Sudden Gains in Obsessive Compulsive Disorder (OCD) Symptoms in Patients with Severe Symptom Presentation

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INTRODUCTION

As treatment for Obsessive Compulsive Disorder (OCD) requires considerable investments (e.g. time, emotional, and financial) it is imperative that research examines potential predictors of intensive treatment outcome.

One potential predictor is a “sudden gain,” or a significant, positive change in treatment direction in a brief period of time.

While sudden gains in treatment have been studied in patients with depression (Drymalski & Washburn, 2011; Tang et al., 2007), this is a nascent area within OCD literature.

Sudden gains are a similar concept to that of an “early response,” which has shown to be predictive of OCD symptom severity at treatment discharge.

Studies have shown a relationship between early response with Cognitive-Behavioral treatments and symptom outcomes for OCD (de Haan, 1997; Krompinger et al., 2011) and other anxiety samples (Westra et al., 2007).

Given this connection, the present study expects that sudden gains across the entire treatment period, rather than just early responses, will show to be a predictor of lower individual symptom severity at discharge.

METHODS

• Symptom severity was assessed weekly via self-report. The following measures were used in this study:
  • Yale Brown Obsessive-Compulsive Scale (Y-BOCS) Severity Scale
  • Center for the Epidemiological Studies of Depression – Short Form (CES-D-10)
  • Generalized Anxiety Disorder Assessment (GAD-7)
  • The Positive And Negative Affect Schedule (PANAS)
  • The Self Compassion Scale Short Form (SCS-SF)

• Patients attended the weekly Progress Monitoring (PM) Group each Friday afternoon during their admission in the intensive treatment programs.

• Sudden gains are defined as
  a) exceeding the Reliability Change Index in the direction of improvement (Jacobson & Truax, 1991),
  b) showing at least a 25% change from week to week, and
  c) differ from fluctuations before and after sudden gain in terms of an independent t-test.

• The third criterion of sudden gains analysis was excluded in this study due to a lack of pre- and post- gain participant data and on precedent of studies who have excluded this variable in the past (Drymalski & Washburn, 2011).

• Patients were then compared via between-subjects ANCOVA analyses (sudden gains patients v. patients with no sudden gain) on their pre-treatment (covariates) and post- treatment (DV) levels on various measures within the database.

PARTICIPANTS

• N = 40 Residential (RT) and Intensive Outpatients (IOP) from the Houston OCD Program
• Gender 58.1% Male
• Level of Care 75.0% Residential
• Primary Diagnosis 91.7% Obsessive Compulsive Disorder
• Secondary Diagnoses 25.1% Major Depressive Disorder
  18.8% Generalized Anxiety Disorder
  6.3% Obsessive Compulsive Disorder
• Treatment in the intensive programs is heavily based on Cognitive-Behavior Therapy with emphasis on Exposure and Response Prevention.
  • Daily attendance includes:
    2 hours of psychoeducational group therapy targeting CBT-specific issues (e.g. depression, treatment motivation, mindfulness, etc.)
  4 hours of Exposure and Response Prevention with one-to-one support
  Additionally, patients attend 3 hours weekly of individual CBT sessions.

RESULTS

• 57.5% percent of the sample (n=23) showed sudden gains.

• For most patients, sudden gains were identified in their second week in treatment (mean= 3.76, median= 3, mode= 2).

• There were a total of 51 sudden gains among 23 patients, and of those 23, most patients showed at least 2 sudden gains during treatment.

Graph 1. Trend of sudden gains across treatment period

Graph 2. Distribution of magnitude of change in sudden gains across sample

Table 1. Positive Effects of Sudden Gains

<table>
<thead>
<tr>
<th>Measure</th>
<th>df</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>YBOCS</td>
<td>32</td>
<td>3.95</td>
<td>0.05*</td>
</tr>
<tr>
<td>CES-D-S</td>
<td>32</td>
<td>3.95</td>
<td>0.05*</td>
</tr>
<tr>
<td>GAD-7</td>
<td>32</td>
<td>3.95</td>
<td>0.05*</td>
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• While the pilot analyses focused only on patients with sudden gains, it should be noted that even those patients who did not experience sudden gains also showed significant improvement on the YBOCS (t (30) = 6.74, p < .00) and the GAD-7 (t (47) = 2.89, p < .00) by their last week of PM group participation as shown by a paired sample t-test.

DISCUSSION

• Individuals with sudden gains show significant improvements during treatment, and show a greater reduction in OCD and general anxiety symptom severity at discharge.

• Future research could examine predictors of sudden gains in pre-treatment analyses as well as the treatment outcome of patients who do experience sudden gains compared to those who do not.

• Limitations to the study include:
  • The measures are self-report measures and may not compare with clinician rated scores on the same variables and may show some effect size may be decreased due to the bias of repeated measures.
  • The third criteria typically required to meet standards for sudden gains in treatment was retracted from the study due to insufficient data.
  • Thus, analyses could have been skewed in this study due to inability to measure fluctuations before and after sudden gains.
  • Also, the Houston OCD Program houses a maximum of six RT patients and up to approximately six IOPs at one time, and not all seeking treatment for OCD. With less than 12 patients an average length of stay of only seven weeks, the N is small by nature.
  • Finally, with severe anxiety disorders, consistency in treatment participation can be difficult. Many patients were unable to attend PM Group consistently, thus disqualifying their data from inclusion in the study.

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