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MINDFULNESS BASED COGNITIVE THERAPY AND SYMPTOMS SEVERITY IN PATIENTS WITH OBSESSIVE COMPULSIVE DISORDER

Clinical Psychology

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ABSTRACT

BACKGROUND: Obsessive Compulsive Disorder (OCD) is a mental disorder characterized by the presence of obsessions and compulsions with lifetime prevalence of around 2%-3%. Increase in symptoms severity often significantly seen impairment with work, relationships and other responsibilities. Therefore, timely and effective intervention is required. Literature favors cognitive Behavioral therapy (CBT) as intervention in the management of symptoms severity.

AIM: The present study attempts to see the role of mindfulness based cognitive therapy in reducing symptoms severity in OCD.

METHODS AND MATERIALS: Pre- and post- MBCT intervention with a control group design were used to conduct this study involving 34 patients with OCD. Patients were equally distributed in two groups where one group was given intervention Mindfulness based cognitive therapy (MBCT) sessions for 8 weeks. Pre- and post- intervention assessment was done using Yale-Brown Obsessive Compulsive Scale (YBOCS) symptoms severity. And the results were compared.

RESULTS: Obtained research data indicates that there is a significant declined in the composite score on YBOCS symptoms severity at post intervention assessment in the group which had been undergone MBCT as compare to the other group.

CONCLUSION: Findings revealed that MBCT has a significant effect on reducing symptoms severity in patients with OCD.

KEYWORDS

Mindfulness Based Cognitive Therapy, Obsessive Compulsive Disorder, Symptoms severity.

1. INTRODUCTION:

Obsessive Compulsive Disorder (OCD) is a mental disorder characterized by the presence of intrusive, obsessive thoughts and compulsive, repetitive behaviors that often significantly inferred with work, relationship and other responsibilities. OCD is one of the major psychiatric conditions which have been noticed in patients visiting the mental health settings. Although there are limited epidemiological studies focusing on this disorder, in India the lifetime prevalence had been reported around 2%-3%.[1] According to the contemporary cognitive models of OCD, in clinical and non-clinical population it is normal to experience the intrusive thoughts. Behavioral health practitioners who provide the treatment for OCD may choose to qualify the severity of OCD symptoms and the related impairment before and during the treatment of OCD by using the reliable tool Yale-Brown Obsessive Compulsive Scale to measure the symptoms severity.

Mindfulness Based Cognitive Therapy is one of the so-called third wave Cognitive Behavioral Therapies which includes the series of mindfulness based interventions, Such as MBCT, mindfulness based stress reduction (MBSR), acceptance and commitment therapy (ACT)[2]. In the previous decade some authors have started to discuss the rationale for and clinical relevance of using OCD and the relevance of using mindfulness-based therapy to treat OCD and also the relevance of mindfulness factors for the reduction of obsessive-compulsive symptoms especially the supplement to existing CBT.[3,4,5,6] There are also some other studies which provides practicability of mindfulness-based interventions to treat OCD.

This study was conducted to evaluate the feasibility of the MBCT for OCD treatment and the clinical effects in reducing obsessive compulsive symptoms severity.

2. METHODS AND MATERIALS

Participants included 32 adults. Out of them 16 participants were enrolled in the control group and 16 were in the experimental group. Baseline assessment was done using YBOCS symptoms severity scale and scores were noted. The control group were given Mindfulness based cognitive therapy as an intervention.

The present study was conducted in a private hospital. Potential participants were identified by their treating consultants and offered the opportunity to join this study. Inclusion criteria were: a primary diagnosis of OCD according to the DSM-5, age between 18-45years, informed consent. The participants were divided into two group (n=16) in each group.

TOOLS FOR ASSESSMENT

2.1 Semi-Structured proforma: It contained sociodemographic details like age, gender, year of education, residential background, family, and Religion.

2.2 Y-bosc Symptoms Severity Scale

Y-BOCS is a clinical assessment tool which was developed in 1989 to assess the severity and presence of Obsessive Compulsive Symptoms [7,8]. This scale has two parts. One is the symptom checklist and other part is symptoms severity. The Obsessive-Compulsive checklist comprises of 54 different items evaluating the current or the past presence of specific obsessions and compulsions. The severity scale includes 10 items that quantify the effect of obsessions and compulsions identified by utilizing the symptom checklist. Time, Interference with daily functioning, Distress, Resistance, and Control are the important parameters for both obsessions (items 1-5) and compulsions (items 6-10).

THE INTERVENTION

Mindfulness can be explained as process of purposely bringing attention to moment by moment in a non-judgmental way Mindfulness Based Cognitive Therapy and Psychoeducation is an 8-week manualized clinical intervention program. This program consists of cognitive behavioral therapy (CBT). The MBCT was delivered in eight two-hours sessions once a week. Each MBCT session consists of brief reporting of the previous week session, homework review and also the preview of the homework for the following week session. In every session the participants were given handouts with summery of the very important session contents.

3. Statistical Analysis: 100 Words

3.1: OCD-symptom severity

Table 1 Mean scores and other descriptive statistics for OCD-symptom severity for the Experimental and Control Groups

Group	N	Mean	Std. Deviation	Std. Error Mean
Experimental	16	24.31	7.752	1.938
Control	16	19.56	7.737	1.934

Table 2 Results of Independent samples t-test for mean scores on OCD-symptom severity for the Experimental and Control Groups

t-test for Equality of Means			
't' value	df	P value	Mean Difference
1.735	30	.093	4.750

The 't' value obtained for pre-scores on OCD symptom severity between the experimental and control groups found to be non-significant (t=1.735; p=.093). Thus, the equating, as well as randomization of the groups was taken care of during the pre-test for OCD symptom severity.

Table 3 Mean and standard deviation values of OCD symptom severity of the experimental and control groups in the post-test

Group	Gender	Mean	S D	N
Experimental	Male	16.31	6.860	13
	Female	12.00	9.539	3
	Total	15.50	7.266	16
Control	Male	20.86	7.335	7
	Female	17.22	6.648	9
	Total	18.81	6.969	16
Total	Male	17.90	7.188	20
	Female	15.92	7.366	12
	Total	17.16	7.203	32

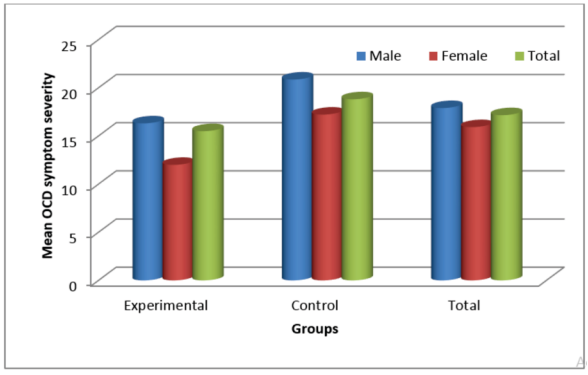
Table 4 Results of ANCOVA for mean and standard deviation values of OCD symptom severity of the experimental and control groups in the post-test (covariate=pre test scores)

Source of variation	Sum of Squares	df	Mean Square	F	Sig.
pre_YBOCS	1295.654	1	1295.654	274.314	.001
Group	327.062	1	327.062	69.245	.001
Gender	5.796	1	5.796	1.227	.278
Group * Gender	10.024	1	10.024	2.122	.157
Error	127.528	27	4.723		
Total	11027.00	32			
Corrected Total	1608.219	31			

ANCOVA revealed a significant mean difference between experimental and control groups in their OCD symptom severity scores. F value of 69.245 was found to be significant at .001 level. The mean post OCD symptom severity scores of experimental and control groups were 15.50 and 18.81 respectively. This indicates that in the post-test, experimental group had lesser OCD symptom severity scores than the control group, where we find a reduction in the OCD symptom severity scores in the experimental group due to MBCT. However, gender-wise no significant difference was observed between male and female participants (F=1.227; p=.278) and the interaction effect between groups and gender was also found to be non-significant (F=2.122; p=.157), indicating that pattern of OCD symptom severity was the same for male and female participants, irrespective of the group they belong to.

ANCOVA revealed a significant mean difference in the pre-testing between experimental and control groups (F=274.314;p=.001).

Figure 1 Mean values of OCD symptom severity of the experimental and control groups in the post-test



DISCUSSION:

Clinical intervention of MBCT have proven significant symptom reduction in some anxiety disorders and patients with affective disorders. Various studies have already examined how patients with anxiety and mood disorders experience MBCT. A qualitative study was done on patients with bipolar disorder which indicated that there was a significant benefit in managing the negative emotions in challenging situations and enhancing recognizing of own needs from MBCT [9]. Another study indicated that the MBCT was effective in patients with hypochondriasis related to the symptoms of health anxiety and broader functioning [10]. The results of our present study indicate that there is a significant mean difference between experimental and control groups in their OCD symptom severity scores. F value of 69.245 was found to be significant at .001 level. The mean post OCD symptom severity scores of experimental and control groups were 15.50 and 18.81 respectively, which clearly indicates that the symptoms severity in experimental group post MBCT intervention was significantly lesser than that of the control group. The major changes within the eight-week program included living more actively in the present moment, patients had the increased threshold to allow unpleasant emotions and perceived decline of obsessive-compulsive symptoms.

CONCLUSION:

The findings of this study led us to conclude that there is significant difference between the scores of symptoms severity in patients with obsessive compulsive disorder among the control and experimental group. On the basis of our results there is a strong evidence that Mindfulness being included as adjunct to existing treatment for obsessive compulsive disorder. Mindfulness also appears to operate on a sensory, cognitive behavioral and psychological level and presents a way to treat a patient with OCD in an holistic way.

Limitations

There is a need to conduct multi-centric longitudinal studies involving larger samples to arrive at the generalizability of this finding. Another limitation intended to study of a specific intervenyion modality that might restrict generalizability to the population with OCD on the whole; It is evident that the OCD participants in this study may have 'self-selected" for willingness to indulge in this program, in turn likely results in the symptom reduction significantly.

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