

## ADDITIONAL COMMENTARY

This carefully designed study addresses the issue of the heterogeneity in trials of people with obsessive-compulsive disorder. It evaluates methodological components and patient factors differentiating responders and non-responders to psychopharmacological treatment. Year of publication, pre-randomisation period, trial duration, age of onset, baseline severity scores and depressive symptoms might be associated with effect sizes. The finding that earlier age of onset is associated with better treatment response should be viewed with caution, however. The trials included only adults, with mean onset after 18 years of age. Although the best cut-off for ‘early age of onset’ has yet to be established, all of the studies defined ‘early onset’ as symptoms prior to age 18. There is evidence that early-onset obsessive-compulsive disorder might represent a distinct subgroup, with a different treatment response profile,<sup>1,2</sup> but there are few double-blind placebo controlled studies of pediatric obsessive-compulsive disorder.<sup>3</sup>

This is a timely report, useful for clinicians trying to decide how to better treat people with obsessive-compulsive disorder. The findings reinforce that clinicians need to be careful when interpreting study outcomes. It is difficult to compare drug effects across clinical trials because of differences in study designs and patient characteristics. Future trials should include more comprehensive clinical descriptions and comparable methodologies.

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