## Article: 1496 Topic: EPV18 - e-Poster 18: Obsessive-Compulsive Disorder

Group CBT for Patients with Obsessive Compulsive Disorder – Predictors of Therapeutic Efficacy

J. Vyskocilova<sup>1</sup>, L. Stuchlikova<sup>2</sup>, A. Kotianova<sup>3</sup>, M. Slepecky<sup>3</sup>, J. Prasko<sup>2</sup>

<sup>1</sup>Faculty of Humanities, Charles University Prague, Prague, Czech Republic ; <sup>2</sup>Department of Psychiatry,

University Palacky Olomouc University Hospital Olomouc, Olomouc, Czech Republic ; <sup>3</sup>Department of

Psychology, ABC institut Liptovsky Mikulas, Liptovsky Mikulas, Slovakia

OBJECTIVE: The aim of our study was to establish the efficacy of CBT on the sample of non-selected medication-resistant patients with OCDand to search for predictors of therapeutic response in such a group.

METHODS: The treatment was carried out under usual conditionsat the department for anxiety disorders. Systematic CBT steps were tailored tothe needs of each patient. Pharmacology treatment remained grosslyunchanged during the trial period. We used the following outcome measures in thestudy: Yale-Brown Obsessive Compulsive Scale, subjective version (S-Y-BOCS),the Clinical Global Impression – Severity of Illness scale (CGI-S), BeckDepression Inventory (BDI), Beck Anxiety Inventory (BAI), Somatoform DissociationQuestionnaire (SDQ-20) and Dissociative Experience Scale (DES). The primary outcomemeasure was a decrease by 35% in Y-BOCS rating. Remission was defined as a12 point score or lower in Y-BOCS and 1 or 2 points in CGI-S.

RESULTS: 47 patients completed the study (19 male and 28female). One female patient refused to participate. All patients completed atleast 5 weeks of intensive CBT programme and showed significant improvement on Y-BOCS,CGI-S, and BDI scales. At the end of the treatment 40.4% of the patientsachieved clinical remission according to the CGI-S scale. The maincharacteristics present at the beginning of the trial increasing probability of achievingimprovement or remission during the treatment were a Y-BOCS score lower than 22, goodinsight, higher resistance to symptoms, low level of dissociation, and aggressive obsessions."

CONCLUSION: As negative predictors we identified higherscores in Y-BOCS, poorer insight, low resistance to symptoms, high level of dissociation, obsessions focused on control/symmetry and obsessiveslowness/ambivalence as associated with poor improvement.

## Supported by grant IGA MZ CR NT 11047-4/2010