

Short communication

No pain, no gain? Adverse effects of psychotherapy in obsessive-compulsive disorder and its relationship to treatment gains



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ABSTRACT

Objective: It is almost a matter of fact for both clinicians and patients that pharmacological agents exert wanted as well as unwanted effects. In contrast, unwanted events of psychotherapy have long been neglected. **Method:** The present study investigated the frequency and correlates of wanted and unwanted effects of psychotherapy in 85 participants with obsessive-compulsive disorder (OCD). The study was performed anonymously over the Internet in order to reduce response biases.

Results: Most patients showed ambivalent appraisals: 95% named at least one wanted effect, whereas 93% named at least one adverse treatment reaction (i.e., side-effect) and 89% indicated at least one instance of (subjective) malpractice. Complaints about unethical behavior were named by 14% of the participants. Wanted and unwanted effects were negatively correlated. Prevalent side-effects included development of new symptoms in 29% of the participants, for example, in the course of exposure treatment.

Conclusions: Our findings corroborate prior reports that adverse effects in psychotherapy are common, even if treatment is successful. Results refute a “no pain no gain” view: adverse events negatively impact outcome. Findings await confirmation in well-characterized in- and outpatient samples.

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1. Introduction

1.1. Wanted and unwanted effects of treatment

Before any new pharmacological agent is tested for efficacy, its safety has to be confirmed in so called phase 1 clinical trials (Food and Drug Administration, 2006). Health consumers are usually aware that pharmacological agents may exert unwanted (adverse) effects parallel to wanted (desired) effects. Clinicians and patients need to weigh the risks and benefits of drugs carefully against each other (e.g., Hawkrigge & Stein, 1998; Horne, Cooper, Gellairty, Date, & Fisher, 2007; March, Klee, & Kremer, 2006).

1.2. Side-effects of psychotherapy – terra incognita

Despite early reports that psychotherapy can cause unwanted effects, too (Barlow, 2010), the systematic examination of adverse

effects arising from psychotherapy is still in its infancy (for a review see Linden, 2013). Reasons for the apparent neglect of adverse events in psychotherapy research are multi-faceted. Inherent methodological problems include the fact that patients but also therapists (Hatfield, McCullough, & Krieger, 2010) may not always be able to identify an adverse effect relating to treatment. Moreover, therapists may not openly acknowledge side-effects for fear that these are misinterpreted as therapeutic incompetence or even malpractice. The legislature is also different compared with drug trials. Notwithstanding that many non-pharmacological approaches target similar symptoms as pharmacological agents, they are not subject to the same rigorous multi-stage regulation process (particularly safety verification) as drugs (Lilienfeld, 2007; Nutt & Sharpe, 2008). For psychotherapeutic measures there are no procedures equivalent to phases I–IV studies. Moreover, side-effects are often assumed to be somatic and an implicit preoccupation exists that “mere talking” does not affect the body, although psychotherapy has shown to alter brain metabolism (Beauregard, 2007; Linden, 2008; Messina, Sambin, Palmieri, & Viviani, 2013; Quide, Witteveen, El-Hage, Veltman, & Olf, 2012).

Notably, some side-effects are unique to non-pharmacological interventions, for instance, loss of time or the fear to be spotted by other persons entering a psychiatric/psychological institution. Strictly

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speaking, emotional turmoil must also be considered a side-effect, as it is undesired that the patient feels uncomfortable (Linden, 2013), even if it is hoped to pave the way for improved well-being in the long run (Gumz, Kastner, Geyer, Wutzler, Villmann, & Brahler, 2010). Exposure therapy, even when applied in accordance with treatment guidelines, may also increase symptom severity (Foa, Zoellner, Feeny, Hembree, & Alvarez-Conrad, 2002; Nestoriuc & Rief, 2012; Olatunji, Deacon, & Abramowitz, 2009). Importantly, side-effects have to be separated from other adverse events such as misconduct or improper implementation of a technique/malpractice. In keeping with the nomenclature suggested by Linden (2013) who borrowed key terms from pharmacological trials, we need to distinguish a number of subdomains which are displayed in Fig. 1.

1.3. Problems with the measurement of side-effects

An inherent difficulty for the assessment of side-effects is how to capture these and other adverse events reliably, as multiple conflicts of interest and response biases (Linden, 2013) impede a conclusive picture. As indicated before, this especially applies when asking therapists who may face accusations of misconduct when acknowledging certain negative incidents. Indeed, the distinction between malpractice and side-effects can be difficult, for example, when an exposure in vivo therapy fails due to undetected risk factors (e.g., cardiac problem, panic disorder). On first sight, this problem may be circumvented if psychotherapy sessions were recorded and supervised in clinical trials. However, such procedures likely inflate adherence to protocol and thus again prevent a true picture. Modes of subjective assessment also impact results: Ladwig, Rief, and Nestoriuc (2014) found that reports about adverse effects were much higher in an anonymous online sample relative to an outpatient sample.

1.4. The present study

Since side- and other adverse-effects may largely vary across disorders and treatments, we focused on a single psychiatric disorder and examined whether effects are similar across different forms of intervention (CBT versus non-CBT). The present study is concerned with obsessive-compulsive disorder (OCD) which is a severe mental disorder characterized by intrusive thoughts or images (i.e., obsessions) that are neutralized by motor or mental acts (i.e., compulsions).

For the present study, we decided to carry out an anonymous online study assessing individual experiences with psychotherapy. Beyond adverse events, including side-effects, we assessed wanted effects, as the presence of side-effects – although undesired – may be acceptable in case treatment gains are high. The concurrent exploration of positive and negative effects may also provide insight whether side-effects and desired effects are independent, negatively or perhaps even positively correlated. To illustrate, an intense psychotherapy encompassing many behavioral and cognitive exercises may be accompanied by both more desired and more adverse effects than a procrastinated mere “talk therapy” that does neither harm nor good.

A novel questionnaire assessing wanted and unwanted effects of psychological treatments for OCD was developed, following extensive discussions with experienced clinicians working with OCD patients, representatives of an OCD organization as well as patients. In addition, to provide a comprehensive picture of treatment experiences, the questionnaire assessed misconduct and problematic therapeutic behavior. The questionnaire has been validated with the Inventory for capturing Negative Effects of Psychotherapy (INEP; Ladwig et al., 2014), a self-report questionnaire tapping into common adverse events of psychotherapy. For the first time, we set out to investigate the prevalence of several adverse events of psychotherapy in patients with OCD and its relations to wanted effects and treatment gains.

2. Methods

2.1. Recruitment and design

The study was implemented over the Internet, whereby we adhered to recommendations in the literature (Moritz, Timpano, Wittekind, & Knaevelsrud, 2013; Moritz, Wittekind, Hauschildt, & Timpano, 2011) to increase the validity of the results.

The study was planned with several board members of the German Society for Obsessive-Compulsive Disorders (DGZ), OCD patients as well as leaders of peer support groups; the latter were deemed particularly competent to provide insight into common adverse events from their own experiences and those reported by group members. The investigation was set up as an online study to ensure anonymity. The invitation for participation was disseminated among the members of the DGZ. In addition, we advertised the study on German-speaking

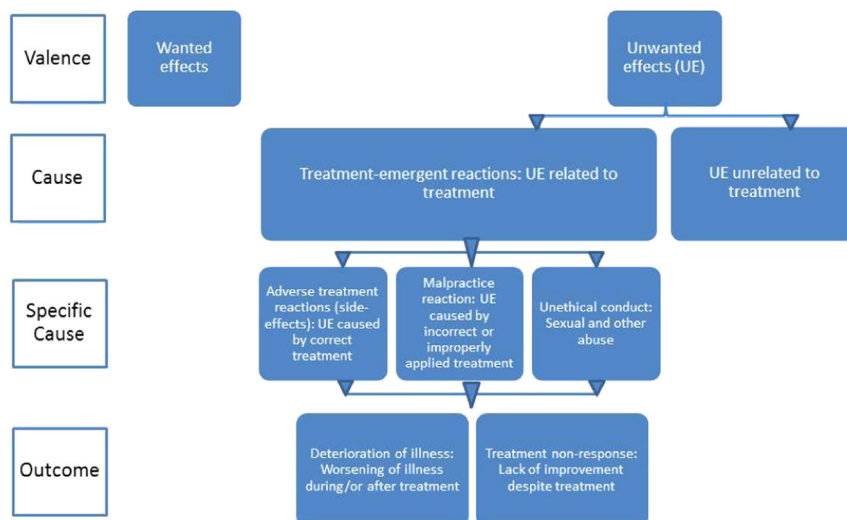


Fig. 1. Overview on wanted and unwanted effects in keeping with the nomenclature adopted in pharmacological trials (adapted from Linden, 2013). Unwanted events (UE) are defined as all negative events that occur in parallel to or after treatment; these can be related or unrelated to treatment. The former category splits into *Adverse treatment reactions* (side-effects), *Malpractice* and *Unethical conduct*.

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