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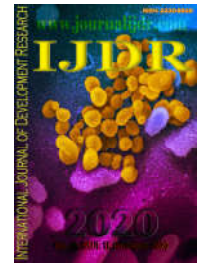
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RESEARCH ARTICLE

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EFFECTIVENESS OF EXPOSURE RESPONSE PREVENTION THERAPY AMONG OBSESSIVE COMPULSIVE DISORDER PATIENTS

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ABSTRACT

Introduction: The study was conducted to determine the effectiveness of exposure response prevention therapy among the obsessive compulsive disorder patients visiting OPD at Govt. psychiatric disease hospital (also known as Institute of Mental Health and Neurosciences, IMHAN-K) Srinagar, Kashmir. **Methodology** Quasi-experimental pre and post-test control design was used to determine the effectiveness of ERPT among the OCD patients. Purposive sampling technique was used to collect data from OCD patients who fulfilled the inclusion criteria. Data was collected by using Y-BOCS checklist and Social-demographic data sheet. Pilot study was conducted on 7 patients who visited OPD at IMHANS-K, Srinagar. The main study was conducted on 40 patients, among which only 30 have completed the intervention. These 30 patients were further divided into two groups; one group who received only medication and second group received both medication as well as therapy sessions. Our objective was also to find any difference between the two groups in terms of score of Y-BOCS and effectiveness of ERP. **Results:** showed that the group which received treatment and ERPT sessions showed less score on Y-BOCS comparative to the group which only received the pharmacological treatment. **Conclusion** the study concluded that ERPT is effective in reducing the symptoms of OCD.

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INTRODUCTION

Obsessive Compulsive Disorder (OCD) is a common mental illness in which person has recurrent thoughts (obsessions) and behaviors (compulsions) that are time consuming causes distress and impairment in all areas of day today functioning. Obsessive Compulsive Disorder is defined in the DSM 5: APA, as the presence of obsessions, compulsions, or both, that are time consuming and cause marked distress or impairment. According to ICD-10, for a definite diagnosis of OCD, obsession symptoms or compulsive acts, or both, must be present with most of days for at least 2 successive weeks and be a source of distress or interference with activities. OCD is a common disorder that affects adults, adolescents and children around the world and mostly people are diagnosed at the age of 19, boys have earlier onset than girls. In adults twelve-month prevalence is estimated between 1% and 2.3% and a

life time prevalence of 0.8% - 3%. Obsessive-compulsive disorder was estimated as the 11th leading cause of non-fatal burden in the world in 1990, accounting for 2.2% of total YLD. Exposure Response Prevention is an evidence based and first line treatment for OCD patients. In order to break the vicious cycle of OCD, Exposure Response Prevention Therapy (ERPT) was developed recommended by National Institute of Health and Care Excellence (NICE), most effective and durable with 50-60% recovery. Currently ERP treatments are based on theoretical model given by Foa and Kozak that includes prolonged exposure to obsession cues, focuses at blocking rituals and informal discussion of beliefs conducted in respect to exposure exercises. According to the Introductory Textbook of Psychiatry 2014, exposure with response prevention for a client is achieved through the exposure to a feared situation, event, or stimulus. A compulsive hand washer would be exposed to contaminated objects by choosing to hold

them, and then will resist the urge of washing their hands. Duration of exposures is very important factor in treatment of outcomes. Prolonged, continuous exposures were found more effective than short interrupted exposures. The ERP program recommended for adults consist of 15-90 minutes session conducted twice a week for 8 weeks or more. The session begins with 10-15 minutes of discussion of home work and ritual monitoring of previous sessions and the rest of session is devoted to exposure training and response prevention. Several instruments are available to assess the level of OCD symptoms, one of the most commonly used gold standard scale is Yale brown obsessive compulsive scale (Y-BOCS) that take 30 minutes to complete and consists of two sections with 10 items (5-obsessions & 5-compulsions). Since prevalence of OCD is increasing and is very important to help these patients by providing the evidence based treatment in order to help them to overcome the barriers of their daily life. Therefore investigator has selected the problem statement as "A study to determine the effectiveness of Exposure Response Prevention among the Obsessive Compulsive Disorder patients attending OPD at General Hospital Community Center (IMHANS-K), with an aim to help these patients to improve their longevity.

Multiple research's has been done in different countries to find out efficacy of ERP on OCD patients and few of them are as follows; Grøtte., et al., 2018 conducted a 3 week in-patient treatment of OCD on 187 patients. Out of these, 166 were treatment completers and 21 (11.2%) were dropouts. The result showed a significant effect. Study by Hossein., et al., 2015 on Y-BOCS outcome with a p value of 0.001 that shows a significant decrease in obsessive-compulsive symptoms on post-test. Whereas study by Haven., et al., (2013) conducted a pilot study on 5 OCD patients and delivered ERPT individually within age group of 23-59, who were given treatment for four successive days. Mean Y-BOCS score at pre-test was 23.5 and at post- test was 5.7 which results that ERPT was promising treatment for OCD patients. Rachman, et al., (2011) conducted a study on reducing contamination by exposure plus safety behavior on 80 under graduate students between controlled condition of (ERP) and experimental condition (E & SB). Their findings were significant on pre test post test of contamination OCD, fear, danger and disgust with a p-value of < 0.001. However it was found that exposure with safety behavior was more effective than ERP control group in case of contamination OCD. Above all studies had proven that ERP is very effective in OCD, but to check this out and had a significant and proper assessment on our sample this study was an important need of hour.

METHODOLOGY

Research Approach: A quantitative approach was used to achieve the objectives of the study, and intended to gather the data concerned with the effectiveness of Exposure Response Prevention Therapy among the OCD patients. It provides an accurate account of characteristics of a particular sample, individuals and intervention. The outcome of quantitative research provides a basis for future research.

Research Design: The research design is the researcher's overall plan for answering the research questions. The research design used for the present study was quasi-experimental pre-test post –test control design.

Setting of the Study: The setting of the present study was General Hospital Community Center (IMHANS-k) GMC Srinagar.

Sample: In this study, sample consisted of 30 OCD with two groups as 15 patients are experimental and 15 are control group.

Sampling Technique: Sampling technique is a process of selecting a portion of the population to represent the entire population. In the present study purposive sampling was used for selection of sample; to develop the sampling frame.

Description of the tool

- 1) **Demographic variables and Clinical profile of study subjects:** was developed by author's itself looking at the need of study
- 3) **Y-BOCS Scale:** Developed by Wayne Goodman 1989 with reliability ($r=0.98$)

Procedure: prior to treatment patients were given introduction of therapy and their willingness to participate, consent was taken, and then Y-BOCS was applied to assess the level of score of OCD on first session followed by psycho education about OCD and ERPT.

Pre-testing: The selected sample of 30(experimental=15, control=15) patients were administered following tools for identifying the patients suffering from OCD, fulfilling the inclusion criteria. Both groups were assessed for demographic variables ,clinical profile and Y-BOCS Scale and Checklist. Then intervention is provided to experimental group.

- Demographic variables Clinical profile
- Yale-Brown Obsessive-Compulsive checklist and Scale (Y-BOCS) (Goodman, 1989)
-

Intervention: Firstly, psycho-education was given to the subject to learn about their obsessions and compulsions through OCD graph and how ERPT is utilized to reduce these symptoms. Exposure means slowly facing the situations and beliefs that trigger obsessional fear. Response prevention means that you practice staying in the situation until the anxiety decreases on its own, rather than escaping by doing rituals, for example, not washing or checking. Although these techniques are highly effective, they are also challenging. However, by practicing exposure and response prevention, you will learn that your anxiety actually is reduced as you are exposed more; even if you resist doing rituals. So, exposure therapy helps to reduce obsessional anxiety, and response prevention helps you weaken the habitual pattern of using rituals to reduce obsessional anxiety. It was given to experimental group only for 6 weeks only, with a training of 8 sessions twice weekly.

Post testing: Post test was conducted after 8 sessions of ERPT among the OCD patients of experimental group and control group who were on routine.

RESULTS

Describes the distribution of percentage and frequency of level of severity among subjects. This table explains that frequency and percentage of subjects were 66.7% as moderate OCD

followed by 33.3% in experimental group, simultaneously 26.7% had mild OCD and 73.3% had moderate OCD in control group. This table depicts that majority level of severity in OCD shifted to subclinical OCD (60%) followed by Mild OCD (40%) in experimental group. At the same time majority of subjects were Moderate OCD (73%) followed by mild OCD (20%) and severe level of OCD was 6.7% in control group.

Flow chart of the data collection:

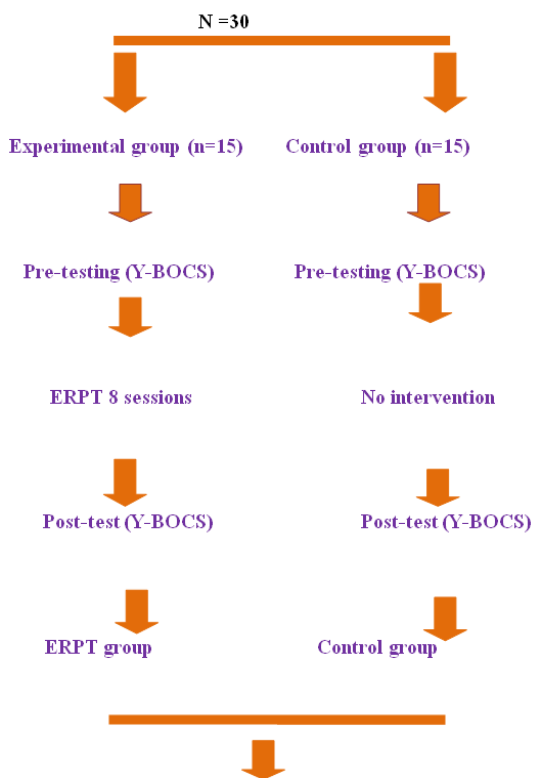


Table 1: Frequency and percentage distribution of subjects according to level of severity of OCD score in pre-test. (N=30)

Level of severity	Experimental group Frequency/percentage n=15	Control group Frequency/percentage n=15
<7 (subclinical)	0(0%)	0(0%)
8-15(Mild OCD)	5 (33.3%)	4 (26.7%)
16-23(Moderate OCD)	10 (66.7%)	11 (73.3%)
24-31(Severe OCD)	0(0%)	0(0%)
32-40(Extreme OCD)	0(0%)	0(0%)

Table 2. Percentage and frequency distribution of subjects according to level of severity of OCD in post-test score (N=30)

Level of severity	Experimental group Frequency/percentage n=15	Control group Frequency/percentage n=15
<7 (subclinical)	9 (60%)	0 (0%)
8-15(Mild OCD)	5 (40%)	3 (20.%)
16-23(Moderate OCD)	0 (0%)	11 (73.3%)
24-31(Severe OCD)	0 (0%)	1 (6.7%)
32-40(Extreme OCD)	0 (0%)	0 (0%)

Table 3. Findings related to descriptive statistics of Pre-test among control and experimental group of study subjects. (N= 30)

Descriptive Statistics	Mean/SD	Median	minimum	maximum	Range
Experimental group.	17.3333±5.47288	18	8.00	23.00	15
Control group	18.0667±3.99	20	10	23.00	13

Table 4. Findings related to descriptive statistics of Post-test among control and experimental group of study subjects. (N= 30)

Descriptive Statistics	Mean/SD	Median	minimum	maximum	Range
Experimental group.	7.2±3.05	7	2	12	10
Control group	18.20±4.36	18	10	24.00	14

Table 3 & 4 depicts the mean ± SD 7.3333±5.47288 ,median 18,range 15,which was reduced to mean ±SD 7.2±3.05, Median 7, & range 10 in pre-test, post-test of experimental group while as18.0667±3.99,median (18,20), and range 15 & 13 in experimental and control group of pre-test score while as mean ± SD 18.0667±3.99, Median 20,Range 13 that remained same with the value of mean ± SD 18.0667±4.36, Median 18,Range 14 in pre-test, post-test of control group, this indicates that ERPT was effective and has reduced the level of severity among OCD patients in experimental groups. This table 5 & 6 shows that there was significant difference while comparing pre-test ,post-test score of Ocd patients in experimental and control group with a p-value of <0.001,that means the intervention Exposure Response Prevention Therapy was effective and reduced the Y-BOCS score of patients in experimental group.

Table 5. Comparison of pre-test post-test Score of OCD patients in control and experimental group. (N=30)

	Pretest Score (YBOCS)		Post Test score (YBOCS)	
	Experimental Group	Control Group	Experimental Group	Control Group
N	15	15	15	15
Mean	17.3	18.1	7.2	18.2
Median	18	20	7	18
Std. Deviation	5.47	3.99	3.05	4.36
Minimum	8	10	2	10
Maximum	23	23	12	24
Mean Difference* (95% Confidence Interval)	-0.7 (-4.32 to 2.85)		-11.0 (-13.82 to -8.18)	
p-value	0.6782		<0.0001*	

* Experimental group - Control group; #Unpaired t-test

Table 6. Comparison of pre-test post-test score of OCD patients in control and experimental group (paired t-test). (N=30)

	Pretest Score (YBOCS)	Post Test score (YBPCS)	Paired Difference* (95% Confidence Interval)	p-value
Experimental Group	N	15	15	10.1 (8.33 to 11.93)
	Mean	17.3	7.2	
	Median	18	7	
	Std. Deviation	5.47	3.05	
	Maximum	23	12	
Control Group	N	15	15	-0.1 (-0.88 to 0.7090)
	Mean	18.1	18.2	
	Median	20	18	
	Std. Deviation	3.99	4.36	
	Maximum	23	24	

*significant value

DISCUSSION

The present study was undertaken to determine effectiveness of Exposure Response Prevention Therapy (ERPT) among the obsessive compulsive disorder patients visiting OPD at

General Hospital Community Center (IMHANS-K) GMC Srinagar, Kashmir. The data was collected from 30 subjects who were grouped as experimental (n=15) and control (n=15) at General Hospital Community Center (IMHANS), GMC Srinagar, Kashmir. The findings of the study are discussed in reference to objectives and hypotheses stated. Maximum pre-test score of subjects 10 (66.7%) had moderate OCD and 5(33.3%) had mild OCD in an experimental group and maximum pre-test score of subjects 11(73.3%) had moderate OCD and 4(26.7%) had mild OCD in control group. Maximum post-test score 9(60%) had mild OCD and 5(40%) had moderate OCD in experimental group and maximum post-test score 11(73.3%) had moderate OCD and 3(20%) had mild OCD and 1 (6.7%) had severe OCD in control group. The findings of this study are similar to findings conducted by Jones, Wootton, Vaccaro (2012), as they have studied clinical case of 80 year old man with 65 years of OCD history where pretest score of Y-BOCS data were collected at baseline and 7 month post-treatment was taken. The scores on the Y-BOCS reduced 65% from 20 (moderate) to 7 (subclinical) at 7-months post-treatment. Whereas our one more objective of our study was to assess the pre-test score of among Obsessive Compulsive Disorder patients of control and Experimental group. The findings of this study revealed that Mean \pm SD value was 17.33 \pm 5.47, Median was 18 and Range 15 in an experimental group, while as Mean/SD value was 18.20 /4.36, Median 20, Range13 in control group. The present study findings are similar to the findings of a study conducted by Ranjan, Nath, Preeti (2017) on 11patients to assess pre-test YBOCS score with Mean \pm S.D value 28.4 \pm 2.4 in pre test of group 1 and group 2 and on other 11 patients Mean \pm S.D was 28.14 \pm 2.03 in pre test score.

Objective 2: To assess the post -test scores of among Obsessive Compulsive Disorder patients of control and Experimental group. The findings of this study revealed that Mean \pm SD value was 7.2/ 3.05, Median 7, Range10 in an experimental group, and Mean \pm SD value was 18.20 \pm 4.362, Median 18, Range14 in control group. The present study findings are similar to the findings of a study conducted by Ranjan, Nath, Preeti (2017). One more important objective of our study was to determine the effectiveness of exposure response prevention therapy by comparing pre-test & post – test YBOCS score of control group & experimental group among obsessive compulsive disorder patients. The findings of this study revealed that there is significant decrease of post test score of in an experimental group with a p.value of < 0.001 after exposure response prevention therapy than post-test of control group that shows efficacy of ERPT. The present study findings was supported by the research conducted by Hossein Taghi, Leila, Esmali (2015) on 30 patients whose pre-test was followed by a training of 8 sessions Exposure Response Prevention Therapy.

Then post test, was done which signified reduction in OCD symptoms. The present study findings were further supported by the research conducted by Kircanskia, Peris (2015) on 30 patients a randomized controlled trial of exposure with response or ritual prevention therapy. Which was statistically significant $p < 0.001$ indicating that there was decrease in distress level at the end of exposure therapy which shows significant change at post test of C-YBOCS. One more Objective of our study was to find an association of pre-test score to selected demographic variables and clinical profile of obsessive compulsive disorder patients, which include age ,

gender , birth order, Habitat, occupation, family type, marital status, income , duration of illness, treatment history, family history. The findings revealed that there was no significant association of demographic variables and clinical profile of OCD patients with pre-test score, hence null hypothesis was accepted at 0.05 level of significance.

On the basis of the findings of the study, following recommendations are put forward for further research

1. A similar study can be conducted with larger sample size to confirm the result of the study.
2. A comparative study can be done on different therapies among OCD patients.
3. A Study can be done on anxiety disorders to determine the efficacy of Exposure Response Prevention Therapy.

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