PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi?

Review information

Authors

Sundhedsstyrelsen[1]

[1][Empty affiliation]

Citation example: S. PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi? Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Shareh 2010

Methods	**Study design:** **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Treatment (combined) comparison (fluvoxamine) **Included criteria:** **Excluded criteria:** **Pretreatment:**
Interventions	**Intervention Characteristics** Treatment (combined) comparison (fluvoxamine)
Outcomes	*YBOCS/CYBOCS score end of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *Social funktionsevne længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *Angst efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"]

	● **Direction**: Lower is better ● **Data value**: Endpoint *Depression - efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *symptomscore mindst 30% reduktion i CYBOCS/YBOCS* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *symptomscore min. 30 % reduktion i CYBOCS/YBOCS - længste follow up (min 3 mdr)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *remission (CYBOCS/YBOCS < 10)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** **Country:** **Setting:** **Comments:** **Authors name:** Hossein Shareh **Institution:** **Email:** hsharreh@yahoo.com.au **Address:**
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Low risk	
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Low risk	
Selective outcome reporting	Unclear risk	-
Other sources of bias	Low risk	

Simons 2006

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	High risk	
Blinding of outcome assessors	High risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Unclear risk	-
Other sources of bias	High risk	

Twohig 2010

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** Treatment (ACT) comparison (PRT) **Included criteria:** OCD/DSM+18 yearsno new or change of medication 30 days prior to studyno other therapy during og 30 days before study **Excluded criteria:** psychoticorganic disorder **Pretreatment:** no difference
Interventions	**Intervention Characteristics** Treatment (ACT) comparison (PRT)
Outcomes	*YBOCS/CYBOCS score end of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Social funktionsevne længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Livskvalitet længste follow-up* ● **Outcome type**: ContinuousOutcome

	● **Measure names**: ["Baseline"] *Angst efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Depression - efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *symptomscore mindst 30% reduktion i CYBOCS/YBOCS* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *symptomscore min. 30 % reduktion i CYBOCS/YBOCS - længste follow up (min 3 mdr)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *remission (CYBOCS/YBOCS < 10)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"]
Identification	**Sponsorship source:** **Country:** **Setting:** **Comments:** **Authors name:** Michael P. Twohig **Institution:** **Email:** **Address:**
Notes	*Birgitte Holm Petersen* on 09/09/2015 07:33 **Dichotomous Outcomes** a clinical responder is a participant who has a score below 12 on the YBOCSand decreased by at least six points from pretreatment to posttreatment or tofollow-up. It was found that 55.5% of the ACT condition versus 12% of the PRTcondition were treatment responders at posttreatment, a large and statistically significanteffect [2 (1, N=34) = 6.87, p=.009, d = 1.01], and that 62.5% of the ACT group versus26.6% of the PRT group were treatment responders at three-month follow-up, also a largeand significant effect [2 (1, N=31) = 5.14, p=.023, d = .89]. T

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	High risk	
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

Armstrong 2011

Reason for exclusion	Wrong study design

Main Wegielnik 2009

Reason for exclusion	Wrong study design

Rees 2008

Reason for exclusion	Wrong study design

Twohig 2006

Reason for exclusion	Wrong study design

Yardley 2012

Reason for exclusion	Wrong study design

Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

References to studies

Included studies

Shareh 2010

Shareh H; Gharraee B; Atef-Vahid MK; Eftekhar M. Metacognitive Therapy (MCT), Fluvoxamine, and Combined Treatment in Improving Obsessive-Compulsive, Depressive and Anxiety Symptoms in Patients with Obsessive-Compulsive Disorder (OCD). 2010;4(2):17-25. [DOI:]

Simons 2006

[Empty]

Twohig 2010

Published data only (unpublished sought but not used)

[Empty] [DOI:]

Excluded studies

Armstrong 2011

Armstrong,Andrew B.,. Acceptance and commitment therapy for adolescent obsessive-compulsive disorder. 2011;(Book, Whole). [DOI:]

Main Wegielnik 2009

Main-Wegielnik,Suzanne C.,. The impact of acceptance and commitment therapy on high overvalued ideation in obsessive compulsive disorder. 2009;(Book, Whole). [DOI:]

Rees 2008

Rees CS.; van Koesveld KE.. An open trial of group metacognitive therapy for obsessive-compulsive disorder.. Journal of behavior therapy and experimental psychiatry 2008;39(4):451-8. [DOI: 10.1016/j.jbtep.2007.11.004]

Twohig 2006

Twohig,M. P.; Hayes,S. C.; Masuda,A.. Increasing willingness to experience obsessions: acceptance and commitment therapy as a treatment for obsessive-compulsive disorder. Behavior therapy 2006;37(1):3-13. [DOI: S0005-7894(06)00003-7 [pii]]

Yardley 2012

Yardley,Jennifer. Treatment of Pediatric Obsessive-Compulsive Disorder: Utilizing Parent-Facilitated Acceptance and Commitment Therapy. UMI No: 3507486 2012;(Book, Whole). [DOI:]

Other references

Additional references

Other published versions of this review

Classification pending references

Data and analyses

1 PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi?

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Symptomscore (Y-BOCS/CY-BOCS)	1	10	Mean Difference (IV, Fixed, 95% CI)	-5.00 [-12.53, 2.53]
1.2 Symptomscore min 30 % reduktion i CY-BOCS/Y-BOCS) [end of treatment]	1	10	Risk Ratio (IV, Fixed, 95% CI)	1.00 [0.71, 1.41]
1.3 Symptomscore min 30 % reduktion i CY-BOCS/Y-BOCS) [*Længste follow-up]*	1	9	Risk Ratio (IV, Fixed, 95% CI)	1.00 [0.68, 1.46]
1.4 Depression	1	10	Mean Difference (IV, Fixed, 95% CI)	-3.00 [-62.24, 56.24]

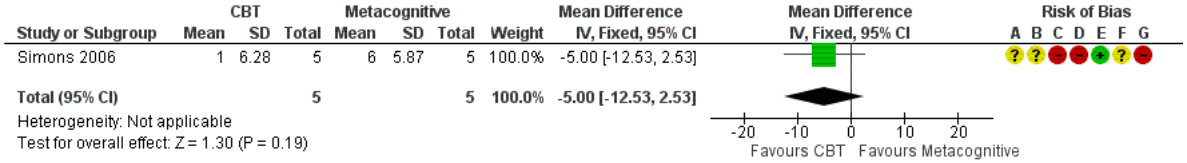
2 PICO 4 ekstra

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
2.1 YBOCS/CYBOCS score end of treatment	2	81	Mean Difference (IV, Random, 95% CI)	-7.08 [-9.40, -4.77]

2.2 Social funktionsevne længste follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
2.3 Livskvalitet længste follow-up	1	69	Mean Difference (IV, Fixed, 95% CI)	8.59 [2.15, 15.03]
2.4 Angst efter endt behandling	1	12	Mean Difference (IV, Fixed, 95% CI)	-8.16 [-13.20, -3.12]
2.5 Depression (BDI-II) - efter endt behandling	2	80	Mean Difference (IV, Random, 95% CI)	-6.66 [-9.65, -3.67]
2.6 symptomscore mindst 30% reduktion i CYBOCS/YBOCS	1	12	Risk Ratio (IV, Fixed, 95% CI)	5.00 [0.81, 31.00]
2.7 symptomscore min. 30 % reduktion i CYBOCS/YBOCS - længste follow up (min 3 mdr)	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
2.8 remission (CYBOCS/YBOCS < 10)	1	12	Risk Ratio (IV, Fixed, 95% CI)	5.00 [0.29, 86.43]

Figures

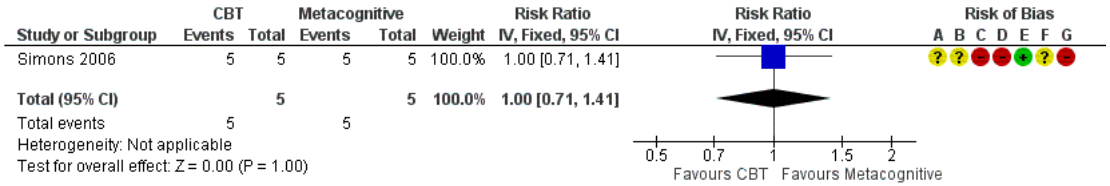
Figure 1 (Analysis 1.1)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi?, outcome: 1.1 Symptomscore (Y-BOCS/CY-BOCS).

Figure 2 (Analysis 1.2)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
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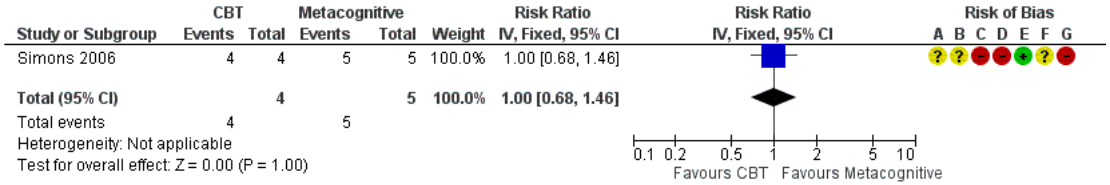
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi?, outcome: 1.2 Symptomscore min 30 % reduktion i CY-BOCS/Y-BOCS) [end of treatment].

Figure 3 (Analysis 1.3)



Risk of bias legend
(**A**) Sequence Generation
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(**C**) Blinding of participants and personnel
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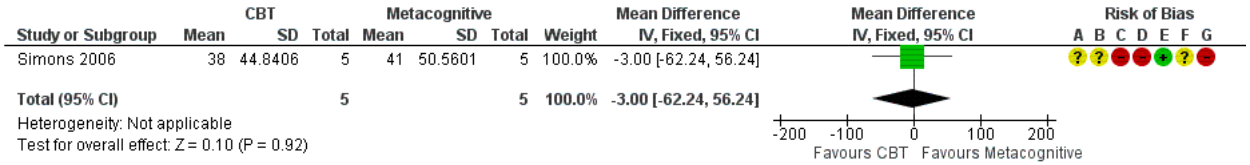
(**F**) Selective outcome reporting
(**G**) Other sources of bias

Forest plot of comparison: 1 PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi?, outcome: 1.3 Symptomscore min 30 % reduktion i CY-BOCS/Y-BOCS) [*Længste follow-up*].

Figure 4 (Analysis 1.4)



Risk of bias legend
(**A**) Sequence Generation
(**B**) Allocation concealment
(**C**) Blinding of participants and personnel
(**D**) Blinding of outcome assessors
(**E**) Incomplete outcome data
(**F**) Selective outcome reporting
(**G**) Other sources of bias

Forest plot of comparison: 1 PICO 4: Bør børn, unge og voksne med OCD tilbydes tredjebølge kognitiv terapi eller kognitiv adfærdsterapi?, outcome: 1.4 Depression.