PICO 6 - Bør voksne med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og selektive serotoningenoptagshæmmere (SSRI) som førstevalgsbehandling?

Review information

Authors

Sundhedsstyrelsen [1]

[1] [Empty affiliation]

Citation example: S. PICO 6 - Bør voksne med moderat til svær OCD tilbydes kognitiv adfærdsterapi eller en kombinationsbehandling bestående af kognitiv adfærdsterapi og selektive serotoningenoptagshæmmere (SSRI) som førstevalgsbehandling? Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Cottraux 1990

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** CBT CBT + SSRI **Included criteria:** DSM-3 criteria for OCDA 15 day wash-out period preceeded biological and behavioural assessments.A secondary diagnosis of major depression was acceptable if it had been preceeded by OCD **Excluded criteria:** Gilles de la Tourettee disorderorganic mental disodersSchizophreniaAdditional treatmentNo **Pretreatment:** No significant differences between groups at baseline
Interventions	**Intervention Characteristics** CBT CBT + SSRI
Outcomes	*Symptomscore (Y-BOCS) End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Social funktionsevne Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Livskvalitet Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Depression End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Drop-out End of treatment*

	● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Remission symptomscore (Y-BOCS: ≤ 9) End of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (min 30% reduktion i Y-BOCS) Længste follow-up* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Selvmordstanker/Selvmordsadfærd End of Treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE) End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Andre alvorlige bivirkninger (SAE) End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"]
Identification	**Sponsorship source:** Grant from INSERM and DUPHAR-FRANCE and "Les Hospices Civils de Lyon" **Country:** France **Setting:** Hospital **Comments:** **Authors name:** Jean Cottraux **Institution:** Laboratoire de Psychologie Medicale **Email:** not reported **Address:** Laboratoire de Psychologie Medicale, Hopital Neurologiique, 59 boulevard Pinel, 69394 Lyon, France
Notes	*Birgitte Holm Petersen* on 24/09/2015 21:43 **Study Design** Interventionen:ExposureComparison: Exposure + fluvoxamin *Birgitte Holm Petersen* on 25/09/2015 02:29 **Continuous Outcomes** HRSD for depression afrapporteret

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Unclear risk	-
Blinding of outcome assessors	Low risk	
Incomplete outcome data	High risk	include only completer patients
Selective outcome reporting	Low risk	

Other sources of bias	Low risk	

Hohagen 1998

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** CBT CBT + SSRI **Included criteria:** OCD diagnosisY-BOCS exceed 16 points **Excluded criteria:** Current or lifetime diagnosis of psychotic disorder, druge or alcohol abuse, organic psychosydromes, epilepsy, acute sucidial tendencies **Pretreatment:** No differences
Interventions	**Intervention Characteristics** CBT CBT + SSRI
Outcomes	*Symptomscore (Y-BOCS) End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Social funktionsevne Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Livskvalitet Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Depression End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Drop-out End of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Remission symptomscore (Y-BOCS: ≤ 9) End of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (min 30% reduktion i Y-BOCS) Længste follow-up* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Selvmordstanker/Selvmordsadfærd End of Treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE) End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"]

	Andre alvorlige bivirkninger (SAE) End of treatment ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"]
Identification	**Sponsorship source:** not reported **Country:** Germany **Setting:** Psychiatric - multicentre **Comments:** 8 ugers BT og medicinsk forløb - relativt kort for begge arme. Dog ser det ud til at de fik flere terapi sessioner om ugen, så de har nok fået flere end blot 8 sessioner. **Authors name:** F. Hohagen **Institution:** Multicentre **Email:** NR **Address:** Psychiatric Department of the University of Freiburg, Hauptsr. 5, 79104 Freiburg Germany
Notes	*Birgitte Holm Petersen* on 25/09/2015 02:48 **Study Design** Intervention: BT + fluvoxaminComparison: BT *Hjalti Jonsson* on 25/09/2015 21:33 **Continuous Outcomes** depressions chance score større ved BT gruppen - men slut score højere. Højere præ-score i BT gruppen.

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Unclear risk	-
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	High risk	11 patients were excluded after randomization because they were outliers
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

vanBalkom 1998

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** **Cluster RCT:**
Participants	**Baseline Characteristics** CBT CBT + SSRI **Included criteria:** Ages of 18-65, who meet DSM-III-R criteria for OCD with a duration of at least 1 year. **Excluded criteria:** Obsessions only, organic mental disorders, psychotic disorders, psychoactive substance abuse disorders, mental retardation, severe medical disorders **Pretreatment:** No significant differences were observed

Interventions	**Intervention Characteristics** CBT CBT + SSRI
Outcomes	*Symptomscore (Y-BOCS) End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Social funktionsevne Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Livskvalitet Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Depression End of treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] *Drop-out End of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Remission symptomscore (Y-BOCS: ≤ 9) End of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Symptomscore (min 30% reduktion i Y-BOCS) Længste follow-up* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] *Selvmordstanker/Selvmordsadfærd End of Treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Frafald på grund af bivirkninger (AE) End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"] *Andre alvorlige bivirkninger (SAE) End of treatment* ● **Outcome type**: AdverseEvent ● **Measure names**: ["Baseline"]
Identification	**Sponsorship source:** Grant of Duphar Nederland **Country:** Netherlands **Setting:** Psychiatric outpatient setting **Comments:** **Authors name:** Van Balkom et al. **Institution:** Department of Psychiatry, Insitute for Research in Extramural medicine **Email:** **Address:** Valeriusplein 9, 1075 BG Amsterdam, The Netherlands

Notes	*Birgitte Holm Petersen* on 25/09/2015 04:27 **Adverse Outcomes** 0% versus 17% of the patients reported more somnolence after 8 weeks of treatment with fluvoxamine *Hjalti Jonsson* on 25/09/2015 22:18 **Adverse Outcomes** 9 due to side effects, one of these patients became suicidal - samlet for begge fluvoxamin grupperne - men de rapporterer ikke hvor mange i hver gruppe desværre

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	Unclear risk	-
Incomplete outcome data	High risk	only completer analysis
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

deHaan 1997

Reason for exclusion	

deHaan 1998

Reason for exclusion	Wrong comparator

Foa 2005

Reason for exclusion	Wrong intervention

Gava 2007

Reason for exclusion	Wrong study design

O'Connor 2006

Reason for exclusion	

Tenneij 2005

Reason for exclusion	Wrong comparator

Footnotes

References to studies

Included studies

Cottraux 1990

Cottraux,J.; Mollard,E.; Bouvard,M.; Marks,I.; Sluys,M.; Nury,A. M.; Douge,R.; Cialdella,P.. A controlled study of fluvoxamine and exposure in obsessive-compulsive disorder. International clinical psychopharmacology 1990;5(1):17-30. [DOI:]

Hohagen 1998

Hohagen,F.; Winkelmann,G.; Rasche-Ruchle,H.; Hand,I.; Konig,A.; Munchau,N.; Hiss,H.; Geiger-Kabisch,C.; Kappler,C.; Schramm,P.; Rey,E.; Aldenhoff,J.; Berger,M.. Combination of behaviour therapy with fluvoxamine in comparison with behaviour therapy and placebo. Results of a multicentre study. The British journal of psychiatry.Supplement 1998;(35)(35):71-78. [DOI:]

vanBalkom 1998

van Balkom,A. J.; de Haan,E.; van Oppen,P.; Spinhoven,P.; Hoogduin,K. A.; van Dyck,R.. Cognitive and behavioral therapies alone versus in combination with fluvoxamine in the treatment of obsessive compulsive disorder. The Journal of nervous and mental disease 1998;186(8):492-499. [DOI:]

Excluded studies

deHaan 1997

de Haan,E.; van Oppen,P.; van Balkom,A. J.; Spinhoven,P.; Hoogduin,K. A.; Van Dyck,R.. Prediction of outcome and early vs. late improvement in OCD patients treated with cognitive behaviour therapy and pharmacotherapy. Acta Psychiatrica Scandinavica 1997;96(5):354-361. [DOI:]

deHaan 1998

de Haan,E.; Hoogduin,K. A.; Buitelaar,J. K.; Keijsers,G. P.. Behavior therapy versus clomipramine for the treatment of obsessive-compulsive disorder in children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry 1998;37(10):1022-1029. [DOI:]

Foa 2005

Foa EB; Liebowitz MR; Kozak MJ; Davies S; Campeas R; Franklin ME; Huppert JD; Kjernisted K; Rowan V; Schmidt AB; Simpson HB; Tu X. Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder.. American Journal of Psychiatry 2005;162(1):151-161. [DOI:]

Gava 2007

Gava,Ileana; Barbui,Corrado; Aguglia,Eugenio; Carlino,Davide; Churchill,Rachel; De Vanna,Maurizio; McGuire,Hugh. Psychological treatments versus treatment as usual for obsessive compulsive disorder (OCD). 2007;(2). [DOI: 10.1002/14651858.CD005333.pub2]

O'Connor 2006

O'Connor KP; Aardema F; Robillard S; Guay S; Pelissier MC; Todorov C; Borgeat F; Leblanc V; Grenier S; Doucet P. Cognitive behaviour therapy and medication in the treatment of obsessive-compulsive disorder.. Acta Psychiatrica Scandinavica 2006;113(5):408-419. [DOI: ACP767 [pii]]

Tenneij 2005

Tenneij NH; van Megen HJ; Denys DA; Westenberg HG. Behavior therapy augments response of patients with obsessive-compulsive disorder responding to drug treatment.. Journal of Clinical Psychiatry 2005;66(9):1169-1175. [DOI:]

Other references

Additional references

Other published versions of this review

Classification pending references

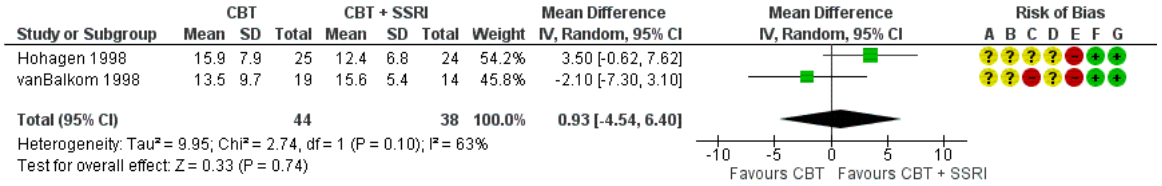
Data and analyses

1 CBT vs CBT + SSRI

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Symptomscore (Y-BOCS) End of treatment	2	82	Mean Difference (IV, Random, 95% CI)	0.93 [-4.54, 6.40]
1.2 Social funktionsevne Længste follow-up	1	49	Mean Difference (IV, Fixed, 95% CI)	-3.30 [-11.99, 5.39]
1.3 Livskvalitet Længste follow-up	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.4 Depression End of treatment	3	113	Std. Mean Difference (IV, Random, 95% CI)	0.28 [-0.18, 0.73]
1.5 Drop-out End of treatment	2	89	Risk Ratio (IV, Random, 95% CI)	0.76 [0.37, 1.58]
1.6 Remission symptomscore (Y-BOCS: ≤ 9) End of treatment	0		Risk Ratio (IV, Fixed, 95% CI)	No totals
1.7 Symptomscore (min 30% reduktion i Y-BOCS) Længste follow-up	1	49	Risk Ratio (IV, Fixed, 95% CI)	0.69 [0.48, 0.98]
1.8 Selvmordstanker/Selvmordsadfærd	2	139	Risk Ratio (IV, Random, 95% CI)	1.46 [0.21, 10.30]
1.9 Frafald på grund af bivirkninger (AE)	2	139	Risk Ratio (IV, Random, 95% CI)	0.36 [0.02, 7.42]

Figures

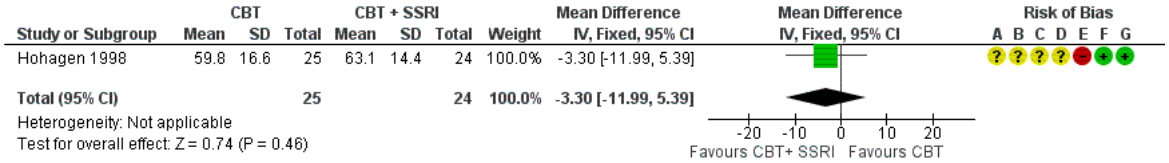
Figure 1 (Analysis 1.1)



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 CBT vs CBT + SSRI, outcome: 1.1 Symptomscore (Y-BOCS) End of treatment.

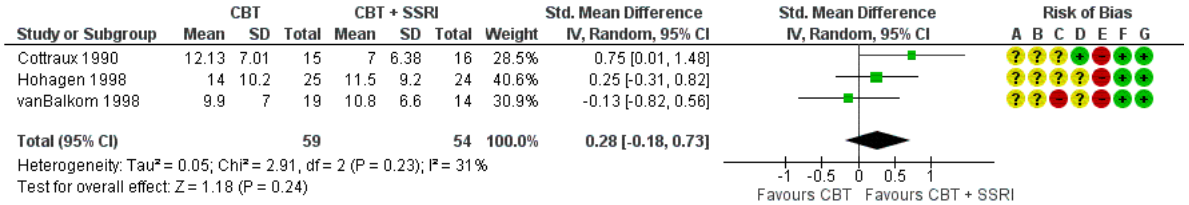
Figure 2 (Analysis 1.2)



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 CBT vs CBT + SSRI, outcome: 1.2 Social funktionsevne Længste follow-up.

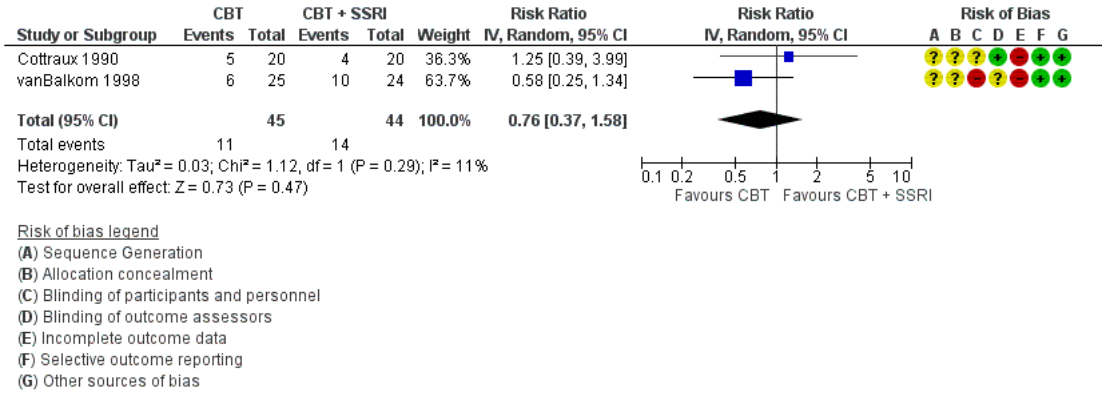
Figure 3 (Analysis 1.4)



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 CBT vs CBT + SSRI, outcome: 1.4 Depression End of treatment.

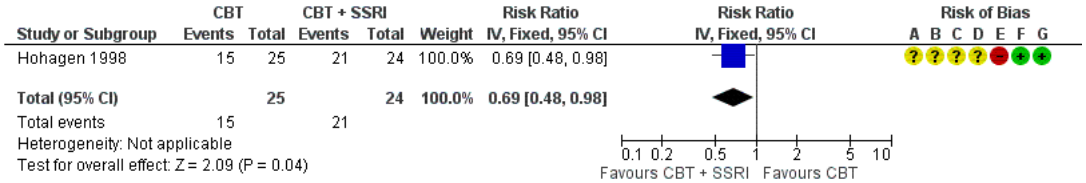
Figure 4 (Analysis 1.5)



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 CBT vs CBT + SSRI, outcome: 1.5 Drop-out End of treatment.

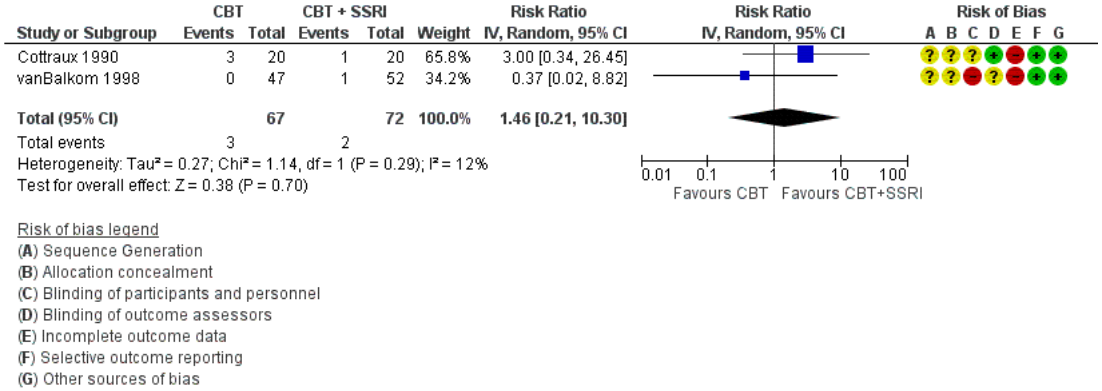
Figure 5 (Analysis 1.7)



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

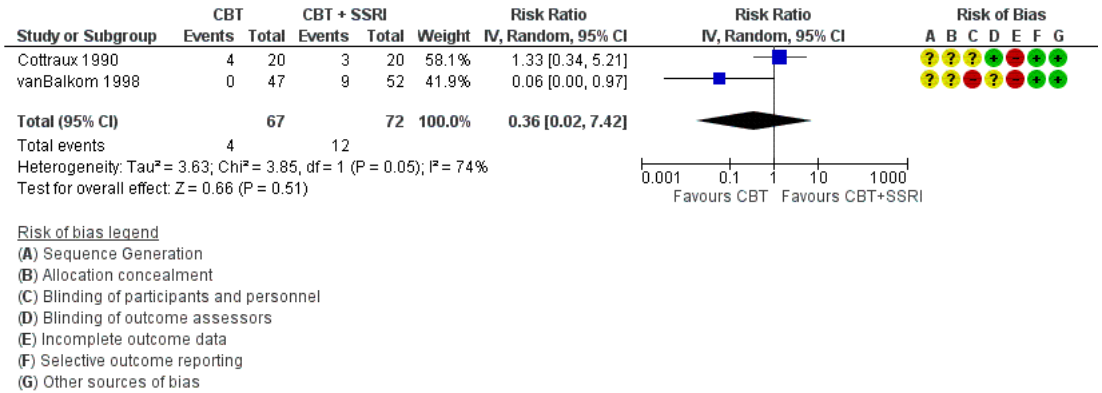
Forest plot of comparison: 1 CBT vs CBT + SSRI, outcome: 1.7 Symptomscore (min 30% reduktion i Y-BOCS) Længste follow-up.

Figure 6 (Analysis 1.8)



Forest plot of comparison: 1 CBT vs CBT + SSRI, outcome: 1.8 Selvmordstanker/Selvmordsadfærd.

Figure 7 (Analysis 1.9)



Forest plot of comparison: 1 CBT vs CBT + SSRI, outcome: 1.9 Frafald på grund af bivirkninger (AE).