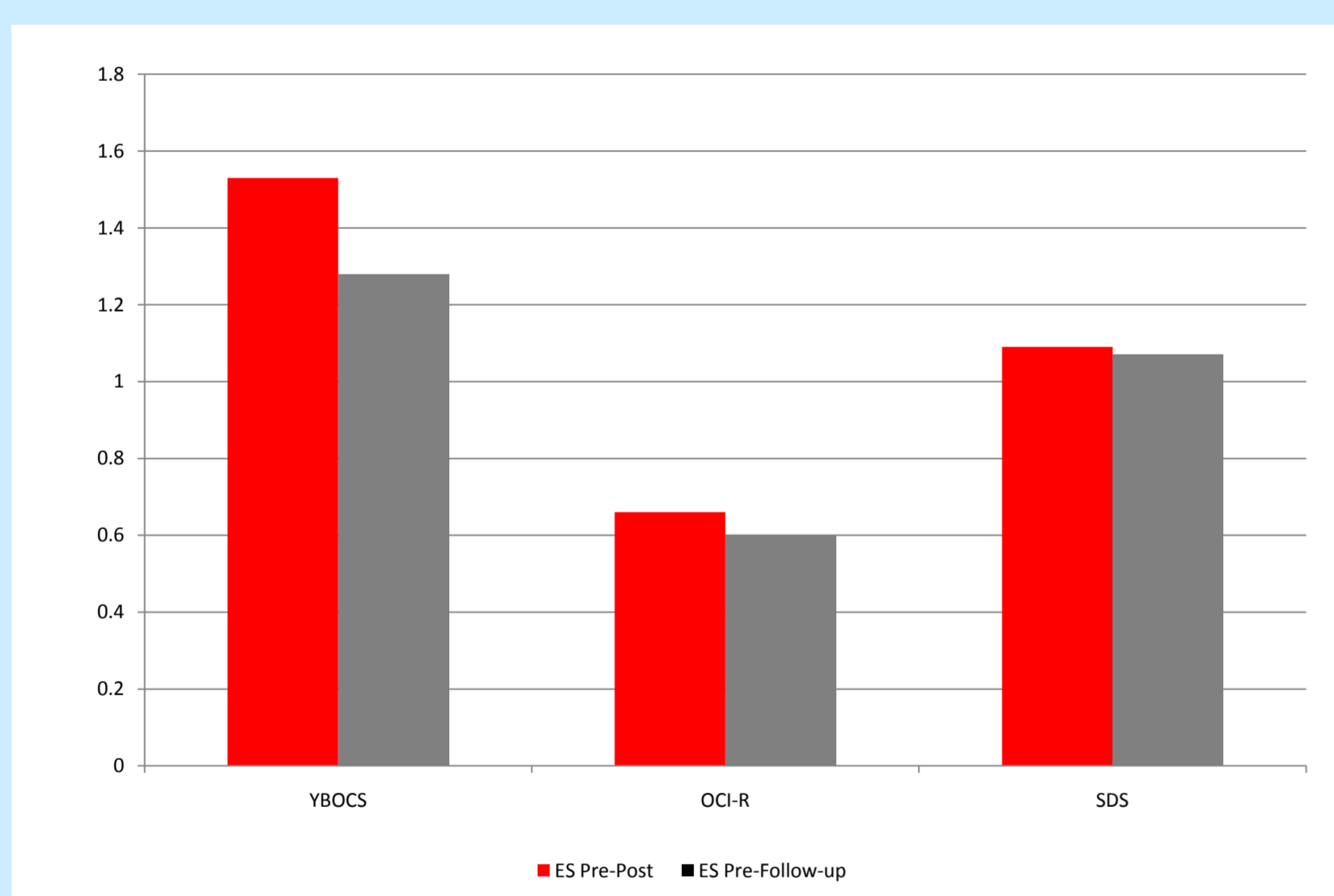
2. Exposure and Response Prevention (ERP)

Clinician moderated forums help normalise symptoms and therapy challenges

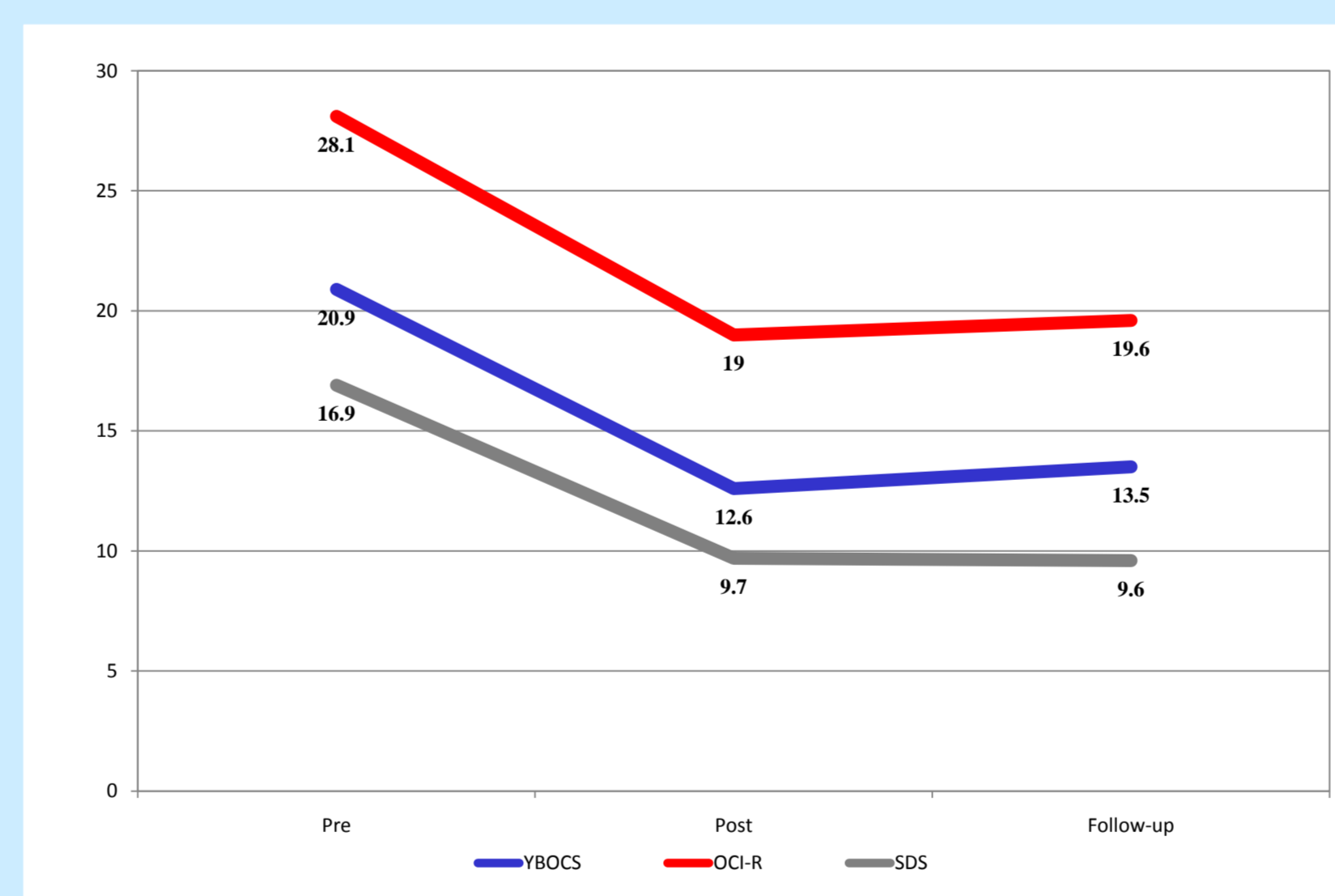
Additional resource provide further helpful information on specific topics

Results

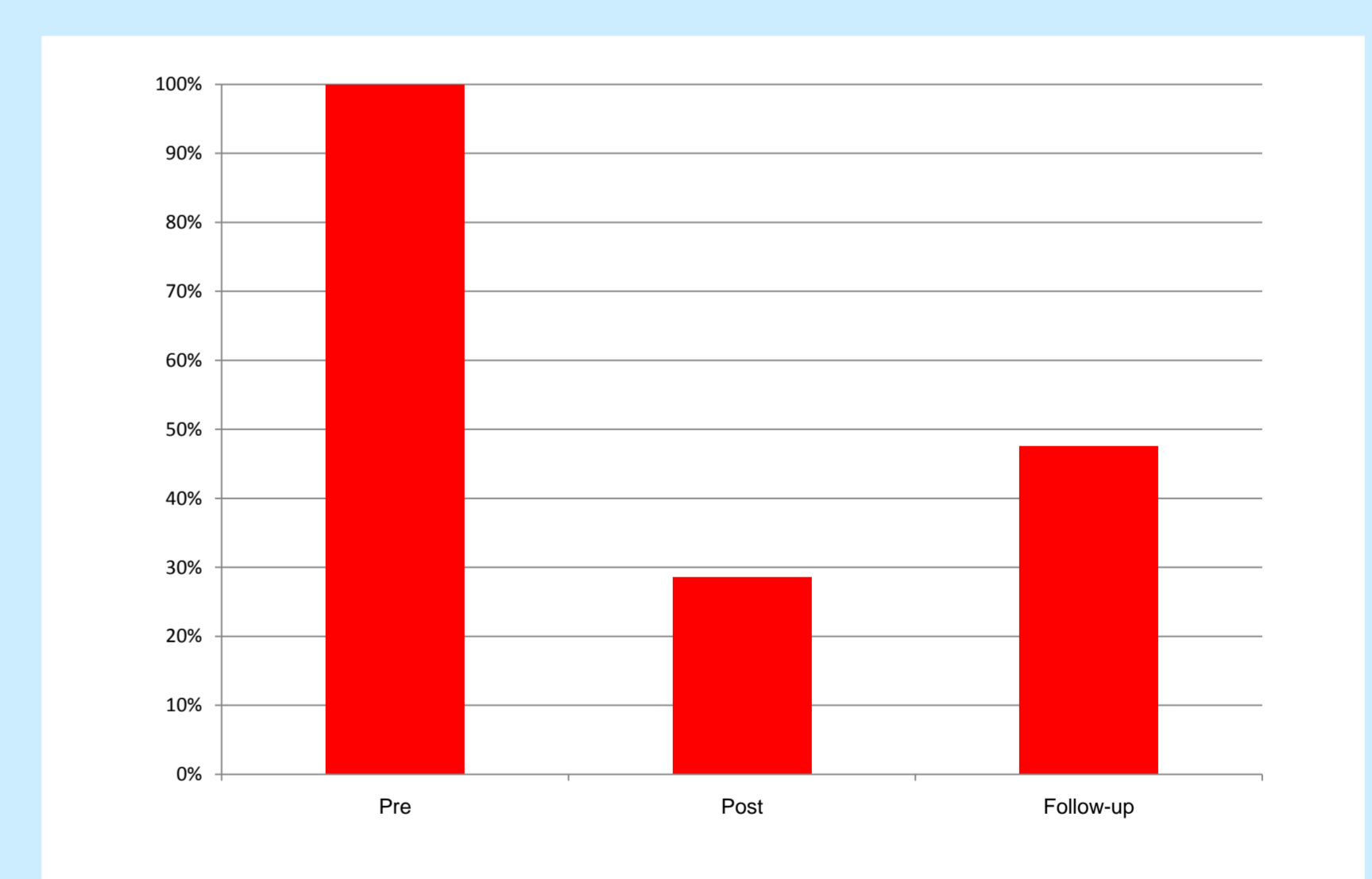
Effect sizes (Cohen's d) Pre-Post and Pre- 3 month Follow-Up on the YBOCS, OCI-R and SDS



Symptom reduction on the YBOCS, OCI-R and SDS at pre-treatment, post-treatment and 3-month follow-up.



Percentage meeting diagnostic criteria on the MINI at pre-treatment, post-treatment and 3-month follow-up



- Paired-sample *t*-tests comparing pre and post-treatment scores revealed significant reductions on the YBOCS ($t_{20} = 6.76, p < .001$), OCI-R ($t_{20} = 4.96, p < .001$), and SDS ($t_{20} = 4.08, p < .001$). No further changes evident at follow-up.
- 71% (15/21) of participants no longer met diagnostic criteria for OCD at post treatment and 52% (11/21) no longer met diagnostic criteria at 3 month follow up.
- Eighty-six minutes of therapist time was required over the 8 weeks** (SD = 54.4mins)
- 100% (21/21) indicated that they were *very satisfied* or *mostly satisfied* with the program.
- 100% (21/21) indicated that they would recommend the program to a friend.

[An intention to treat model of analysis was used.]

Summary

- These results provide preliminary evidence for the efficacy of *The OCD Program*
- These results indicate that, like the other anxiety disorders^{8,9}, OCD may also be effectively treated online
- Replication in a randomised controlled trial is needed

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