

Best Evidence Summaries of Topics in Mental Healthcare

BEST in MH *clinical question-answering service*

Question

In adults with a diagnosis of obsessive compulsive disorder (OCD), how effective are group therapies and interventions, compared to individual therapies and interventions, in improving patient outcomes?

Clarification of question using *PICO* structure

Patients: Adults with obsessive compulsive disorder (OCD)

Intervention: Group therapies and interventions

Comparator: Individual therapies and interventions

Outcome: Any patient outcomes

Plain language summary

Research evidence suggests that both group and individual behavioural therapies are effective in improving symptoms of obsessive compulsive disorder. However the studies included were of low quality. Further trials are required in order to adequately compare the effectiveness of group and individual therapies.

Clinical and research implications

Evidence from four small randomised controlled trials (RCTs) consistently indicated that both group and individual Cognitive Behavioural Therapy were associated with improvements in obsessive-compulsive symptoms, depressive symptoms, and anxiety symptom (assessed in two trials) in adults with Obsessive-Compulsive Disorder. There was no evidence to support a significant difference in the effectiveness of group and individual therapies, however, it should be noted that the included RCTs were small and were unlikely to have been adequately powered to detect any difference.

Further, larger trials are required to adequately explore the comparative effectiveness of group and individual psychotherapies in this population.

What does the evidence say?

Number of included studies/reviews (number of participants)

We identified four randomised controlled trials (RCTs), which were relevant to this evidence summary.^{2,3,5,6} All four trials compared the effectiveness of group and individual cognitive behavioural therapy (CBT) in adults with obsessive-compulsive disorder (OCD). Three of the trials also included a control condition, waiting list control,^{3,5} or progressive muscle relaxation.⁵ All four trials used the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) to assess OCD symptoms. All four studies also assessed depressive symptoms using either the Beck Depression Inventory (BDI),^{2,3,5} or the Hamilton Depression Scale (HADS).³ One potentially relevant systematic review of CBT in OCD was identified,¹ but was excluded because it only included one study comparing group and individual therapies; this study is included separately in this evidence summary.⁵ We also identified an article reporting two year follow-up of two studies of group and individual CBT for OCD,⁴ however, one trial compared group CBT to a waiting list control and the second trial compared individual CBT to individual exposure response prevention therapy; neither the main trial publications, nor the two year follow-up article compared individual to group therapy and the studies were therefore excluded.

Main findings

All four of the RCTs included in this evidence summary found that both group and individual CBT were associated with improvements in symptoms of OCD, depressive symptoms and anxiety symptoms (where assessed); improvements were measured either pre- to post- treatment or post-treatment relative to the control condition.^{2,3,5,6} No study found a statistically significant difference in the effectiveness of group and individual therapies, for any outcome measure assessed.^{2,3,5,6} One of the included studies also reported the results of a meta-analysis comparing post-treatment Y-BOCS scores in individual and group CBT.² The meta-analysis comprised the four studies included in this summary, and results also indicated no statistically significant difference between individual and group therapy (summary effect size estimate of 0.15 (95% CI: -0.12 to 0.42)).²

Authors conclusions

Jónsson (2011) – The authors concluded that OCD can be treated effectively with group format CBT and that this approach may represent a potential resource saving over individual CBT.

Jaurrieta (2008) – The authors concluded that individual treatment is more effective in reducing obsessive-compulsive symptoms than group treatment. However, it should be noted that these

conclusion appear to have been based on analyses which included only those patients who completed the study; intention-to-treat analyses found no significant differences between individual and group therapy for any outcome measure.

Anderson (2007) – The authors stated that intention-to-treat and completer analyses were carried out and indicated no differences between the group and individual treatments on outcome measures. Large effect sizes were found for both conditions. Analysis of clinically significant change indicated that the individual treatment was associated with a more rapid response but that both treatments had equivalent rates of recovered participants by brief follow-up. They concluded that these findings highlight the need for further investigation of the efficacy of group CBT.

Fals-Stewart (1993) – The authors concluded that the results of their study suggest that a behavioural group therapy approach could be used to provide effective and resource-efficient treatment to OCD outpatients.

Reliability of conclusions/Strength of evidence

The results of four small RCTs, all of which were poorly reported and had methodological limitations, consistently indicated that both group and individual CBT were associated with improvements in obsessive-compulsive symptoms, depressive symptoms, and anxiety in adults with OCD. There was no evidence to support a significant difference in the effectiveness of group and individual therapies, however, it should be noted that the included RCTs were small and were unlikely to have been adequately powered to detect any difference.

What do guidelines say?

NICE Guidelines for OCD (CG31) offer the following recommendations for adults with OCD:

“In the initial treatment of adults with OCD low intensity psychological treatments (including ERP) (up to 10 therapist hours per patient) should be offered if the patient’s degree of functional impairment is mild and/or the patient expresses a preference offer a low intensity approach. Low intensity treatments include:

- Brief individual CBT (including ERP) using structured self-help materials
- Brief individual CBT (including ERP) by telephone
- Group CBT (including ERP) (not, the patient may be receiving more than 10 hours of therapy in this format).” (pp.14)

Date question received: 08/02/2016

Date searches conducted: 16/02/2016

Date answer completed: 29/02/2016

References

Systematic reviews

1. Jónsson, H and Hougaard, E (2009). Group cognitive behavioural therapy for obsessive–compulsive disorder: a systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 119(2), 98-106. – **EXCLUDED** – The review includes only one study (Anderson and Rees 2007) which is relevant to this evidence summary. This study is summarised separately in the randomised controlled trials section.

Randomised controlled trials

2. Jónsson, H, Hougaard, E, and Bennedsen, BE (2011). Randomized comparative study of group versus individual cognitive behavioural therapy for obsessive compulsive disorder. *Acta Psychiatrica Scandinavica*, 123(5), 387-397.
3. Jaurrieta, N, Jimenez-Murcia, S, Menchón, JM, Alonso, MDP, Segalas, C, Álvarez-Moya, EM, Labad J, Granero R and Vallejo, J (2008). Individual versus group cognitive–behavioral treatment for obsessive–compulsive disorder: a controlled pilot study. *Psychotherapy Research*, 18(5), 604-614.
4. Whittal MA and Thordarson DS. (2008). Group and Individual Treatment of Obsessive-Compulsive Disorder Using Cognitive Therapy and Exposure Plus Response Prevention: A 2-Year Follow-up of Two Randomized Trials. *Journal of Consulting and Clinical Psychology*, 76(6), 1003-1014. – **EXCLUDED** – This article reports two year follow-up from two separate randomised controlled trials, (one trial compared immediate group treatment with cognitive therapy/exposure response prevention therapy to a 3-month wait-list control and the second trial compared individual cognitive therapy to individual exposure response prevention therapy). Neither the main trial publications, nor the two year follow-up article compared individual to group therapy.
5. Anderson RA, Rees CS. (2007). Group versus individual cognitive-behavioural treatment for obsessive-compulsive disorder: A controlled trial. *Behaviour Research and Therapy*, 45, 123-137.
6. Fals-Stewart W, Marks AP and Schafer J. (1993). A Comparison of Behavioral Group Therapy and Individual Group Therapy in Treating Obsessive-Compulsive Disorder. *The Journal of Nervous and Mental disease*, 181(3), 189-193.

Guidelines

National Institute for Health and Care Excellence (2005) Obsessive-compulsive disorder and body dysmorphic disorder: treatment. CG31. NICE: London.

Results

Systematic reviews

Author (year)	Search date	Inclusion criteria	Number of included studies	Summary of results	Risk of bias
Jonsson and Hougaard (2009)					
<p>EXCLUDED – This review includes only one study (Anderson and Rees 2007) which is relevant to this evidence summary. This study is summarised separately in the randomised controlled trials section, below.</p>					

Randomised controlled trials

Author (year)	Inclusion criteria	Number of participants	Summary of results	Risk of bias
Jonsson, Hougaard and Bennedsen (2011)	<p>Participants: Adults (aged 20-70 years) with a primary diagnosis of OCD according to DSM-IV in Denmark, with a Yale-Brown Obsessive Compulsive Scale (Y-BOCS) score of ≥ 16.</p> <p>Exclusion criteria: organic brain disease; current psychotic episode; bipolar affective disorder; severe major depressive episode; severe substance use disorder; cluster A personality disorder</p> <p>Intervention: Fifteen weekly sessions of</p>	n=110 (group CBT n=55, individual CBT n=55)	<p>This trial aimed to compare the effectiveness of group and individual CBT for adults with OCD.</p> <p>The mean age of study participants was 32.7 years and approximately 65% were female. The mean age of OCD onset was approximately 14 years, with a mean duration of approximately 13 years. The two treatment groups were similar at baseline with respect to demographic and socioeconomic characteristics, axis I and II co-morbidities, and medication use.</p>	Block randomisation was undertaken by an independent researcher, who was not otherwise involved in the study. No

	<p>group CBT with three booster sessions at 1, 2, and 6 months post-treatment. Sessions were two hours in length with two therapists and six participants.</p> <p>Comparator: Fifteen weekly sessions of individual CBT with three booster sessions at 1, 2, and 6 months post-treatment. Sessions were one hour in length and delivered by clinical psychologists, nurses and a psychiatrist, all trained in CBT with at least one year experience.</p> <p>Outcome: Severity of OCD symptoms (Y-BOCS, and Obsessive Compulsive Inventory-Revised (OCI-R)), depressive symptoms (Beck Depression Inventory-second version (BDI-II)), anxiety symptoms (Beck Anxiety Inventory (BAI)), and patient satisfaction assessed by questionnaire.</p>		<p>For both treatment groups, the mean scores on all outcome measures showed statistically significant decreases from pre- to post-treatment. For group CBT, the pre- to post-treatment Cohen's effect sizes were 1.06 ± 1.12 for Y-BOCS, 0.55 ± 0.82 for OCI-R, 0.50 ± 0.79 for BDI-II, and 0.39 ± 0.57 for BAI. For individual CBT, the pre- to post-treatment Cohen's effect sizes were 1.24 ± 1.69 for Y-BOCS, 0.90 ± 1.19 for OCI-R, 0.58 ± 0.58 for BDI-II, and 0.41 ± 0.44 for BAI. There were no significant changes from post-treatment to follow-up assessments on any measure, in either group.</p> <p>There were no significant differences between the two treatment groups, on any outcome measure, at any of the time points assessed. Participants were also similarly satisfied, between the two treatment groups. Four patients in the group CBT treatment group and nine in the individual CBT treatment group dropped out during treatment.</p> <p>This article also reported the results of a meta-analysis of the studies included in this evidence summary. The meta-analysis was based on completer data for post-treatment Y-BOCS scores and resulted in a summary effect size estimate of 0.15 (95% CI: -0.12 to 0.42), i.e. no statistically significant difference between individual and group CBT, with no evidence of between study statistical heterogeneity ($I^2 = 0\%$).</p>	<p>further details of the randomisation methods were reported.</p> <p>The nature of the intervention precludes blinding of patients therapists and outcome assessors were not blinded to the treatment condition.</p> <p>All analyses used a modified ITT approach (all 93 participants who received pre-treatment assessment were included</p>
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				<p>in the analyses. Loss to follow-up was 15% at post-treatment, 29% at 6 months and 39% at 12 months.</p> <p>Results were reported form all specified outcome measures.</p>
Jaurrieta et al. (2008)	<p>Participants: Adults with OCD according to DSM-IV with a score ≥ 16 but ≤ 36 and no change in medication during treatment at the psychology unit.</p> <p>Exclusion criteria: personality disorder; suicidal ideation; substance abuse; psychotic disorder; bipolar disorder; other severe mental disorder.</p> <p>Intervention: Twenty weekly sessions, of either individual or group therapy, based on a manual published by McGinn and Sanderson (1999), including</p>	n=57 (group treatment n=19, individual treatment n=19, waiting list control n=19)	<p>This trial aimed to compare the effectiveness of group and individual CBT for patients with OCD; the study also included a waiting list control.</p> <p>The mean age of study participants was 23.5 years and the mean age at onset was 18.8 years. The three treatment groups were similar at baseline, with respect to age, age at onset, number of hospital admissions, number and type of obsessions, drug treatments, and pre-treatment symptom scores.</p> <p>Based on the ITT analyses, participants in the individual CBT</p>	<p>Randomisation was performed by a researcher not involved in the clinical trial. No details of the randomisation method were reported.</p>

	<p>psychoeducation, ERP and relapse prevention.</p> <p>Comparator: Waiting list control</p> <p>Outcome: OCD symptoms (Y-BOCS), depressive symptoms (Hamilton depression scales, HAM-D, HAM-A).</p>		<p>treatment group had statistically significantly lower post-treatment scores than those in the waiting list control group on HAM-D (9.2±5.9 vs. 11.6±4.9, p=0.018), HAM-A (7.3 ±4.5 vs. 13.5±4.8, p=0.001), Y-BOCS obsessions (8.9±4.5 vs. 12.6±4.4, p=0.003), Y-BOCS compulsions (8.6±4.2 vs. 12.0±4.7, p=0.002), and Y-BOCS total (17.8±8.4 vs. 24.6±8.9, p=0.001). Participants in the group CBT treatment group had statistically significantly lower post-treatment scores than those in the waiting list control group on HAM-A (9.2±5.9 vs. 13.5±4.8, p=0.004), Y-BOCS obsessions (10.1±4.7 vs. 12.6±4.4, p=0.051), and Y-BOCS total (20.2±9.5 vs. 24.6±8.9, p=0.057). There were no statistically significant differences between the individual and group treatments, for any outcome measure.</p> <p>Completer analysis (including only the 47 patients who completed the study), showed statistically significantly lower post-treatment scores for patients in the individual and group treatment groups than for the waiting list controls, for all outcome measures. This analysis also found that patients in the individual treatment group had significantly lower post-treatment scores than those receiving group treatment for Y-BOCS obsessions (7.7±4.6 vs. 9.8±5.0, p=0.028), Y-BOCS compulsions (7.6±4.7 vs. 9.9±5.5, p=0.013), and Y-BOCS total (15.8±9.1 vs. 19.8±10.3, p=0.019).</p> <p>The drop-out rates were 31.6% (95% CI: 12.6 to 56.6%) for the individual treatment group and 15.8% (95% CI: 3.4 to</p>	<p>The study was described as 'single blind' and it appears that this refers to outcome assessors.</p> <p>Both ITT and completer analyses were reported; 47 (82%) of participants completed the study.</p> <p>Results were reported for all specified outcome measures.</p>
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			39.6%) for the group treatment group.	
Whittal et al. (2008)	EXCLUDED – This article reports two year follow-up from two separate randomised controlled trials, (one trial compared immediate group treatment with cognitive therapy/exposure response prevention therapy to a 3-month wait-list control and the second trial compared individual cognitive therapy to individual exposure response prevention therapy). Neither the main trial publications, nor the two year follow-up article compared individual to group therapy.			
Anderson and Rees (2007)	<p>Participants: Adults (age 18 to 75 years) with a primary diagnosis of OCD according to DSM-IV.</p> <p>Exclusion criteria: concurrent psychological treatment for OCD; schizophrenia; intellectual disability; organic mental disorder; unstable medication dose over the previous three months.</p> <p>Intervention: Ten weekly sessions, of either one hour individual therapy or two hour group sessions facilitated by two therapists. Both group therapy and individual therapy participants received one month post-treatment follow-up.</p> <p>Comparator: Waiting list control</p> <p>Outcome: OCD symptoms (Y-BOCS), depressive symptoms (BDI), Global Assessment of Functioning (GAF), Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q).</p>	n=63 (group treatment n=25, individual treatment n=21, waiting list control n=17)	<p>This trial aimed to compare the effectiveness of group and individual CBT for adults with OCD.</p> <p>Participant details were only provided for those who completed the study. The mean age of these patients was 33.7 years and their mean age at onset was 19.9 years. Approximately 70% were female and the group therapy group appeared to contain a higher proportion of females than the other two groups. The three treatment groups were similar, with respect to age, age at onset, duration of disease, co-morbid axis I and II conditions, drug treatments and baseline symptom scores.</p> <p>Participants in the individual and group CBT treatment groups had statistically significantly lower post-treatment Y-BOCS and BDI score and improved GAF scores than those in the waiting list control group. There were not significant improvements in the quality of life measure Q-LES-Q. There were no significant differences between individual and group CBT on any outcome measure. Results were similar for the ITT and completer analyses.</p>	<p>No details of the randomisation procedure or allocation concealment were reported.</p> <p>The nature of the intervention precludes blinding of patients therapists and it was not clear whether outcome assessors were blinded to treatment group.</p>

				<p>Both ITT and completer analyses were reported; 51 (81%) of participants completed the study.</p> <p>No results table was provided for the ITT population and numerical results for the waiting list control group were missing for this population.</p>
Fals-Stewart et al. (1993)	<p>Participants: Participants with a primary diagnosis of OCD according to DSM-III, who were seeking outpatient treatment. Participants had at least one year's symptom duration and engaged in overt compulsions for at least one hour per. Day.</p>	<p>n=93 (group therapy n=30, individual therapy n=31,</p>	<p>This trial aimed to compare the effectiveness of group and individual CBT for people with OCD.</p> <p>The mean age of study participants was 30.5±7.9 years and their mean symptom duration was 12.7±7.7 years. Fifty-five percent of study participants were female. There were no</p>	<p>No details of the randomisation procedure or allocation concealment</p>

	<p>For all participants, this was the first episode of treatment. Exclusion criteria: concurrent axis II diagnosis; concurrent diagnosis of major depression.</p> <p>Intervention: Twelve weekly sessions, of one hour individual therapy, or 24 two hour group sessions, with ten participants, held over 12 weeks. All therapists had a minimum of one year experience of CBT for OCD.</p> <p>Comparator: Control condition – progressive muscle relaxation.</p> <p>Outcome: OCD symptoms (Y-BOCS), depressive symptoms (BDI), Anxiety symptoms (Self-rating Anxiety Scale (SAS)). Participants were assessed pre-treatment, post-treatment and at six months follow-up.</p>	<p>control condition n=32)</p>	<p>significant differences between the three study groups in age, gender, education, symptom duration, dominant symptom type, or symptom scores at baseline.</p> <p>The group CBT treatment group showed significant pre- to post-treatment improvements in Y-BOCS (22.1 to 12.0), BDI (12.6 to 7.9) and SAS (38.3 to 21.3). Similar improvements were seen in the individual CBT group (Y-BOCS 20.2 to 12.1, BDI 12.0 to 6.9, and SAS 40.2 to 23.3). For both the group and individual therapy groups, these improvements were maintained at six months follow-up. For patients in the control condition (progressive muscle relaxation) only SAS showed a pre- to post-treatment improvement (39.3 to 27.3).</p>	<p>were reported.</p> <p>The nature of the intervention precludes blinding of patients therapists and it was not clear whether outcome assessors were blinded to treatment group.</p> <p>It was not clear whether all randomised patients were included in the analyses.</p> <p>Results were reported for all specified</p>
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				outcome measures, but only mean scores were reported, with no measure of variance.
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Risk of bias

Systematic reviews

Author (year)	RISK OF BIAS				
	Inclusion criteria	Searches	Review process	Quality assessment	Synthesis
Jonsson and Hougaard (2009)	EXCLUDED – This review includes only one study (Anderson and Rees 2007) which is relevant to this evidence summary. This study is summarised separately in the randomised controlled trials section, below.				

Randomised controlled trials

Study	RISK OF BIAS					
	Random allocation	Allocation concealment	Blinding of participants and personnel	Blinding of outcome assessment	Incomplete outcome data	Selective Reporting
Jonsson, Hougaard and Bennedsen (2011)	?	😊	😞	😞	😊	😊
Jaurrieta et al. (2008)	?	😊	😞	😊	😊	😊
Whittal et al. (2008)	EXCLUDED – This article reports two year follow-up from two separate randomised controlled trials, (one trial compared immediate group treatment with cognitive therapy/exposure response prevention therapy to a 3-month wait-list control and the second trial compared individual cognitive therapy to individual exposure response prevention therapy). Neither the main trial publications, nor the two year follow-up article compared individual to group therapy.					
Anderson and Rees (2007)	?	?	😞	?	😊	😞

Fals-Stewart et al. (1993)	?	?	☹️	?	?	😊
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😊 Low risk

☹️ High risk

? Unclear risk

Search details

Source	Search Strategy	Number of hits	Relevant evidence identified
<i>Guidelines</i>			
NICE	OCD	7	
<i>Systematic Reviews</i>			
MEDLINE	<ol style="list-style-type: none"> 1 Obsessive-Compulsive Disorder/ (11976) 2 (obsess\$ or compuls\$).ab,ti. (27243) 3 OCD.ab,ti. (6682) 4 1 or 2 or 3 (30966) 5 Psychotherapy, Group/ (12565) 6 (group adj2 therap\$).ab,ti. (15803) 7 (group adj2 intervention\$).ab,ti. (22031) 8 5 or 6 or 7 (46175) 9 4 and 8 (235) 10 (systematic\$ review\$ or meta-analytic\$ or metanalysis or metaanalysis or meta analysis or meta?synthesis or meta synthesis or meta?regression or meta regression).ab,ti. (129321) 11 ((synthes\$ adj3 (literature or evidence)) or integrative review or data synthesis or research synthesis or narrative synthesis or systematic study or systematic studies or systematic comparison\$ or systematic overview\$ or evidence based review or comprehensive review or critical review or quantitative review or 	26	

	<p>structured review or realist review or realist synthesis).ab,ti. (49788)</p> <p>12 exp Meta-Analysis/ (61543)</p> <p>13 meta-analysis.ab,ti,pt. (91081)</p> <p>14 10 or 11 or 12 or 13 (184045)</p> <p>15 (medline or pubmed or Cochrane or embase or cinahl or psyc?lit or psyc?info).ab. (113345)</p> <p>16 ((literature adj3 search\$) or (database\$ adj3 search\$) or (bibliographic adj3 search\$) or (electronic adj3 search\$) or (electronic adj3 database\$) or (computeri?ed adj3 search\$) or (internet adj3 search\$) or included studies or (inclusion adj3 studies) or inclusion criteria or selection criteria or predefined criteria or predetermined criteria).ab. (133783)</p> <p>17 ((assess\$ adj3 (quality or validity)) or (select\$ adj3 (study or studies)) or (data adj3 extract\$) or extracted data or (data adj2 abstracted) or (data adj3 abstraction) or published intervention\$ or ((study or studies) adj2 evaluat\$) or (intervention\$ adj2 evaluat\$) or confidence interval\$ or heterogeneity or pooled or pooling or odds ratio\$ or Jadad or coding).ab. (814362)</p> <p>18 15 or 16 or 17 (936414)</p> <p>19 review.pt. (2064794)</p> <p>20 18 and 19 (144577)</p> <p>21 18 and 19 (144577)</p> <p>22 (review\$ adj4 (papers or trials or studies or evidence or intervention\$ or evaluation\$)).ab,ti. (120826)</p> <p>23 14 or 18 or 20 or 21 (1014826)</p> <p>24 (letter or editorial or comment).pt. (1455023)</p> <p>25 23 not 24 (1007020)</p>		
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	<p>26 Animals/ (5766662)</p> <p>27 Humans/ (15660680)</p> <p>28 26 not 27 (4154861)</p> <p>29 25 not 28 (917746)</p> <p>30 9 and 29 (26)</p>		
EMBASE	<p>1 OCD.ti,ab. (9724)</p> <p>2 ((obsess\$ or compuls\$) adj2 disorder\$.ti,ab. (14874)</p> <p>3 *obsessive compulsive disorder/th [Therapy] (2036)</p> <p>4 1 or 2 or 3 (17173)</p> <p>5 (group adj2 therap\$.ti,ab. (23553)</p> <p>6 (group adj2 intervention\$.ti,ab. (30729)</p> <p>7 group therapy/ (19004)</p> <p>8 5 or 6 or 7 (66654)</p> <p>9 4 and 8 (192)</p> <p>10 (systematic\$ review\$ or systematic\$ literature review\$ or meta-analytic\$ or meta?analysis or metanalysis or meta analysis or meta?synthesis or meta synthesis or meta?regression or meta regression).ab,ti. (169674)</p> <p>11 ((synthes\$ adj3 literature) or (synthes\$ adj3 evidence) or (synthes\$ adj2 qualitative) or integrative review or data synthesis or research synthesis or narrative synthesis or systematic study or systematic studies or systematic comparison\$ or systematic overview\$.ab,ti. (32037)</p> <p>12 ((systematic adj2 search\$) or systematic\$ literature research\$ or (review adj3 scientific literature) or (literature review adj2 side effect\$) or (literature review adj2 adverse effect\$) or (literature review adj2 adverse</p>	16	

	<p>event\$) or (evidence-based adj2 review) or (evidence-based adj2 review)).ab.ti. (19053)</p> <p>13 (comprehensive review or critical review or critical analysis or quantitative review or structured review or realist review or realist synthesis or (pooled adj2 analysis) or (pooled data adj6 (studies or trials)) or (medline and (inclusion adj3 criteria)) or (search adj (strateg\$ or term\$))).ab.ti. (77271)</p> <p>14 exp "systematic review"/ (101545)</p> <p>15 meta analysis/ (104164)</p> <p>16 (Medline or pubmed or Cochrane or embase or cinahl or psyc?lit or psyc?info or lilacs or (literature adj3 search\$) or (database\$ adj3 search\$) or (bibliographic adj3 search\$) or (electronic adj3 search\$) or (electronic adj3 database\$) or (computeri?ed adj3 search\$) or (internet adj3 search\$)).ab. (193458)</p> <p>17 ((inclusion adj3 studies) or inclusion criteria or selection criteria or predefined criteria or predetermined criteria or (assess\$ adj3 (quality or validity)) or (select\$ adj3 (study or studies)) or (data adj3 extract\$) or extracted data or (data adj2 abstracted)).ab. (234850)</p> <p>18 ((data adj3 abstraction) or published intervention\$ or ((study or studies) adj2 evaluat\$) or (intervention\$ adj2 evaluat\$) or confidence interval\$ or heterogeneity or pooled or pooling or odds ratio\$ or (Jadad or coding) or evidence-based).ab. (968943)</p> <p>19 10 or 11 or 12 or 13 or 14 or 15 (300086)</p> <p>20 16 or 17 or 18 (1254289)</p> <p>21 review.pt. (2128381)</p> <p>22 20 and 21 (152661)</p> <p>23 review.ti. (359123)</p> <p>24 20 and 23 (79964)</p>		
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	<p>25 (review\$ adj10 (papers or trials or trial data or studies or evidence or intervention\$ or evaluation\$ or outcome\$ or findings)).ab,ti. (353753)</p> <p>26 (retriev\$ adj10 (papers or trials or studies or evidence or intervention\$ or evaluation\$ or outcome\$ or findings)).ab,ti. (17614)</p> <p>27 19 or 22 or 24 or 25 or 26 (638800)</p> <p>28 (letter or editorial).pt. (1423975)</p> <p>29 27 not 28 (630531)</p> <p>30 exp animal/ (21123553)</p> <p>31 nonhuman/ (4685261)</p> <p>32 30 or 31 (22463965)</p> <p>33 human/ (16585198)</p> <p>34 32 not 33 (5878767)</p> <p>35 29 not 34 (602835)</p> <p>36 ("cochrane database of systematic reviews\$" or "the cochrane database of systematic reviews").jn. (12505)</p> <p>37 35 not 36 (591452)</p> <p>38 conference abstract.pt. (2145768)</p> <p>39 37 not 38 (515155)</p> <p>40 9 and 39 (16)</p>		
PsycINFO/CINAHL	<p>1 *Obsessive Compulsive Disorder/ (9977)</p> <p>2 OCD.ab,ti. (8054)</p>	9	

	<p>3 ((obsess\$ or compuls\$) adj3 disorder\$.ab,ti. (13475)</p> <p>4 1 or 2 or 3 (15343)</p> <p>5 exp Group Psychotherapy/ (20705)</p> <p>6 exp Group Intervention/ (1396)</p> <p>7 (group adj2 therap\$.ab,ti. (14485)</p> <p>8 (group adj2 intervention\$.ab,ti. (11227)</p> <p>9 5 or 6 or 7 or 8 (36972)</p> <p>10 4 and 9 (179)</p> <p>11 (Cochrane\$ or review or overview or (review adj2 literature) or (synthes\$ adj3 (literature\$ or research or studies or data))).ti. (134815)</p> <p>12 (meta analysis or literature review or systematic review).md. (128660)</p> <p>13 (pooled analys\$ or ((data adj2 pool\$) and studies) or ((hand or manual\$ or database\$ or computer\$ or electronic\$) adj2 search\$) or ((electronic\$ or bibliographic\$) adj2 (database\$ or data base\$))).ab,ti. (9552)</p> <p>14 exp Meta Analysis/ (3781)</p> <p>15 11 or 12 or 13 or 14 (233322)</p> <p>16 (comment reply or editorial or letter or review book or review media).dt. (279749)</p> <p>17 (electronic collection or dissertation abstract or encyclopedia).pt. (450395)</p> <p>18 (rat or rats or mouse or mice or hamster or hamsters or animal or animals or dog or dogs or cat or cats or bovine or sheep).ab,sh,ti. (284297)</p> <p>19 16 or 17 or 18 (949015)</p> <p>20 15 not 19 (140797)</p>		
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	21 10 and 20 (9)		
<i>Primary Studies</i>			
MEDLINE	<p>1 Obsessive-Compulsive Disorder/ (11976)</p> <p>2 (obsess\$ or compuls\$.ab,ti. (27243)</p> <p>3 OCD.ab,ti. (6682)</p> <p>4 1 or 2 or 3 (30966)</p> <p>5 Psychotherapy, Group/ (12565)</p> <p>6 (group adj2 therap\$.ab,ti. (15803)</p> <p>7 (group adj2 intervention\$.ab,ti. (22031)</p> <p>8 5 or 6 or 7 (46175)</p> <p>9 4 and 8 (235)</p> <p>10 "randomized controlled trial".pt. (406964)</p> <p>11 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$.ti,ab. (889522)</p> <p>12 (retraction of publication or retracted publication).pt. (8520)</p> <p>13 10 or 11 or 12 (983010)</p> <p>14 (animals not humans).sh. (4154861)</p> <p>15 ((comment or editorial or meta-analysis or practice-guideline or review or letter or journal correspondence) not "randomized controlled trial").pt. (3531362)</p> <p>16 (random sampl\$ or random digit\$ or random effect\$ or random survey or random regression).ti,ab. not "randomized controlled trial".pt. (56432)</p> <p>17 13 not (14 or 15 or 16) (729430)</p>	68	

	18 9 and 17 (68)		
EMBASE	<p>1 OCD.ti,ab. (9724)</p> <p>2 ((obsess\$ or compuls\$) adj2 disorder\$.ti,ab. (14874)</p> <p>3 *obsessive compulsive disorder/th [Therapy] (2036)</p> <p>4 1 or 2 or 3 (17173)</p> <p>5 (group adj2 therap\$.ti,ab. (23553)</p> <p>6 (group adj2 intervention\$.ti,ab. (30729)</p> <p>7 group therapy/ (19004)</p> <p>8 5 or 6 or 7 (66654)</p> <p>9 4 and 8 (192)</p> <p>10 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$.ti,ab. (1166780)</p> <p>11 RETRACTED ARTICLE/ (7912)</p> <p>12 10 or 11 (1174495)</p> <p>13 (animal\$ not human\$.sh,hw. (3981623)</p> <p>14 (book or conference paper or editorial or letter or review).pt. not exp randomized controlled trial/ (4308067)</p> <p>15 (random sampl\$ or random digit\$ or random effect\$ or random survey or random regression).ti,ab. not exp randomized controlled trial/ (69329)</p> <p>16 12 not (13 or 14 or 15) (905365)</p> <p>17 9 and 16 (37)</p>	37	
PsycINFO/CINAHL	1 *Obsessive Compulsive Disorder/ (9977)	33	

	<p>2 OCD.ab,ti. (8054)</p> <p>3 ((obsess\$ or compuls\$) adj3 disorder\$.ab,ti. (13475)</p> <p>4 1 or 2 or 3 (15343)</p> <p>5 exp Group Psychotherapy/ (20705)</p> <p>6 exp Group Intervention/ (1396)</p> <p>7 (group adj2 therap\$.ab,ti. (14485)</p> <p>8 (group adj2 intervention\$.ab,ti. (11227)</p> <p>9 5 or 6 or 7 or 8 (36972)</p> <p>10 4 and 9 (179)</p> <p>11 (random\$ or placebo\$ or single blind\$ or double blind\$ or triple blind\$).ti,ab. (173018)</p> <p>12 (animals not humans).sh. (6268)</p> <p>13 exp Clinical Trials/ (9354)</p> <p>14 random*.mp. (151622)</p> <p>15 13 not 14 (4019)</p> <p>16 11 not (12 or 15) (172407)</p> <p>17 10 and 16 (33)</p>		
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