

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

<sup>1</sup>Division of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK

<sup>2</sup>Centre for Primary Care, University of Manchester, Manchester, UK

<sup>3</sup>King's Health Economics, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK

<sup>4</sup>Hull York Medical School and Department of Health Sciences, University of York, York, UK

<sup>5</sup>Department of Health Sciences, University of York, York, UK

<sup>6</sup>Social Work and Communities, Northumbria University, Newcastle, UK

<sup>7</sup>Department of Psychology, University of Sheffield, Sheffield, UK

<sup>8</sup>School of Psychology, University of Reading, Reading, UK

<sup>9</sup>Cheshire & Wirral Partnership, NHS Foundation Trust, Wallasey, UK

<sup>10</sup>Anxiety UK, Manchester, UK

<sup>11</sup>Norwich Medical School, University of East Anglia, Norwich, UK

<sup>12</sup>School of Health and Related Research, University of Sheffield, Sheffield, UK

<sup>13</sup>Centre for Biostatistics in the Institute of Population Health, University of Manchester, Manchester, UK

\*Corresponding author [karina.lovell@manchester.ac.uk](mailto:karina.lovell@manchester.ac.uk)

**Declared competing interests of authors:** Karina Lovell, Sarah Byford and Shirley Reynolds report grants from the National Institute for Health Research during the conduct of the study. Michael Barkham reports that he was the lead investigator in the development of the Clinical Outcomes in Routine Evaluation – Outcome Measure, which is used in the trial. Simon Gilbody reports previous membership of the Health Technology Assessment Clinical Trials Board.

**Disclaimer:** This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published June 2017

DOI: 10.3310/hta21370

## Plain English summary

### Low-intensity interventions in the management of OCD

Health Technology Assessment 2017; Vol. 21: No. 37

DOI: 10.3310/hta21370

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## Plain English summary

**O**bsessive–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.



ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 4.236

*Health Technology Assessment* is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index.

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## This report

The research reported in this issue of the journal was funded by the HTA programme as project number 09/81/01. The contractual start date was in September 2011. The draft report began editorial review in October 2015 and was accepted for publication in April 2016. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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