What is OCD?

Obsessive Compulsive Disorder (OCD) is a condition where people experience unwanted, intrusive and unpleasant thoughts and/or compulsive behaviours.

Obsessive thoughts are repeated and unpleasant intrusive thoughts, images or urges that pop into our mind involuntarily. Everyone experiences intrusive thoughts, but people with OCD can become preoccupied with and by these thoughts.

Compulsions are the things we do to try and stop obsessive thoughts from coming true or to reduce anxiety. Compulsions are often repeated many times and can take several hours each day. Examples of compulsions include checking (e.g. checking doors, or checking that no harm has come to a loved one) and cleaning (e.g. hand washing).

Up to one million people in the UK live with some form of OCD. Fortunately there are well-established and effective ways of helping. The National Institute of Health and Care Excellence (NICE) recommends cognitive behaviour therapy (CBT) for OCD.

What is the OCD Clinic?
The OCD Clinic is for adults experiencing difficulties with OCD, whether the problem is mild or very severe. We offer high quality evidence-based help based on the latest research and NICE guidelines.

Why Research in OCD Clinic?

Cognitive Behaviour Therapy (CBT) has the best evidence of any psychological therapy for OCD, however, not everyone benefits. Only about a half of people receiving CBT in randomised controlled trials show a meaningful improvement in the severity of their OCD symptoms. To improve care for people with OCD we are involved in a number of research projects. Clients attending the clinic are offered the opportunity to take part in these research projects if they wish.

Evaluation

The first three years (2013-2016)

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Mean diff</th>
<th>SE</th>
<th>95% Cl lower</th>
<th>95% Cl upper</th>
<th>Cohen's d</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCI-R</td>
<td>-15.73</td>
<td>0.57</td>
<td>-17.64</td>
<td>-13.81</td>
<td>-1.29</td>
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<tr>
<td>GAD</td>
<td>-6.77</td>
<td>0.42</td>
<td>-7.61</td>
<td>-5.94</td>
<td>-1.39</td>
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<tr>
<td>PHQ9</td>
<td>-5.85</td>
<td>0.43</td>
<td>-6.70</td>
<td>-5.00</td>
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<td>SWEMWBS</td>
<td>4.07</td>
<td>0.38</td>
<td>3.32</td>
<td>4.83</td>
<td>0.86</td>
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<td>WSAS</td>
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<td>0.72</td>
<td>-7.52</td>
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<td>OBOQSF</td>
<td>-28.80</td>
<td>2.43</td>
<td>-33.62</td>
<td>-23.99</td>
<td>-1.08</td>
</tr>
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</table>

*All pre-post t-tests were significant at the alpha= 0.05 level; 95% CI is for the mean difference; OCI-R is primary outcome

OCD-R is a measure of OCD symptom severity; GAD-7 is a measure of generalised anxiety symptom severity; PHQ-9 is a measure of depression symptom severity; SWEMWBS is a measure of wellbeing; WSAS is a measure of work and social functioning; OBOQSF is a measure of OCD-related appraisals

Table 1: Pre-post effect sizes (Cohen’s d) in OCD Clinic on all outcome measures

Recovery rates

51% recovered

Depression

64% recovered

Fig 3: Recovery rates in OCD Clinic

Qualitative feedback from Figure 4:

1a. Provider Factors > Support

“In addition to being taught that everyone has intrusive thoughts, the kind and helpful staff made it easier for me to feel ‘normal’ rather than just a ‘mental health patient’. I feel more free.”

1b. Provider Factors > Skills

“‘You could tell the therapists had a lot of knowledge and this really helped me to trust them and open up.”

2. Group Context

“The group has been the most beneficial type of treatment for me. Originally, I was really sceptical about being part of the group due to the fear of what others thought of me. However, I realised I needed to get over this in order to treat my OCD. As soon as I started the group everyone was really welcoming, we supported each other especially when we found aspects of the course really tough to deal with. I am now free from OCD!”

3a. Programme Factors > Format of treatment

“I felt that the length of CBT treatment sessions was just right. We had enough time for the clinician to describe what the therapy was, to help me in doing the therapy and to iron out any difficulties I would have when doing the therapy at home.”

3b. Programme Factors > Treatment content

“The treatment listened more carefully to individuals’ experience of OCD, rather than solely concerned to apply the ‘one size fits all’ treatment, which in my case resulted in an extreme worsening of my symptoms’."

4. Person Factors

“Changing the way my mind looks at the world. My kitchen and other people... It’s changed the way I see myself, the way I respond to situations and circumstances. Listening in a scientific way rather than an overly emotional way keeps everything clearer. I will use this as a strategy from now on to better control my OCD.”

Fig 1: Example of a study that recruited in the OCD Clinic

Fig 2: Referral routes through the OCD Clinic

Fig 3: Recovery rates in OCD Clinic

Fig 4: Themes from qualitative feedback from OCD Clinic

Dedicated to Research

www.sussexpartnership.nhs.uk/research

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