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Review

Intensive cognitive behavioural therapy for obsessive-compulsive disorder: A systematic review and meta-analysis

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ABSTRACT

Despite promising results from intensive formats of cognitive-behavioural therapy (CBT) for obsessive-compulsive disorder (OCD) the format is rarely used. The aim of the study was to systematically review the literature within this area of research and provide a meta-analysis of the effectiveness of intensive CBT for youths or adults with OCD. The meta-analysis was based on 17 trials (11 adult and 6 youth) including a total of 646 participants. Large overall pre–post effect sizes (ES) of 2.44 (95% CI 2.03–2.85) for clinical ratings ($n=16$) and 1.23 (95% CI 1.01–1.45) for self-reports ($n=5$) were found (Hedges *g*). Based on two comparative nonrandomized studies and one RCT, a larger post-treatment effect of intensive treatment compared to standard weekly or twice weekly CBT was found (between group ES=0.39 (95% CI 0.05–0.74) for clinical ratings). This difference was no longer present at 3 month follow-up, mainly due to slight deterioration among patients who had received intensive CBT while patients from weekly conditions changed little. In sum, the meta-analysis indicates that intensive CBT is an effective treatment for youths and adults with OCD, and could be a promising format to enhance immediate treatment effects compared to standard CBT. Focus on how to maintain superior post-treatment effects of intensive CBT could be a promising research area.

Contents

Abbreviations: ES, Effect sizes

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1. Introduction

The history of effective psychotherapy for obsessive compulsive disorder (OCD) started out in the form of intensive behavioural therapy (BT). One of the first breakthroughs occurred in 1966 when Meyer (1966) successfully treated two OCD inpatients. The treatment consisted of an acute phase of 3–4 weeks of intensive exposure and response prevention (ERP) sessions with the therapist and a strict control over patients' behaviour was exerted by nursing staff supervised by the therapist. After the acute phase, supervision, restrictions and therapist sessions were gradually withdrawn. The patients' total stay in hospital was 9 and 12 weeks with a total of 25 and 20 therapist hours. This was superseded by additionally 15 successful or partially effective cases treated with similar intensity (Meyer, Levy, & Schnurer, 1974). Over time, the early intensive intervention models were adapted to standard weekly or at most twice weekly sessions and today the intensive form is rarely used in an outpatient setting (Bevan, Oldfield, & Salkovskis, 2010). Highly intensive treatment in an inpatient setting with severe OCD, has shown promising results in naturalistic studies (Bjorgvinsson et al., 2013; Brennan et al., 2014). In the need for alternative outpatient treatment models for OCD, a return to more intensive treatment formats could be an interesting possibility.

OCD is often an incapacitating disorder with a chronic course if untreated (Skoog & Skoog, 1999; Thomsen & Mikkelsen, 1995). Epidemiological studies have found estimates of lifetime prevalence of OCD at approximately 1–3% (Rapoport et al., 2000; Ruscio, Stein, Chiu, & Kessler, 2010; Torres et al., 2006). Many cases of OCD can be successfully treated with evidence-based methods including cognitive-behavioural therapy (CBT), incorporating ERP, and pharmacotherapy as well as their combination (National Institute for Clinical Excellence: NICE (2006)). This has been demonstrated in several meta-analyses. One example is a review conducted by Rosa-Alcázar, Sánchez-Meca, Gómez-Conesa, and Marín-Martínez (2008), based on 19 original studies including 24 comparisons between treatment and control groups. Estimates of between-group effect sizes (ES) for studies examining BT, cognitive therapy (CT), and CBT were $d = 1.13$, 1.1, and 1, respectively compared with wait-list control. Only few evidence-based studies have examined the effect of CBT for children and adolescents (herein referred to as youths) with OCD. A meta-analysis performed by Sánchez-Meca, Rosa-Alcázar, Iniesta-Sepúlveda, and Rosa-Alcázar (2014) based on 11 RCTs comparing CBT with wait-list control groups or placebo detected a large controlled, between-group ES of 1.74 (95% CI: 1.34–2.15) for OCD symptom measures. Despite the improved treatment options a significant number of OCD patients does not respond to CBT and/or pharmacotherapy, and many experience residual symptoms or relapse during follow-up (Abramowitz, 2006; Dougherty, Rauch, & Jenike, 2002). Based on several controlled studies, Sookman and Steketee (2010) estimated that approximately 50% of OCD patients failed to benefit optimally from standard treatment forms. Of these, 25–30% did not start or left the recommended treatment. Thus, there is plenty of room for improvement of current treatment modalities.

It has been proposed that an intensive format, such as several times per week over a short time period, is more effective with severe OCD than weekly single treatment sessions (Foa & Steketee, 1987). In addition, the intensive treatment format could have practical and societal advantages. For example, it could be the preferred option for patients who work or study, as well as in cases when immediate clinical improvement is crucial (Bevan et al., 2010). Storch, Gelfand, Geffken, and Goodman (2003) also pinpoint an enhancement of the patient's motivation because the treatment becomes the primary focus in the short-term duration of the intensive treatment. Intensive CBT has also been recommended when patients have high emotional reactivity, poor insight, or difficulty comprehending the rationale of the treatment procedures (Ben-Arush, Wexler, & Zohar, 2008).

Various case studies indicate good results from intensive CBT in the treatment of adult OCD (Hirsh et al., 2006; Storch et al., 2003) and youth OCD (Fernandez, Storch, Lewin, Murphy, & Geffken, 2006; Franklin, Tolin, March, & Foa, 2001; Marien, Storch, Geffken, & Murphy, 2009). However, case studies should be interpreted with caution. Problems include small sample sizes and lack of control conditions, which makes the results less valid. Mixed results have been found in studies comparing the long-term effect of standard vs. intensive OCD treatment (Abramowitz, Foa, & Franklin, 2003; Storch, Merlo, Lehmkuhl, et al., 2008). Thus, the immediate and sustained effect of the intensive format of CBT for OCD is unclear.

Despite evidence for efficacy of standard weekly or twice-weekly CBT programs, it is not clear whether intensive treatment formats achieve similar, or even superior, results. The main aim of this article was to review the research literature of outpatient intensive CBT[1] for youths and adults with OCD and by mean of a meta-analysis to evaluate the effect of intensive CBT. The review primarily emphasizes the overall pre–post and pre-follow-up effect sizes (ESs) of intensive CBT for OCD, and secondarily between-group ESs for different control conditions.

2. Methods

2.1. Identification of studies: search strategy

In March 2014 four electronic databases (ISI Web of Knowledge; PsycINFO; PubMed; Cochrane) were searched for the terms OCD or obsess* or compul*, combined with intervention or

[1] No distinction is drawn between CBT and BT in the text, but Table 1 differentiates between CBT and BT protocols in concordance with the way they were labeled in the original studies.