



Patient adherence and treatment outcome with exposure and response prevention for OCD: Which components of adherence matter and who becomes well?



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ABSTRACT

Exposure and response prevention (EX/RP) is an evidence-based treatment for obsessive-compulsive disorder (OCD), yet not all patients achieve wellness with EX/RP. The degree to which patients adhere to EX/RP procedures outside of sessions has been found to predict therapy outcomes, including who achieves post-treatment wellness. We sought to investigate which components of treatment adherence most relate to outcome and to develop adherence benchmarks to identify who does and does not become well to provide clinicians with prognostic tools. Adherence data came from 37 adult patients with DSM-IV OCD who received 17 sessions of EX/RP as part of a randomized controlled trial of augmentation strategies for incomplete response to serotonin reuptake inhibitors (SRIs). Therapists rated between-session patient adherence at each exposure session by quantifying: 1) the quantity of homework exposures attempted; 2) the quality of attempted exposures; and 3) the degree of success with response prevention. Each adherence item significantly correlated with post-treatment OCD severity. Success with response prevention proved particularly strongly linked to therapy outcome. Time course analysis of this item accurately identified, relatively early in treatment, who would achieve post-treatment wellness. These data provide an efficient method for differentiating between those patients who will and will not achieve wellness after EX/RP augmentation of SRIs. Limitations and clinical implications of the current findings are discussed.

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Obsessive-compulsive disorder (OCD) affects up to 2% of the population and can be disabling when severe (Ruscio, Stein, Chiu, & Kessler, 2010). Cognitive behavioral therapy (CBT) consisting of exposure and response prevention (EX/RP) is an effective treatment for OCD, and is recommended in practice guidelines (Koran & Simpson, 2013; Koran, Hanna, Hollander, Nestadt, & Simpson, 2007; NICE, 2013). Yet, not all patients achieve minimal symptoms at the end of treatment (e.g., 75–80% of patients respond, yet only 40–52% achieve remission; Farris, McLean, Meter, Simpson, & Foa, 2013; Simpson, Huppert, Petkova, Foa, & Liebowitz, 2006,

2008; Simpson, Foa et al., 2013). Identifying predictors of treatment response can improve patient care by providing markers to identify which individuals are likely to achieve wellness and who might require additional interventions or alternative treatments.

One factor known to affect EX/RP outcome is the degree to which patients adhere to treatment procedures (Abramowitz, Franklin, Zoellner, & DiBernardo, 2002; De Araujo, Ito & Marks, 1996; Tolin, Maltby, Diefenbach, Hannan, & Worhunsky, 2004). Successful EX/RP requires patients to confront their fears (i.e., exposure component) as well as to voluntarily stop their rituals (i.e., response prevention component). During treatment sessions, therapists direct patients in these procedures. Patients are also asked to carry out these procedures between sessions as homework (Foa, Yadin, & Lichner, 2012). To quantify how well patients adhere to between session assignments (hereafter referred to as *patient*

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adherence), Simpson, Maher, et al. (2010) developed the Patient EX/RP Adherence Scale (PEAS). With input from a panel of EX/RP experts, the authors devised the PEAS to tap the components of standard EX/RP homework practice (Kozak & Foa, 1997) thought to be necessary for good outcomes: confronting fears (exposures) and voluntarily stopping rituals (Foa, Steketee, & Milby, 1980). This measure includes three items that therapists rate at the beginning of an exposure session to quantify patient adherence to the previous session's EX/RP assignments: PEAS_A quantifies the number of exposures the patient attempted (as a percentage of those assigned), PEAS_B rates the quality of attempted exposures, and PEAS_C assesses the patient's degree of success with response prevention between sessions. As a global measure of patient adherence, the three PEAS items are averaged at each session and then across all sessions that include EX/RP homework assignments.

Preliminary evidence supports the use of the PEAS as a predictor of EX/RP response. In a small clinical trial of adults with OCD who were randomized to either EX/RP ($N = 15$) or EX/RP augmented with motivational interviewing (EX/RP + MI; $N = 15$), higher mean ratings on the PEAS predicted lower post-treatment OCD severity as assessed with the Yale-Brown Obsessive Compulsive Scale (YBOCS; Goodman, Price, Rasmussen, Mazure, Fleischmann, et al., 1989; Goodman, Price, Rasmussen, Mazure, Delgado, et al., 1989) across the full sample (Simpson et al. 2011). Moreover, mean adherence ratings predicted patient attainment of minimal OCD symptoms ($YBOCS \leq 12$). Achieving post-treatment symptoms below this threshold has been associated with good quality of life and a high level of adaptive functioning (Farris et al., 2013). Thus, the PEAS may prove to be a useful tool for prognostic prediction of who is likely to become well after EX/RP and who may need additional treatment.

We capitalized on data from a large randomized controlled trial that included a group of patients undergoing manualized EX/RP to conduct three sets of analyses related to patient EX/RP adherence. First, we sought to replicate that the PEAS predicts EX/RP outcome in an independent sample. Based on the data reviewed above, we hypothesized that the PEAS would predict degree of EX/RP response, as well as attainment of post-treatment wellness.

Second, we sought to extend previous findings by examining the predictive ability of individual PEAS items to determine which components of adherence most strongly relate to treatment outcome. Dismantling studies suggest that exposures and response prevention have independent effects and are each key to good EX/RP outcomes (Foa et al., 1980; Foa, Steketee, Grayson, Turner, & Latimer, 1984), so we expected adherence to both components to predict outcome. However, a recent meta-analysis (Mausbach, Moore, Roesch, Cardenas, & Patterson, 2010) of the relationship between homework compliance and CBT outcomes (across disorders and treatments) found relatively weaker effects for compliance ratings based on the percentage of homework completed (as opposed to Likert-based ratings of homework quality). Therefore we specifically hypothesized significant unique predictor effects for PEAS_B and PEAS_C (both of which incorporate ratings of quality), but not PEAS_A (which only involves rating quantity).

Third and finally, we evaluated the ability of the PEAS to forecast outcomes for individual patients through the use of clinically-relevant benchmarks. Specifically, we conducted time course analyses of adherence ratings across treatment to forecast who is likely to become well at the end of treatment and who is not. From this analysis, we evaluated PEAS benchmarks to determine how early in treatment they could make accurate predictions about post-treatment status (i.e., attainment of post-treatment wellness or failure to do so). In so doing, we aimed to provide tools to help treating clinicians identify patients unlikely to achieve post-treatment wellness as early in treatment as possible, so that

additional or alternative interventions might be offered.

1. Method

1.1. Participants

Data came from 37 patients with DSM-IV OCD who completed 17 sessions of EX/RP as part of a randomized controlled trial comparing serotonin reuptake inhibitor (SRI) augmentation strategies (Simpson, Foa et al., 2013). Eligible patients were adults with a principal diagnosis of OCD, determined by the Structured Clinical Interview for DSM-IV (SCID; First, Spitzer, Gibbon, & Williams, 1996), who remained symptomatic despite receiving an SRI at a maximally tolerated dose for 12 weeks or more. Exclusion criteria were: 1) diagnosis of bipolar or psychotic disorder; 2) substance abuse or dependence in the past 3 months; 3) clinically significant suicidal ideation; 4) severe depression (≥ 25 on the 17-item Hamilton Depression Rating Scale [HDRS; Hamilton, 1960]); 5) primary hoarding symptoms; or 6) previous trial of risperidone (≥ 0.5 mg/day for 8 weeks) or EX/RP (≥ 8 sessions over 2 months) while taking an SRI.

1.2. Procedures

Full description of study procedures appear elsewhere (Simpson, Foa, et al., 2013). Eligible participants were randomized to EX/RP, risperidone, or pill placebo; only participants who completed EX/RP ($n = 37$) are included in this report.¹ The study was conducted at two academic outpatient clinics in New York City, New York, and Philadelphia, Pennsylvania. Institutional Review Boards at both sites approved the study protocol, and patients provided written informed consent.

EX/RP sessions were 90 min long and comprised of two introductory sessions followed by 15 exposure sessions, daily homework assignments (self-directed exposures and response prevention), and phone check-ins between each session (Kozak & Foa, 1997). EX/RP was delivered by doctoral-level clinicians (PhD or PsyD), who participated in weekly group supervision phone calls in order to standardize treatment delivery across the two sites. Homework was assigned after the first exposure session; thus, adherence to homework was assessed (as described below) at sessions 4–17.

Independent evaluators blinded to treatment condition were assigned to individual patients across time points and assessed patients' OCD symptoms at baseline (week 0), mid-treatment (week 4) and post-treatment (week 8).

1.3. Measures

Yale Brown Obsessive Compulsive Scale (YBOCS; Goodman, Price, Rasmussen, Mazure, Fleischmann, et al., 1989; Goodman, Price, Rasmussen, Mazure, Delgado, et al., 1989). The YBOCS is the "gold standard" OCD severity measure, a semi-structured clinician-administered interview used to assess symptom severity of obsessions and compulsions in the past week. Each item is rated on a 5-point Likert scale (0 = no symptoms, 4 = extreme). Total scores range from 0 to 40. The YBOCS has good internal consistency, excellent inter-rater reliability, and good test-retest reliability

¹ The original trial comprised 40 OCD patients, but 3 dropped out of EX/RP. Two of these patients dropped out before PEAS data was collected while the third dropped out midway through treatment. The pattern of results in our regression analyses were identical carrying forward this patient's last observation. However, given that our analysis of PEAS over time required complete PEAS data, we report only the completer analyses in the present report.

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