Patient Adherence to Cognitive-Behavioral Therapy Predicts Long-Term Outcome in Obsessive-Compulsive Disorder

To the Editor: Our prior research demonstrated that patient adherence to homework during cognitive-behavioral therapy (CBT) strongly predicts acute outcome for patients with obsessive-compulsive disorder (OCD). To examine whether homework adherence also predicts outcome at 6-month follow-up, we capitalized on data from a clinical trial that provided patient adherence or treatment outcome at the end of treatment, was 5.2 (0.9) as averaged across all individuals. Adherence varied between individuals, with mean PEAS scores for individuals ranging from 3.2 (< 50% adherence) to 6.4 (> 90% adherence). The mean (SD) YBOCS scores, indicating OCD severity, were 28 (4) at baseline (week 0), 14 (8) after EX/RP treatment (week 9), and 18 (9) at 6-month follow-up. Patient adherence was associated with OCD severity at week 9 (z = −5.0247, P = .0000) and 6-month follow-up (z = −3.7905, P = .0002). At week 9, a 1-unit PEAS increase (ie, better adherence) corresponded to a 6.5-point YBOCS decrease, a clinically meaningful reduction in OCD severity (as defined by Whittal et al and Tolin et al). At 6-month follow-up, a 1-unit PEAS increase corresponded to a 6.4-point YBOCS decrease. Post hoc analyses revealed that early adherence (using PEAS scores from only the first 5 exposure sessions) also predicted 6-month outcome (z = −2.5743, P = .0100); a 1-unit increase in early PEAS score corresponded to a 4.8-point YBOCS decrease at 6-month follow-up.

Patient homework adherence predicted OCD outcome not only after acute EX/RP treatment but also at 6-month follow-up. Even early adherence predicted 6-month outcome. Future research will need to investigate the mechanism of this long-term effect; perhaps those who adhere during acute EX/RP treatment are more likely to use the skills on their own after treatment has ended. Future research should also examine whether those with poor adherence will benefit more from an intervention to improve adherence specifically or from a different type of treatment altogether. In the meantime, clinicians should pay close attention to early patient adherence and seek to improve it in any way they can.

Trial Registration: ClinicalTrials.gov identifier: NCT00316316

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