Review: a pooled long term persistence rate of 40% for childhood OCD is lower than previously expected


Q What is the long term prognosis for children and adolescents with obsessive compulsive disorder?

CONCLUSIONS

Persistence of paediatric OCD may be lower than previously thought.

Commentary

A decade ago, little was known about the evidence-based treatment, long term treatment, or non-treatment of paediatric obsessive compulsive disorder (OCD). That sufficient reports have accumulated to permit the meta-analysis by Stewart and colleagues1 is in itself noteworthy. Unfortunately, Stewart et al. were unable to examine the moderating effect of treatment and, specifically, of medical management with selective serotonin reuptake inhibitors (SSRI) or with cognitive behavioural therapy (CBT), therefore sharply limiting the utility of the results. Given that most patients probably did not receive expert CBT and were not consistently medicated, persistence of partial or full OCD is not surprising. New research indicates that combined treatment with an SSRI and a widely available CBT protocol2 induces clinical remission in over 50% of children and adolescents with OCD after 12 weeks of treatment.3 Hence it is reasonable, based on existing evidence, that patients should start treatment with CBT or the combination of CBT with an SSRI. As implied in this meta-analysis, medication monotherapy, although helpful, is not as satisfactory as initial treatment of OCD in children and adolescents. As CBT is not widely available, the key to improving the public health of children and adolescents with OCD is wider availability of OCD specific, developmentally sensitive, cognitive behavioural psychotherapy. It remains to be seen, however, whether future reports will show that evidence-based treatment has an impact on long term outcomes.

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