Remote Treatment of Obsessive-Compulsive Disorder: Results from 3 Trials Demonstrating the Efficacy of Guided and Self-Guided Administration.

Bethany M. Wootton, PhD



The Team at the eCentreClinic ...

Directors:

Associate Professor Nick Titov Dr. Blake Dear

• The Team:

Luke Johnston Genevieve Schwencke

Dr. Judy Zou Sharon Lu
Dr. Carolyn Lorian Amanda Mullin

Jay Spence Matthew Terides



Overview

- Obsessive-Compulsive Disorder (OCD)
- Efficacy of remote treatment for OCD at the eCentreClinic
 - Study 1: Feasibility study
 - Study 2a: RCT: Internet vs. Bibliotherapy vs. Waitlist Control
 - Study 2b: Reduced Contact Open Trial
 - Study 3: Self-guided open trial
- Future research
- General conclusions



Obsessive-Compulsive Disorder

- Obsessions and Compulsions
 - Contamination
 - Harming
 - Unacceptable thoughts
 - Symmetry/Order
- Prevalence: 2% (Australian Bureau of Statistics, 2007)
- Treatment is delayed for many years (Abramowitz 1996)
- Treatment often not evidence-based (Crino, Slade & Andrews, 2005)



Cognitive-Behavioral Treatment of OCD

Cognitive Behavior Therapy (CBT) is effective in the treatment of OCD

Study	Rosa-Alcazar et al.	Eddy et al.	Abramowitz	
	(2008)	(2004)	(1997)	
Effect Size	1.0	1.5	1.2	

- CBT treatment generally involves:
 - Exposure and response prevention (ERP)
 - Cognitive techniques to address common cognitive biases
 - Behavioral experiments



The Program: The OCD Course

ABOUT OBSESSIONS

Obsessions can be about anything, but they tend to fall into the following four categories:

1. Doubting/Harming Obsessions

People with these obsessions tend to worry about whether or not they have done certain things which may cause harm to themselves or others.

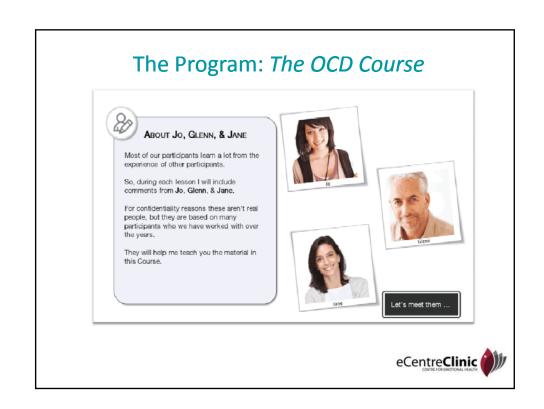
2. Contamination Obsessions

People with these obsessions tend to worry that they might become contaminated from things like body fluids, dirt or germs.







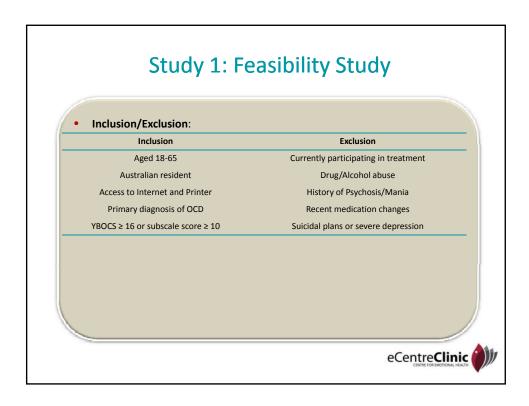


Outcome Measures

- Yale-Brown Obsessive Compulsive Scale (YBOCS)
 - Range 0-40 (scores ≥ 16 clinically significant)
 - Clinician administered and self-guided
- Patient Health Questionnaire (9-item) (PHQ-9)
 - Range 0 27
 - ≥10 indicates moderate symptoms
- Administration:
 - Pre-treatment
 - Post-treatment
 - 3 month follow-up



Study 1: Feasibility Study



Study 1: Feasibility Study – Is Internet based CBT efficacious for obsessive compulsive disorder?

Method:

Aims:

- 22 participants
- Twice weekly therapist contact with therapist assisted hierarchy development

- Is it an acceptable treatment for participants?

- Moderated participant forum
- Automated reminder emails
- 8 week treatment



Study 1: Feasibility Study

Results:

	n	Contact	Effect size (d)		Symptom reduction	% Clin Sig Change	Drop out (%)
			Pre-Post	Pre-Follow up	(YBOCS)	-	
Study 1	22	86 mins	1.5	1.2	36%	46%	5%

- Effect size: Cohen's *d* BOCF
- Clinically significant change: Meets criteria for Reliable Change Index and YBOCS score ≤ 14
- Drop out those that did not complete post-treatment YBOCS



Study 1: Feasibility Study

- Acceptability:
 - 100% were either "very" or "mostly satisfied"
 - 100% would recommend program to a friend
- Conclusions:
 - Preliminary evidence to suggest that OCD can be treated online
 - Small amount of therapist time is required
 - Participants found the program highly acceptable



Study 2: Remote Treatment for OCD: A Randomized Controlled Trial



Study 2a: Randomized Controlled Trial

2 main types of remote treatment:

- iCBT
- Bibliotherapy
- Different strengths and weaknesses
- Patients may prefer one to the other
- No studies have compared the two treatment modalities in OCD



Study 2a: Randomized Controlled Trial

Inclusion/Exclusion:

Inclusion Exclusion

Aged 18-65 Currently participating in treatment

Australian resident Drug/Alcohol abuse

Access to Internet and Printer History of Psychosis/Mania

Recent medication changes

Suicidal plans or severe depression

- Needed to have OCD symptoms, but not necessarily primary OCD
- Criteria were reduced to make the study more ecologically valid



Study 2a: Randomized Controlled Trial

- Aims:
 - Investigate the efficacy of iCBT compared to control
 - Investigate the efficacy of Bibliotherapy compared to control
 - Is there any difference in efficacy between the two active groups
- Method:
 - 52 participants
 - Twice weekly therapist support (hierarchy not assisted by therapist)
 - <u>No</u> automated reminder emails
 - 8 week treatment



Study 2a: Randomized Controlled Trial

	n	Contact .	Effect size (d)		Symptom reduction	% Clin Sig Change	Drop out (%)
			Pre-Post	Pre-Follow up	(YBOCS)		
Study 1	22	86 mins	1.5	1.2	36%	46%	5%
Study 2 (iCBT)	15	89 mins	2.2	1.3	35%	27%	33%
Study 2 (bCBT)	20	103 mins	1.7	1.3	29%	30%	25%



Study 2a: Randomized Controlled Trial

- Acceptability
 - Percentage either "very" or "mostly satisfied"
 - Bibliotherapy 73%
 - Internet 78%
 - Percentage that would recommend program to a friend
 - Bibliotherapy 93%
 - Internet 100%



Study 2a: Randomized Controlled Trial

- Conclusions
 - Further evidence to suggest that OCD can be treated remotely
 - Preliminary evidence to suggest that iCBT and bCBT result in similar outcomes
 - Remote treatments are cost effective in terms amount of therapist guidance required



Study 2b: Reduced Contact An Open Trial



2b: Reduced Contact Open Trial

• Aims:

- To investigate the efficacy of iCBT with weekly contact
- Investigate the importance of automatic reminders during follow up period

Method:

- 17 participants
- Weekly therapist contact
- Automated reminder emails
- Weekly encouragement emails between post-treatment and follow-up
- 8 week treatment



2b: Reduced Contact Open Trial

	n	Contact .	Effect size (d)		Symptom reduction	% Clin Sig Change	Drop out (%)
			Pre-Post	Pre-Follow up	(YBOCS)		
Study 1	22	86 mins	1.5	1.2	36%	46%	5%
Study 2a (iCBT)	15	89 mins	2.2	1.3	35%	27%	33%
Study 2a (bCBT)	20	103 mins	1.7	1.3	29%	30%	25%
Study 2b	17	57mins	1.1	1.5	28%	33%	24%

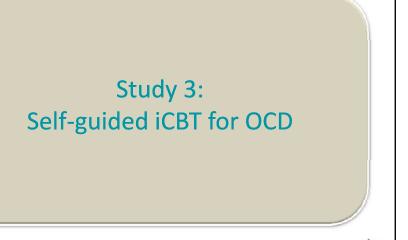


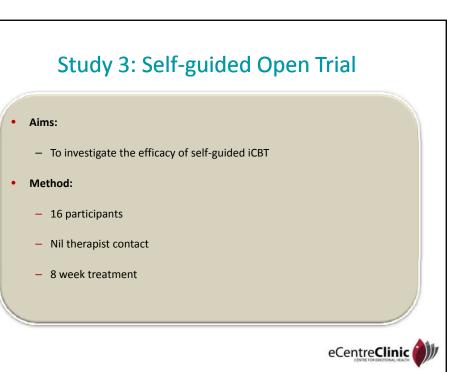
2b: Reduced Contact Open Trial

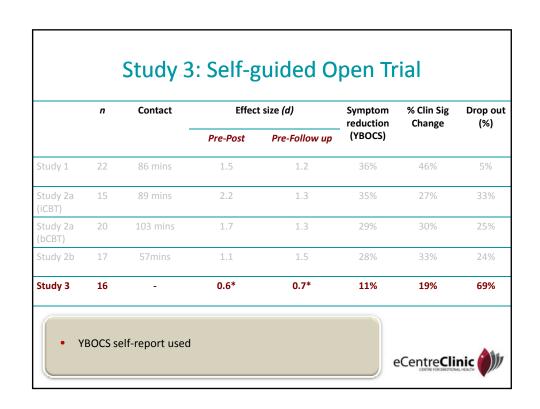
- Acceptability
 - 78% either "very" or "mostly satisfied"
- Conclusions
 - Large effect sizes can be obtained by just contacting participants once a week
 - Automatic reminders appear important for reducing drop out rates and increasing outcomes



eCentre**Clinic**







2b: Reduced Contact Open Trial

- Acceptability
 - 80% either "very" or "mostly satisfied"
 - 80% indicated that they would recommend program to a friend



Future Research

- Does presentation of material matter?
- What is the optimal level of therapist contact?
- Does therapist assistance during hierarchy development matter?
- Do participant forums improve efficacy?
- What is the role of reminder emails in reducing drop-out?
- Do automatic emails in the post-treatment period facilitate long term outcomes?
- What are the long term outcomes after iCBT?
- Is self-guided iCBT more effective than control?



General Limitations

Limitations:

- Small sample size
- Open trial design in some studies
- Independent evaluators not used



General Conclusions

- OCD is a common and chronic disorder, which causes considerable disability and impairment
- There are many barriers to accessing evidence based care
- Remote treatments can be used as a way to overcome these barriers
- iCBT is an efficacious treatment option for OCD and our effect sizes are comparable to other iCBT research for OCD (d = 1.6 Andersson et al 2011; Andersson et al 2012).



Remote Treatment of Obsessive-Compulsive Disorder: Results from 3 Trials Demonstrating the Efficacy of Guided and Self-Guided Administration.

Bethany M. Wootton, PhD bwootton@harthosp.org

Thank You....



Department of Psycholi www.ppy.ma.edu.au