Clinical effectiveness, cost-effectiveness and acceptability of low-intensity interventions in the management of obsessive–compulsive disorder: the Obsessive–Compulsive Treatment Efficacy randomised controlled Trial (OCTET)

Karina Lovell,1* Peter Bower,2 Judith Gellatly,1 Sarah Byford,3 Penny Bee,1 Dean McMillan,4 Catherine Arundel,5 Simon Gilbody,4 Lina Gega,6 Gillian Hardy,7 Shirley Reynolds,8 Michael Barkham,7 Patricia Mottram,9 Nicola Lidbetter,10 Rebecca Pedley,1 Jo Molle,11 Emily Peckham,5 Jasmin Knopp-Hoffer,2 Owen Price,1 Janice Connell,12 Margaret Heslin,3 Christopher Foley,13 Faye Plummer5 and Christopher Roberts13

1Division of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK
2Centre for Primary Care, University of Manchester, Manchester, UK
3King’s Health Economics, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, UK
4Hull York Medical School and Department of Health Sciences, University of York, York, UK
5Department of Health Sciences, University of York, York, UK
6Social Work and Communities, Northumbria University, Newcastle, UK
7Department of Psychology, University of Sheffield, Sheffield, UK
8School of Psychology, University of Reading, Reading, UK
9Cheshire & Wirral Partnership, NHS Foundation Trust, Wallasey, UK
10Anxiety UK, Manchester, UK
11Norwich Medical School, University of East Anglia, Norwich, UK
12School of Health and Related Research, University of Sheffield, Sheffield, UK
13Centre for Biostatistics in the Institute of Population Health, University of Manchester, Manchester, UK

*Corresponding author karina.lovell@manchester.ac.uk
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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Plain English summary

Low-intensity interventions in the management of OCD

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Plain English summary

Obsessive–compulsive disorder (OCD) is a common disorder that makes people anxious and unhappy, interferes with everyday activities and rarely improves without treatment. The treatment recommended for OCD is a talking treatment, called cognitive–behavioural therapy (CBT). There are not enough CBT therapists and waiting lists are long. Our study aimed to see if using a self-help approach (either a book or a computer program), supported for a short time by a mental health practitioner, would be better than waiting for CBT.

Of the 473 people with OCD who took part, one-third were given a self-help book, one-third were given an OCD computer program and one-third stayed on a waiting list for CBT. In the short term (3 months), we found no worthwhile improvements in symptoms in people using the self-help book or OCD computer program. We also found no differences in symptoms in the longer term (12 months). However, fewer people who had either the book or the computer program went on to have CBT and both the book and the computer program were better value for money than CBT. Patients told us during interviews that they liked the guided self-help more than the computer program. Practitioners thought that the interventions could benefit patients and provide choice and flexibility.
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This report

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