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Andrea Pozza, Davide Dèttore



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Drop-out and efficacy of group versus individual cognitive behavioural therapy: what works best for Obsessive-Compulsive Disorder? A systematic review and meta-analysis of direct comparisons

Andrea Pozza^{a*}, Davide Dèttore^b

^aDepartment of Experimental and Clinical Medicine, University of Florence, largo Brambilla 3, 50134 Florence, Italy

^bDepartment of Health Sciences, University of Florence, via di San Salvi 12, 50135 Florence, Italy

*Corresponding author. Department of Experimental and Clinical Medicine, University of Florence, Largo Brambilla 3, 50134 Florence, Italy. Phone: +39 055 2755067; Fax: +39 055 2751093. E-mail address: andrea.pozza@unifi.it

Abstract

Cognitive behavioural therapy (CBT) is the first-line psychological treatment for Obsessive-Compulsive Disorder (OCD). However, a relevant proportion of individuals with OCD remain untreated or inadequately treated. Group cognitive behavioural therapy (GCBT) may be an alternative treatment modality. Little knowledge is available about the efficacy between GCBT versus individual CBT, particularly on long-term secondary outcomes including anxiety and depression. In addition, drop-out rates have not been investigated by previous meta-analyses. The current systematic review and meta-analysis summarized evidence comparing drop-out rates between GCBT and individual CBT and efficacy at post-treatment and follow-up on OCD symptoms, depression and anxiety. A systematic review and meta-analysis according to PRISMA guidelines was conducted. Online databases were searched. Studies were included if using randomized designs comparing GCBT versus individual CBT. Six studies were included (n= 327). No difference was found between GCBT and individual CBT on drop-out rates with a medium non-significant effect. No difference resulted at post-treatment on OCD symptoms, depression, and anxiety. Analyses on a smaller number of studies indicated no difference at follow-up. Findings provided preliminary evidence that GCBT can be as effective as individual CBT. Further trials are required with higher quality and long-term assessments of quality of life.

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