

## PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?

### Review information

#### Authors

Sundhedsstyrelsen<sup>1</sup>

<sup>1</sup>[Empty affiliation]

Citation example: S; PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat? Cochrane Database of Systematic Reviews [Year], Issue [Issue].

### Characteristics of studies

#### Characteristics of included studies

##### POTS 2004

Methods	
Participants	
Interventions	
Outcomes	
Identification	
Notes	

#### Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	Unclear risk	-
Blinding of outcome assessors	Low risk	
Incomplete outcome data	Unclear risk	-
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

##### Storch 2013

Methods	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p> <p><b>Open Label:</b></p> <p><b>Cluster RCT:</b></p>
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<p><b>Participants</b></p>	<p><b>Baseline Characteristics</b>                  Intervention (CBT)                  Comparison (sertraline and CBT)  <b>Included criteria:</b>  <b>Excluded criteria:</b>  <b>Pretreatment:</b> ingen sikre forskelle</p>
<p><b>Interventions</b></p>	<p><b>Intervention Characteristics</b>                  Intervention (CBT)                  Comparison (sertraline and CBT)</p>
<p><b>Outcomes</b></p>	<p><i>CYBOCS symptom score End of Treatment</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> </ul> <p><i>Remission Symptom score (CYBOCS; ≤ 9) End of Treatment</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> </ul> <p><i>&gt;30 % reduktion i CYBOCS follow up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> DichotomousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> </ul> <p><i>Social funktionsevne: Længste Follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Livskvalitet: Længste Follow-up</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> </ul> <p><i>Angst: Efter endt Behandling</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Measure names:</b> ["Baseline"]</li> </ul> <p><i>Adverse Events</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> AdverseEvent</li> <li>● <b>Measure names:</b> ["Baseline"]</li> </ul> <p><i>Selvmodstanker/Selvmodsaadfærd</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> AdverseEvent</li> <li>● <b>Measure names:</b> ["Baseline"]</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul>
<p><b>Identification</b></p>	<p><b>Sponsorship source:</b> the National Institutes of Health (R01MH078594-01). Pfizer provided sertralineand matching placebo at no cost.  <b>Country:</b> Florida, USA  <b>Setting:</b> Across two study sites with expertise in pediatric OCD treatment  <b>Comments:</b>  <b>Authors name:</b> Storch EA  <b>Institution:</b> Department of pediatrics  <b>Email:</b> estorch@health.usf.edu</p>

<b>Notes</b>	<p><b>Address:</b> 880 6th Street South, St. Petersburg, FL 33701, USA.</p> <p><i>Judith Nissen</i> on 02/09/2015 09:05  <b>Baseline Characteristics</b>                  Der var ingen baseline forskelle i alder, køn og CYBOCS scores</p> <p><i>Judith Nissen</i> on 02/09/2015 09:12  <b>Intervention Characteristics</b>                  Patienterne blev randomiseret til 1. regulær optræning med sertraline, 2) langsom optræning med sertraline og 3) placebo. Efter 4 ugers behandling i en af disse arme fik alle suppleret med CBT over 14 sessioner ialt/samlet 18 uger. Der blev lavet vurderinger til fastsatte tider</p> <p><i>Judith Nissen</i> on 02/09/2015 09:17  <b>Continuous Outcomes</b>                  Har angivet det efter endt behandling</p> <p><i>Judith Nissen</i> on 02/09/2015 09:24  <b>Adverse Outcomes</b>                  Der er stor variation og flere af patienterne går igen, dvs de har flere bivirkninger. To SAEs har været set, hvoraf en skulle behandles. Flest AEs i sert gruppen</p> <p><i>Birgitte Holm Petersen</i> on 09/09/2015 20:54  <b>Continuous Outcomes</b>                  comparison: regular sertraline&lt;COIS-C used&lt;MASC used for anxiety</p> <p><i>Birgitte Holm Petersen</i> on 09/09/2015 21:08  <b>Adverse Outcomes</b>                  Selvmordstanke/Selvmoedsadfærd = suicidal ideation</p>
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Risk of bias table

Bias	Authors' judgement	Support for judgement
Random sequence generation (selection bias)	Low risk	
Allocation concealment	Low risk	
Blinding of participants and personnel	High risk	
Blinding of outcome assessors	High risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

***D'Alcante 2012***

Reason for exclusion	adult population
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***Giasuddin 2013***

Reason for exclusion	adult population
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***HolmgrenMelin 2015***

Reason for exclusion	Wrong intervention
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***Hu 2012***

Reason for exclusion	Wrong intervention
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***Landsheer 2015***

Reason for exclusion	Wrong intervention
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***Shavitt 2014***

Reason for exclusion	Wrong study design
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***Skarphedinsson 2015***

Reason for exclusion	
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***vanBalkom 2012***

Reason for exclusion	adult population
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***Wehry 2015***

Reason for exclusion	Wrong study design
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*Footnotes***References to studies****Included studies*****POTS 2004***

[Empty]

***Storch 2013***

Storch EA; Bussing R; Small BJ; Geffken GR; McNamara JP; Rahman O; Lewin AB; Garvan CS; Goodman WK; Murphy TK. Randomized, placebo-controlled trial of cognitive-behavioral therapy alone or combined with sertraline in the treatment of pediatric obsessive-compulsive disorder.. *Behaviour Research & Therapy* 2013;51(12):823-829. [DOI: 10.1016/j.brat.2013.09.007]

**Excluded studies*****D'Alcante 2012***

D'Alcante CC; Diniz JB; Fossaluza V; Batistuzzo MC; Lopes AC; Shavitt RG; Deckersbach T; Malloy-Diniz L; Miguel EC; Hoexter MQ. Neuropsychological predictors of response to randomized treatment in obsessive-compulsive disorder.. Progress in neuro-psychopharmacology & biological psychiatry 2012;39(2):310-317. [DOI: <http://dx.doi.org/10.1016/j.pnpb.2012.07.002>]

***Giasuddin 2013***

Giasuddin NA; Nahar JS; Morshed NM; Balhara YP; Sobhan MA. Efficacy of combination of fluoxetine and cognitive behavioral therapy and fluoxetine alone for the treatment of obsessive compulsive disorder.. Pakistan Journal of Pharmaceutical Sciences 2013;26(1):95-98. [DOI: ]

***HolmgrenMelin 2015***

Holmgren Melin,K.; Skarsater,I.; Mowatt Haugland,B. S.; Ivarsson T.. Treatment and 12-month outcome of children and adolescents with obsessive-compulsive disorder: A naturalistic study... Journal of Obsessive-Compulsive and Related Disorders 2015;6(Journal Article):1-6. [DOI: <http://dx.doi.org/10.1016/j.jocord.2015.04.002>]

***Hu 2012***

Hu,X.-Z.; Wen,Y.-S.; Ma,J.-D.; Han,D.-M.; Li,Y.-X.; Wang,S.-F.. A promising randomized trial of a new therapy for obsessive-compulsive disorder.. Brain and Behavior 2012;2(4):443-454. [DOI: <http://dx.doi.org/10.1002/brb3.67>]

***Landsheer 2015***

Landsheer,Johannes A.; Smit,Johannes H.; van Oppen,Patricia; van Balkom,Anton J. L. M.. Assignment refusal and its relation to outcome in a randomized controlled trial comparing cognitive therapy and fluvoxamine in treatment-resistant patients with obsessive compulsive disorder.. Psychiatry research 2015;226(1):198-203. [DOI: <http://dx.doi.org/10.1016/j.psychres.2014.12.050>]

***Shavitt 2014***

Shavitt,R. G.; De Marco,M.; Batistuzzo, M. C.; Oki,F. H.; Bernardes,E.; Monti,C.; Borcato,S. R.; Fatori,D.. Influence of treatment on visual information planning and nonverbal memory performance in children and adolescents with obsessive compulsive disorder.. Biological Psychiatry Conference: 69th Annual Scientific Convention and Meeting of the Society of Biological Psychiatry, SOBP 2014 New York, NY United States.Conference Start: 20140508 Conference End: 20140510.Conference Publication: (var.pagings) 2014;75(9 SUPPL. 1):195S. [DOI: <http://dx.doi.org/10.1016/j.biopsych.2014.03.015>]

***Skarphedinsson 2015***

Skarphedinsson,Gudmundur; Weidle,Bernhard; Thomsen,Per Hove; Dahl,Kitty; Torp,Nor Christian; Nissen,Judith B.; Melin,Karin Holmgren; Hybel,Kaija; Valderhaug,Robert; Wentzellarsen,Tore; Compton,Scott N.; Ivarsson,Tord. Continued cognitive-behavior therapy versus sertraline for children and adolescents with obsessive-compulsive disorder that were non-responders to cognitive-behavior therapy: A randomized controlled trial.. European child & adolescent psychiatry 2015;24(5):591-602. [DOI: <http://dx.doi.org/10.1007/s00787-014-0613-0>]

***vanBalkom 2012***

van Balkom AJ; Emmekamp PM; Eikelenboom M; Hoogendoorn AW; Smit JH; van Oppen P. Cognitive therapy versus fluvoxamine as a second-step treatment in obsessive-compulsive disorder nonresponsive to first-step behavior therapy.. Psychotherapy & Psychosomatics 2012;81(6):366-374. [DOI: <http://dx.doi.org/10.1159/000339369>]

***Wehry 2015***

Wehry,A. M.; Beesdo-Baum,K.; Hennelly,M. M.; Connolly,S. D.; Strawn,J. R.. Assessment and Treatment of Anxiety Disorders in Children and Adolescents.. 2015.(Journal Article). [DOI: <http://dx.doi.org/10.1007/s11920-015-0591-z>]

**Other references****Additional references****Other published versions of this review****Classification pending references**

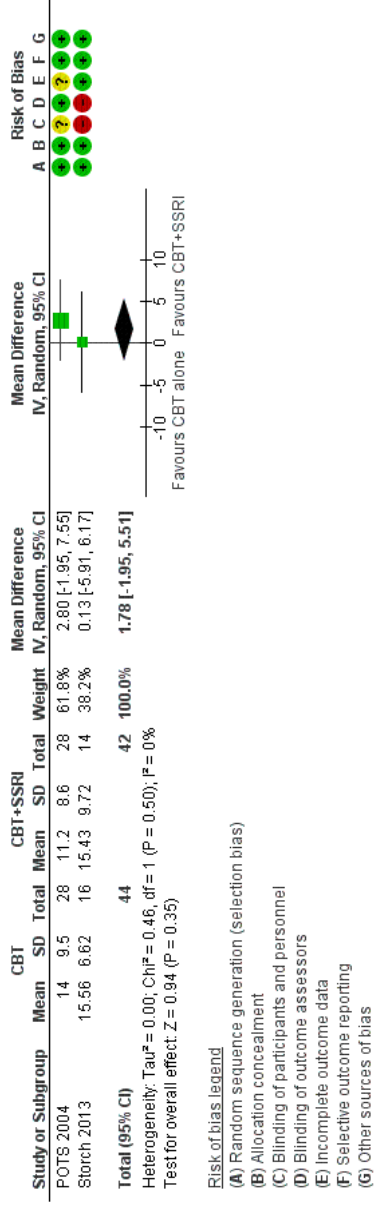
## Data and analyses

### 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 CYBOCS symptomscore End of Treatment	2	86	Mean Difference (IV, Random, 95% CI)	1.78 [-1.95, 5.51]
1.2 Social funktionsevne: Længste Follow-up	1	30	Mean Difference (IV, Fixed, 95% CI)	3.43 [-3.02, 9.88]
1.3 Livskvalitet: Længste Follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4 Angst: Efter endt Behandling	1	30	Mean Difference (IV, Fixed, 95% CI)	-3.50 [-18.40, 11.40]
1.5 Remission Symptomscore (End of Treatment)	2	86	Risk Ratio (IV, Random, 95% CI)	0.66 [0.40, 1.12]
1.6 >30 % reduktion i CYBOCS follow up	1	30	Risk Ratio (IV, Fixed, 95% CI)	1.09 [0.61, 1.98]
1.7 Drop-out: End of treatment	2	86	Risk Ratio (IV, Random, 95% CI)	0.60 [0.24, 1.52]
1.8 Selvmordstanker/Selvmondsadfærd	2	103	Risk Difference (IV, Random, 95% CI)	0.02 [-0.07, 0.11]
1.9 Frafald på grund af bivirkninger	2	86	Risk Ratio (IV, Random, 95% CI)	0.31 [0.03, 2.88]
1.10 Alvorlige bivirkninger (SAE)	2	86	Risk Difference (IV, Random, 95% CI)	-0.00 [-0.06, 0.06]

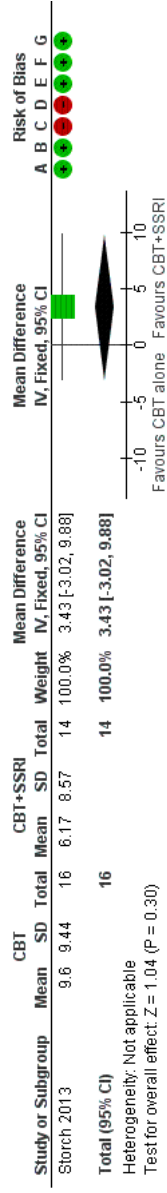
## Figures

Figure 1 (Analysis 1.1)



Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.1 CYBOCS symptomscore End of Treatment.

Figure 2 (Analysis 1.2)

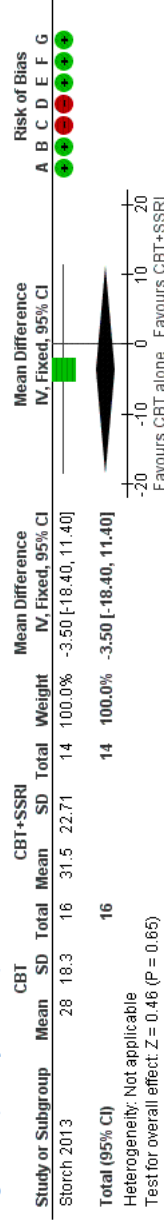


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (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 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.2 Social funktionsevne: Længste Follow-up.

Figure 3 (Analysis 1.4)

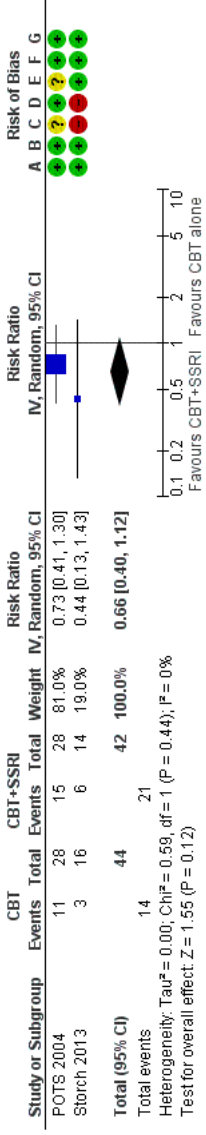


Risk of bias legend

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Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.4 Angst : Efter endt Behandling.

Figure 4 (Analysis 1.5)

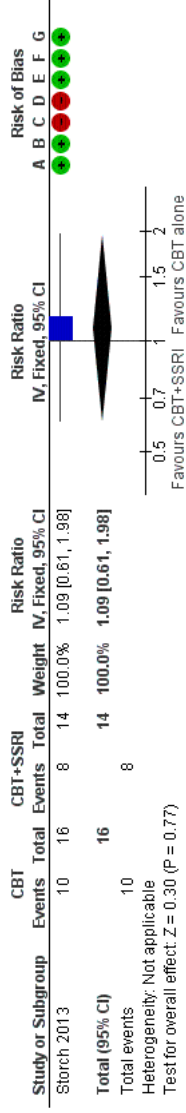


**Risk of bias legend**

- (A) Random sequence generation (selection bias)
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Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.5 Remission Symptomscore (End of Treatment).

**Figure 5 (Analysis 1.6)**



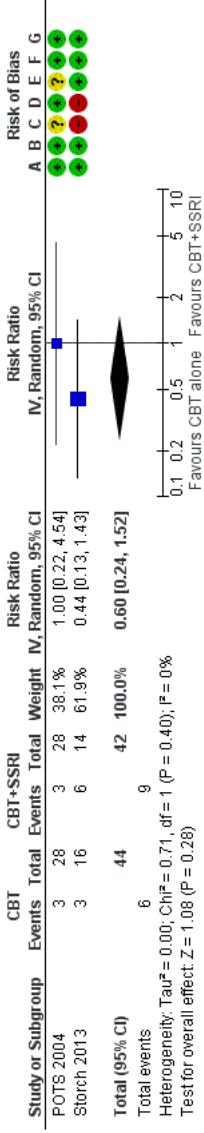
**Risk of bias legend**

- (A) Random sequence generation (selection bias)
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- (C) Blinding of participants and personnel
- (D) Blinding of outcome assessors
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- (G) Other sources of bias

Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.6 >30 % reduktion i CYBOCS follow up.

**Figure 6 (Analysis 1.7)**



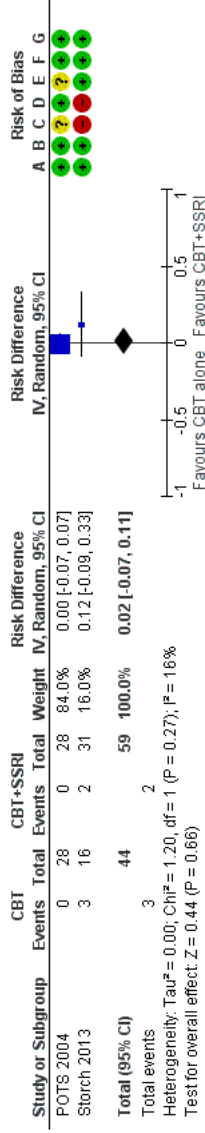


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment
- (C) Blinding of participants and personnel
- (D) Blinding of outcome assessors
- (E) Incomplete outcome data
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Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.7 Drop-out: End of treatment.

Figure 7 (Analysis 1.8)

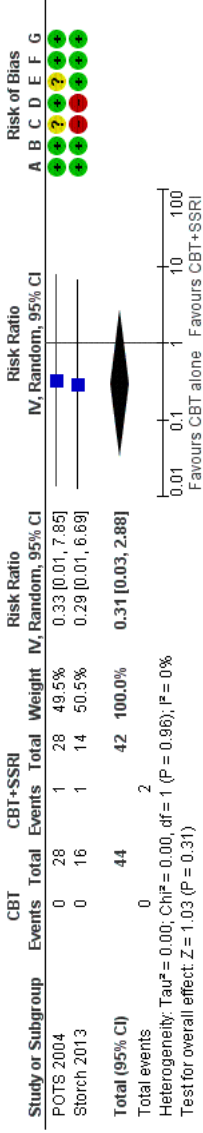


Risk of bias legend

- (A) Random sequence generation (selection bias)
- (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 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.8 Selvmordstanker/Selvmoedsadfærd.

Figure 8 (Analysis 1.9)

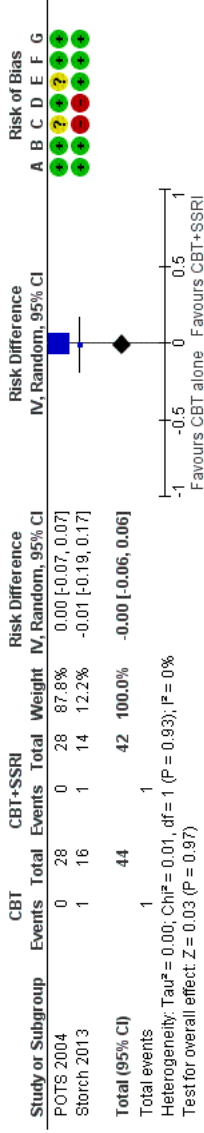


Risk of bias legend

- (A) Random sequence generation (selection bias)
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- (C) Blinding of participants and personnel
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- (E) Incomplete outcome data
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- (G) Other sources of bias

Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.9 Frafaid på grund af bivirkninger.

Figure 9 (Analysis 1.10)



Risk of bias legend

- (A) Random sequence generation (selection bias)
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Forest plot of comparison: 1 PICO 5: Bør børn og unge med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og et SSRI-præparat?, outcome: 1.10 Alvorlige bivirkninger (SAE).