PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?

Review information

Authors

Sundhedsstyrelsen[1]

[1][Empty affiliation]

Citation example: S. PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format? Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Characteristics of studies

Characteristics of included studies

Anderson 2007

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** YES **Cluster RCT:**
Participants	**Baseline Characteristics** Group CBT End of Treatment Indivdual CBT End of Treatment Waitlist End of Treatment **Included criteria:** Participants between the ages of 18 and 75 yearspractitioners,mental health professionals from both government and private organizations and self-referrals. Participantswith a principal DSM-IV OCD diagnosis were selected into the study. This was determined by use of theStructured Clinical Interview for DSM-IV (SCID-IV) **Excluded criteria:** OCD not prinicipal diagnosis.undergoing concurrent psychologicaltreatment for OCD, had a current diagnosis of schizophrenia, an intellectual disability, or an organic mentaldisorder. Individuals were also excluded from the study if their medication dosage had been unstable in the 3months prior to assessment. **Pretreatment:**
Interventions	**Intervention Characteristics** Group CBT End of Treatment Indivdual CBT End of Treatment Waitlist End of Treatment
Outcomes	*YBOCS symptomscore End of Treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] ● **Direction**: Lower is better ● **Data value**: Endpoint *Social funktionsevne: Længste Follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] ● **Direction**: Higher is better ● **Data value**: Endpoint *Livskvalitet: Længste Follow-up* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""] ● **Direction**: Higher is better ● **Data value**: Endpoint *Depression: Efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: [""]

	● **Direction**: Lower is better ● **Data value**: Endpoint *Dropout efter endt behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *Symptomscore >30% reduktion i CYBOCS/YBOCS efter end behandling* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *Symptomscore >30% reduktion i CYBOCS/YBOCS længste follow up* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *Remission (CYBOCS/YBOCS <10)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint
Identification	**Sponsorship source:** The Division of Health Sciences, Curtin University of Technology **Country:** Australia **Setting:** Curtin University of Technology **Comments:** **Authors name:** Anderson, R. **Institution:** School of Psychology, Curtin University of Technology **Email:** c.rees@curtin.edu.au **Address:** GPO Box U1987, Perth, Western Australia 6845
Notes	*Birgitte Holm Petersen* on 14/08/2015 21:32 **Continuous Outcomes** Beck Depression Inventory (BDI)Global Assessment of Functioning (GAF) Scale:Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q)Waitlist ingen follow-up data derfor end og treatment data 1-month follow-up, *Katja Hybel* on 10/09/2015 21:21 **Baseline Characteristics** Demographics and treatment outcome means and standard deviations for participants who completed treatmentVariable Group CBT Individual CBT Wait-listAge 34.6 (15.9) 32.2 (7.6) 34.4 (10.2)Age of onset 18.4 (8.0) 20.4 (10.8) 20.8 (10.3)Duration 16.1 (14.3) 11.4 (9.0) 13.6 (7.1)No.Comorbid Axis I 2.2 (1.0) 1.8 (0.7) 2.5 (1.0)No.Comorbid Axis II 1.4 (1.6) 0.6 (1.0) 0.8 (0.9)%Using medications 65.0 64.7 57.1%Female 80.0 64.7 64.3Y-BOCS:Pre 25.4 (7.3) 24.0 (6.2) 24.1 (5.1)Post 18.1 (7.7) 16.7 (6.8) 23.5 (6.4)Brief follow-up 17.1 (6.6) 14.2 (8.4) NABDI:Pre 22.3 (10.8) 17.8 (10.2) 14.5 (9.6)Post 12.4 (6.2) 10.5 (8.5) 18.4 (10.4)Brief follow-up 14.6 (10.8) 10.4 (11.5) NAQ-LES-Q:Pre 47.0 (18.0) 56.4 (15.7) 52.6 (16.2)Post 61.0 (13.6) 64.1 (18.9) 54.3 (16.5)Brief follow-up 62.4 (19.5) 71.8 (21.4) NAGAF:Pre 52.6 (9.4) 56.6 (8.8) 54.3 (7.8)Post 58.2 (9.3) 64.6 (10.5) 55.1 (8.5) Brief follow-up 62.0 (10.0) 67.8 (13.2) NA *Katja Hybel* on 10/09/2015 21:31 **Intervention Characteristics** Rees and Nathan's (2001) CBT treatment protocol was used in this research. The protocol was designed tobe suitable for delivery in either a group or individual format. It consists of a 10-session treatment programmewith a follow-up at 1-month post-treatment. All group sessions are 2 h in length and are facilitated by twotherapists. The individual condition also includes 10 sessions and is 1 h in length with one therapist only.The CBT treatment protocol (Rees & Nathan, 2001): session outlineSession number Session content1 Overview of course; discussion of nature and causes of OCD, symptoms of OCD, and treatment process; identificationof target areas for exposure exercises2 Motivational analysis; explanation of subjective units of distress scale (SUDS); development of experiment hierarchies3 Introduction to cognitive therapy (identifying erroneous thoughts); begin

	E/RP exercises4 Introduction to disputation; in-session E/RP incorporating cognitive therapy component5 Introduction to specific disputation techniques (e.g., probability and responsibility re-appraisals); incorporating intoE/RP exercises6–9 E/RP exercises with cognitive therapy component; continuous review and troubleshooting10 Review and troubleshooting; planning for next month (e.g., coping with setbacks); discussion of strategies formaintaining goals11 One-month follow-up: review and trouble shooting *Katja Hybel* on 11/09/2015 00:08 **Adverse Outcomes** ikke angivet *Katja Hybel* on 11/09/2015 00:11 **Continuous Outcomes** obs ikke ITT tal

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	High risk	
Blinding of outcome assessors	Unclear risk	-
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	

Fals Stewart 1993

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** YES **Cluster RCT:**
Participants	**Baseline Characteristics** Individual CBT Group CBT **Included criteria:** OCD **Excluded criteria:** BDI score greater than 22 **Pretreatment:**
Interventions	**Intervention Characteristics** Individual CBT Group CBT
Outcomes	*YBOCS/CYBOCS symptomscore End of treatment* ● **Outcome type**: ContinuousOutcome ● **Data value**: Endpoint *Livskvalitet Længste follow-up* ● **Outcome type**: ContinuousOutcome ● **Scale**: SAS ● **Range**: 0-80 ● **Direction**: Lower is better ● **Data value**: Endpoint *Angst End of treatment*

	• **Outcome type**: ContinuousOutcome • **Direction**: Lower is better • **Data value**: Endpoint *Depression End of treatment* • **Outcome type**: ContinuousOutcome • **Scale**: BDI • **Direction**: Lower is better • **Data value**: Endpoint *Drop-out End of treatment* • **Outcome type**: DichotomousOutcome • **Direction**: Lower is better *Symptomscore (min 30% reduktion i Y-BOCS/CY-BOCS)* • **Outcome type**: DichotomousOutcome • **Direction**: Higher is better • **Data value**: Endpoint *Remission Symptomscore (Y-BOCS: ≤ 9) End of treatment* • **Outcome type**: DichotomousOutcome • **Direction**: Higher is better • **Data value**: Endpoint *Social funktionsevne* • **Outcome type**: ContinuousOutcome • **Direction**: Higher is better • **Data value**: Endpoint
Identification	**Sponsorship source:** Alpha House research grant **Country:** **Setting:** **Comments:** **Authors name:** William Fals-Stewart, Allen Marks, John Shafer **Institution:** University of California **Email:** **Address:** San Diego School of Medicine, San Diego, California, Psychological Service, La Jolla Village Drive
Notes	*Birgitte Holm Petersen* on 22/12/2015 19:33 **Outcomes** N= " an additional four patients began but dropped out of treatment (3 individuel and 1 group)

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: sequence generation method not described
Allocation concealment	Unclear risk	Judgement Comment: not described
Blinding of participants and personnel	High risk	Judgement Comment: psychotherapy
Blinding of outcome assessors	Unclear risk	Judgement Comment: not described
Incomplete outcome data	High risk	
Selective outcome reporting	Low risk	Judgement Comment: it is clear that the published reports include allexpected outcomes, including those that were pre-specified
Other sources of bias	Low risk	

Jaurrieta 2008

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** YES **Cluster RCT:**
Participants	**Baseline Characteristics** Group CBT End of Treatment Indivdual CBT End of Treatment Waitlist End of Treatment **Included criteria:** OCD, according to DSM-IV diagnostic criteria. **Excluded criteria:** ? ikke angivet **Pretreatment:** angiveligt ingen væsentlige forskelle
Interventions	**Intervention Characteristics** Group CBT End of Treatment Indivdual CBT End of Treatment Waitlist End of Treatment
Outcomes	*YBOCS symptomscore End of Treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Depression: Efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Angst : Efter endt Behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *dropout end of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *Symptomscore >30% reduktion i CYBOCS/YBOCS end of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *Symptomscore >30% reduktion i CYBOCS/YBOCS længste follow up* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *Remission (CYBOCS/YBOCS <10)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** Generalitat de Catalunya **Country:** spain **Setting:** **Comments:** **Authors name:** NURIA JAURRIETA 1,2 , SUSANA JIMENEZ-MURCIA 1,3 , JOSE´ MANUEL MENCHO´ N 1,4 , M. DEL PINO ALONSO 1,4 , CINTO SEGALAS 1 , EVA M. A´ LVAREZ-MOYA 1 , JAVIER LABAD 1 , ROSER GRANERO 5 , & JULIO VALLEJO 1, **Institution:** Department of Psychiatry, University Hospital of Bellvitge, Hospitalet Del Llobregat **Email:** njaurrieta@csub.scs.es **Address:** Barcelona 08907, Spain.
Notes	*Birgitte Holm Petersen* on 15/08/2015 18:51 **Continuous Outcomes** Intention to treat data *Katja Hybel* on 10/09/2015 23:24 **Baseline Characteristics** Table 2.Clinical characteristics at intake by experimental conditionTotal(n=38) Individualtreatment(n=19) Group treatment(n=19) PAge at onset (years) (meanSD) 18.7 7.0 20.3 7.65 17.26.01 0.166Age at first consultation (years) (mean SD) 23.56.3 24.26.68 22.95.99 0.543No. hospital admissions (meanSD) 0.260.6 0.320.6 0.210.5 0.565Obsessions (%)• Aggressive 44.7 47.4 42.1 0.744• Contamination–cleaning 47.4 63.2 31.6 0.051• Doubting–checking 50.0 57.9 42.1 0.330• Sexual 18.5 15.8 21.1 0.890• Collecting 21.1 26.3 15.8 0.426• Religious 2.63 0.00 5.26 0.311• Ordering–symmetry 26.3 21.1 31.6 0.461• Somatic 4.20 0.00 10.6 0.348Compulsions of repetition 21.1 5.26 36.8 0.042 Slowness 18.4 15.8 21.1 0.676 *Katja Hybel* on 10/09/2015 23:25 **Intervention Characteristics** ICBT vs GCBT vs waitlist *Katja Hybel* on 10/09/2015 23:46 **Continuous Outcomes** ITT data anvendt i tabellen *Katja Hybel* on 10/09/2015 23:51 **Adverse Outcomes** ikke rapporteret

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Low risk	
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	Unclear risk	-
Blinding of outcome assessors	High risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Low risk	
Other sources of bias	Unclear risk	-

Jonsson 2011

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** YES **Cluster RCT:**
Participants	**Baseline Characteristics** Group CBT End of Treatment Indivdual CBT End of Treatment **Included criteria:** Inclusion criteria were a primary diagnosis of OCD;age 20–70; a Yale-Brown Obsessive CompulsiveScale (Y-BOCS) score of ‡ 16; sufficient proficiencyin Danish language to join a group; and acceptanceof being randomly assigned to treatments. **Excluded criteria:** Patients were excluded from thestudy if they had any of the following diagnoses:organic brain disease, current psychotic episode,bipolar affective disorder, severe major depressiveepisode, severe substance use disorder and cluster Apersonality disorder. Patients were also excluded if their medication dosage had been unstable in a3-month period prior to treatment start. **Pretreatment:** ingen
Interventions	**Intervention Characteristics** Group CBT End of Treatment Indivdual CBT End of Treatment
Outcomes	*YBOCS symptomscore End of Treatment* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Depression: Efter endt behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] *Angst : Efter endt Behandling* ● **Outcome type**: ContinuousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *>30 % reduktion i YBOCS End of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *>30 % reduktion i YBOCS follow up (mindst 3 mdr)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint *dropout end of treatment* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Lower is better ● **Data value**: Endpoint *Remission (CYBOCS/YBOCS <10)* ● **Outcome type**: DichotomousOutcome ● **Measure names**: ["Baseline"] ● **Direction**: Higher is better ● **Data value**: Endpoint

Identification	**Sponsorship source:** AarhusUniversityHospital internalresearch fund and Department of Psychology at Aarhus University **Country:** denmark **Setting:** **Comments:** **Authors name:** Jónsson H, Hougaard E, Bennedsen BE **Institution:** Department of Psychology, Aarhus University, **Email:** hjalti@psy.au.dk **Address:** Jens Chr. Skous Vej 4, 8000 Aarhus,Denmark
Notes	*Birgitte Holm Petersen* on 15/08/2015 19:05 **Dichotomous Outcomes** remission defineret som <14 og mere end 10 point redukation i YBOCS improved : decrease by 10 or more points where classified as improved. mean ybocs baseline 26. recovered + improved : treatment responders < 30 %Intention to treat data used *Katja Hybel* on 11/09/2015 00:36 **Baseline Characteristics** Table 1. Demographics for all included participantsGroup CBT (n= 47) Individual CBT (n= 46)P-valuesAge 32.7 (11.1) 32.7 (9.5) 0.98Age of onset 13.3 (6.2) 15.0 (8.5) 0.28 Duration in years 18.9 (10.8) 17.6 (8.5) 0.53Years of education 12.8 (2.0) 13.3 (2.1) 0.22% Female 59.6 71.7 0.31% Comorbid Axis I 34.0 45.7 0.35% Comorbid Axis II 34.0 26.1 0.54% Using medication 80.9 80.4 0.96% Working¢studying 57.4 65.2 0.58% Married¢cohabiting 42.6 50.0 0.61 *Katja Hybel* on 11/09/2015 00:37 **Intervention Characteristics** GCBT vs ICBT *Katja Hybel* on 11/09/2015 00:42 **Continuous Outcomes** ikke ITT scoresMangler vi ikke at kunne angive scores for længste opfølgning i tabellen her under?

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	-
Allocation concealment	Unclear risk	-
Blinding of participants and personnel	High risk	
Blinding of outcome assessors	High risk	
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Other sources of bias	Unclear risk	-
Other sources of bias	Low risk	

O'Connor 2005

Methods	**Study design:** Randomized controlled trial **Study grouping:** Parallel group **Open Label:** YES **Cluster RCT:**

Participants	**Baseline Characteristics** Individual CBT Group CBT **Included criteria:** (a) primary diagnosis ofOCD, (b) dominant obsessive thoughts with few or no overt compulsions, (c) no change in medi-cation type or dose during the 12 weeks beforetreatment for antidepressants (four weeks for anxiolytics), (d) willingness to keep medicationstable while participating in the study, (e) no evi-dence of suicidal intent, (f) no evidence of currentsubstance abuse, (g) no evidence of current or past schizophrenia, bipolar disorder or organicmental disorder and (h) willingness to undergorandomization **Excluded criteria:** - **Pretreatment:** -
Interventions	**Intervention Characteristics** Individual CBT Group CBT
Outcomes	*YBOCS/CYBOCS symptomscore End of treatment* ● **Outcome type**: ContinuousOutcome *Livskvalitet Længste follow-up* ● **Outcome type**: ContinuousOutcome *Angst End of treatment* ● **Outcome type**: ContinuousOutcome ● **Scale**: BAI ● **Range**: 0-21 ● **Direction**: Lower is better *Depression End of treatment* ● **Outcome type**: ContinuousOutcome ● **Scale**: BDI *Drop-out End of treatment* ● **Outcome type**: DichotomousOutcome *Symptomscore (min 30% reduktion i Y-BOCS/CY-BOCS)* ● **Outcome type**: DichotomousOutcome *Remission Symptomscore (Y-BOCS: ≤ 9) End of treatment* ● **Outcome type**: DichotomousOutcome *Social funktionsevne* ● **Outcome type**: ContinuousOutcome
Identification	**Sponsorship source:** - **Country:** - **Setting:** - **Comments:** - **Authors name:** O'Connor, M. H. Freeston,D. Gareau,Y. Careau,M. J. Dufour,F. Aardema and C. Todorov **Institution:** Centre de recherche Ferand-Seguin, Montreal, Canada **Email:** kieron.oconnor@crfs.umontreal.ca **Address:** Centre de recherche Fernand-Seguin, 7331 Hochelapa Street,Montreal, QC H1N 3V2, Canada
Notes	

Risk of bias table

Bias	Authors' judgement	Support for judgement
Sequence Generation	Unclear risk	Judgement Comment: willingness to undergorandomization is inclusion criteria , but method not decribed
Allocation concealment	Unclear risk	Judgement Comment: not described
Blinding of participants and personnel	High risk	Judgement Comment: pscyhotherapy

Blinding of outcome assessors	Unclear risk	Judgement Comment: assessment by independent assesors, blinding not decribed
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	Judgement Comment: no protocol, it is clear that the published reports include allexpected outcomes, including those that were pre-specified
Other sources of bias	Low risk	

Footnotes

Characteristics of excluded studies

Barrett 2004

Reason for exclusion	

Belotto Silva 2012

Reason for exclusion	Wrong comparator

Borges 2011

Reason for exclusion	Wrong comparator

Erickson 2007

Reason for exclusion	Wrong outcomes

Farrell 2012

Reason for exclusion	Wrong study design

Haland 2010

Reason for exclusion	Wrong study design

Havnen 2014

Reason for exclusion	Wrong study design

Jakubovski 2013

Reason for exclusion	Wrong comparator

Jaurrieta 2008a

Reason for exclusion	Wrong outcomes

Khodarahimi 2009

Reason for exclusion	Wrong comparator

vanStarrenburg 2013

Reason for exclusion	Wrong study design

Whittal 2008

Reason for exclusion	Wrong study design

Footnotes

References to studies

Included studies

Anderson 2007

Anderson RA; Rees CS. Group versus individual cognitive-behavioural treatment for obsessive-compulsive disorder: a controlled trial.. Behaviour Research & Therapy 2007;45(1):123-137. [DOI: S0005-7967(06)00032-5 [pii]]

Fals Stewart 1993

Fals-Stewart,William; Marks,Allen P.; Schaffer,John B. A.. A Comparison of behavioral group therapy and individual behavior therapy in treating obessive Compulsive disorder. 1993;181(3):189-193. [DOI:]

Jaurrieta 2008

Jaurrieta N; Jimenez-Murcia S; Menchon JM; Del Pino Alonso M; Segalas C; Alvarez-Moya EM; Labad J; Granero R; Vallejo J. Individual versus group cognitive-behavioral treatment for obsessive-compulsive disorder: a controlled pilot study.. Psychotherapy Research 2008;18(5):604-614. [DOI: http://dx.doi.org/10.1080/10503300802192141]

Jonsson 2011

Jonsson H; Hougaard E; Bennedsen BE. Randomized comparative study of group versus individual cognitive behavioural therapy for obsessive compulsive disorder.. Acta Psychiatrica Scandinavica 2011;123(5):387-397. [DOI:]

O'Connor 2005

O'Connor,K.; Freeston,M. H.; Gareau,D.; Careau,Y.; Dufour,M. J.; Aardema,F.; Todorov,C.. Group versus individual treatment in obsessions without compulsions. Clinical Psychology & Psychotherapy 2005;12(2):87-96. [DOI: 10.1002/cpp.439]

Excluded studies

Barrett 2004

[Empty]

Belotto Silva 2012

Belotto-Silva C; Diniz JB; Malavazzi DM; Valerio C; Fossaluza V; Borcato S; Seixas AA; Morelli D; Miguel EC; Shavitt RG. Group cognitive-behavioral therapy versus selective serotonin reuptake inhibitors for obsessive-compulsive disorder: a practical clinical trial.. Journal of anxiety disorders 2012;26(1):25-31. [DOI:]

Borges 2011

Borges CP; Meyer E; Ferrao YA; Souza FP; Sousa MB; Cordioli AV. Cognitive-behavioral group therapy versus sertraline for obsessive-compulsive disorder: five-year follow-up.. Psychotherapy & Psychosomatics 2011;80(4):249-250. [DOI: http://dx.doi.org/10.1159/000322028]

Erickson 2007

Erickson DH.; Janeck AS.; Tallman K.. A cognitive-behavioral group for patients with various anxiety disorders.. Psychiatric services (Washington, D.C.) 2007;58(9):1205-11. [DOI:]

Farrell 2012

Farrell, L.; Waters, A.; Milliner, E.; Ollendick, T.. Comorbidity and treatment response in pediatric obsessive-compulsive disorder: a pilot study of group cognitive-behavioral treatment. Psychiatry Research 2012;199(2):115-23. [DOI: http://dx.doi.org/10.1016/j.psychres.2012.04.035]

Haland 2010

Haland AT; Vogel PA; Lie B; Launes G; Pripp AH; Himle JA. Behavioural group therapy for obsessive-compulsive disorder in Norway. An open community-based trial.. Behaviour Research & Therapy 2010;48(6):547-554. [DOI: 10.1016/j.brat.2010.03.005 [doi]]

Havnen 2014

Havnen,A.; Hansen,B.; Ost,L. -G; Kvale,G.. Concentrated ERP delivered in a group setting: An effectiveness study.. Journal of Obsessive-Compulsive and Related Disorders 2014;3(4):319-324. [DOI:]

Jakubovski 2013

Jakubovski,E.; Diniz,J. B.; Valerio,C.; Fossaluza,V.; Belotto-Silva,C.; Gorenstein,C.; Miguel,E.; Shavitt,R. G.. Clinical predictors of long-term outcome in obsessive-compulsive disorder.. Depression & Anxiety 2013;30(8):763-772. [DOI: http://dx.doi.org/10.1002/da.22013]

Jaurrieta 2008a

Jaurrieta N; Jimenez-Murcia S; Alonso P; Granero R; Segalas C; Labad J; Menchon JM. Individual versus group cognitive behavioral treatment for obsessive-compulsive disorder: follow up.. Psychiatry & Clinical Neurosciences 2008;62(6):697-704. [DOI:]

Khodarahimi 2009

Khodarahimi,Siamak. Satiation therapy and exposure response prevention in the treatment of obsessive compulsive disorder.. Journal of Contemporary Psychotherapy 2009;39(3):203-207. [DOI:]

vanStarrenburg 2013

van Starrenburg, Manon L. A; Kuijpers, Rowella C. W. M; Hutschemaekers,Giel J. M.; Engels,Rutger C. M. E.. Effectiveness and underlying mechanisms of a group-based cognitive behavioural therapy-based indicative prevention program for children with elevated anxiety levels.. BMC Psychiatry 2013;13 Jul(Journal Article):Art 183-7. [DOI:]

Whittal 2008

Whittal,Maureen L.; Robichaud,Melisa; Thordarson,Dana S.; McLean,Peter D.. 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 2008;76(6):1003-1014. [DOI:]

Other references

Additional references

Other published versions of this review

Classification pending references

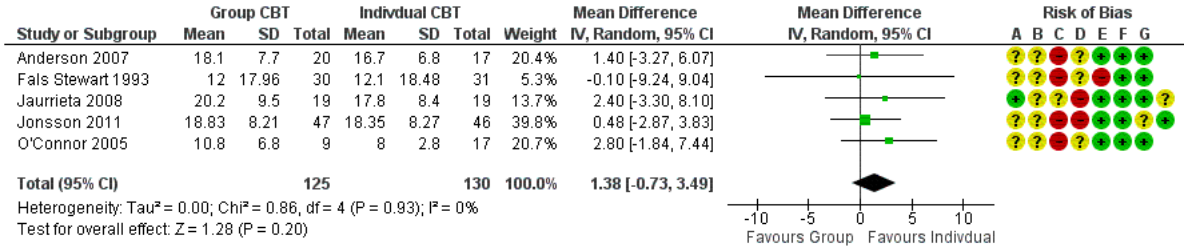
Data and analyses

1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Symptomscore (CY-BOCS/Y-BOCS) (End of Treatment)	5	255	Mean Difference (IV, Random, 95% CI)	1.38 [-0.73, 3.49]
1.2 Depression: Efter endt behandling	5	251	Std. Mean Difference (IV, Random, 95% CI)	0.21 [-0.14, 0.56]
1.3 Angst : Efter endt Behandling	4	214	Std. Mean Difference (IV, Random, 95% CI)	0.25 [-0.18, 0.69]
1.4 Social funktionsevne: Længste Follow-up	1	31	Mean Difference (IV, Fixed, 95% CI)	-5.80 [-14.33, 2.73]
1.5 Livskvalitet: Længste Follow-up	1	31	Mean Difference (IV, Fixed, 95% CI)	-9.40 [-24.11, 5.31]
1.6 >30 % reduktion i YBOCS End of treatment	2	139	Risk Ratio (IV, Random, 95% CI)	1.68 [0.84, 3.38]
1.7 >30 % reduktion i YBOCS follow up (mindst 3 mdr)	2	124	Risk Ratio (IV, Random, 95% CI)	1.16 [0.55, 2.43]
1.9 dropout end of treatment	5	269	Risk Ratio (IV, Random, 95% CI)	0.52 [0.27, 1.00]

Figures

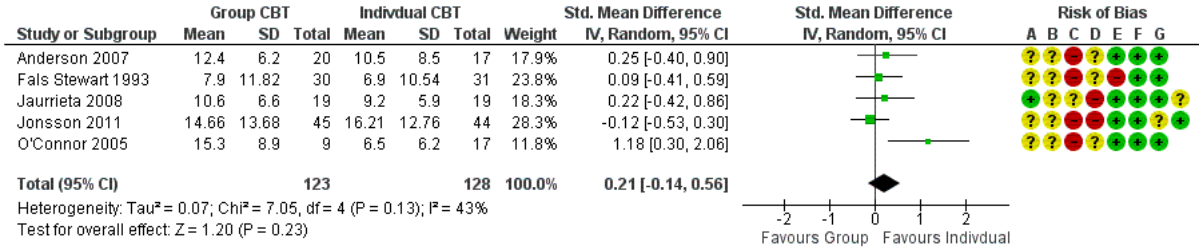
Figure 1 (Analysis 1.1)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.1 Symptomscore (CY-BOCS/Y-BOCS) (End of Treatment).

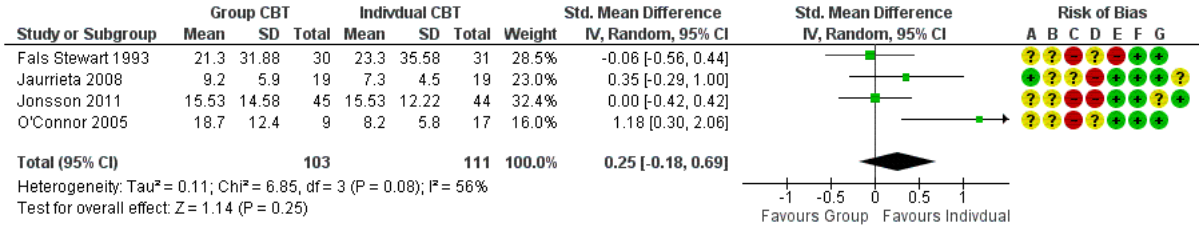
Figure 2 (Analysis 1.2)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.2 Depression: Efter endt behandling.

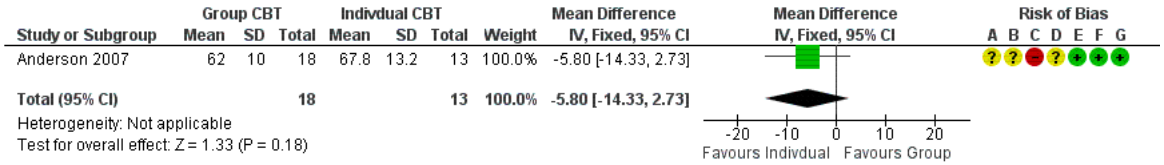
Figure 3 (Analysis 1.3)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.3 Angst : Efter endt Behandling.

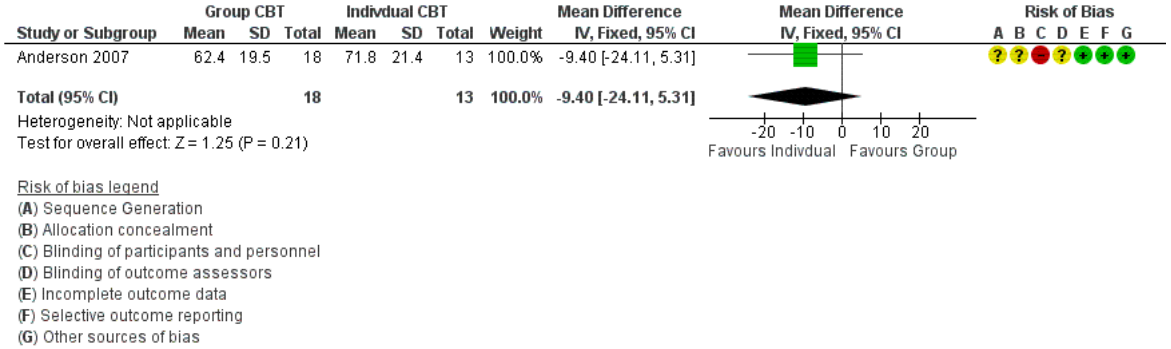
Figure 4 (Analysis 1.4)



Risk of bias legend
(A) Sequence Generation
(B) Allocation concealment
(C) Blinding of participants and personnel
(D) Blinding of outcome assessors
(E) Incomplete outcome data
(F) Selective outcome reporting
(G) Other sources of bias

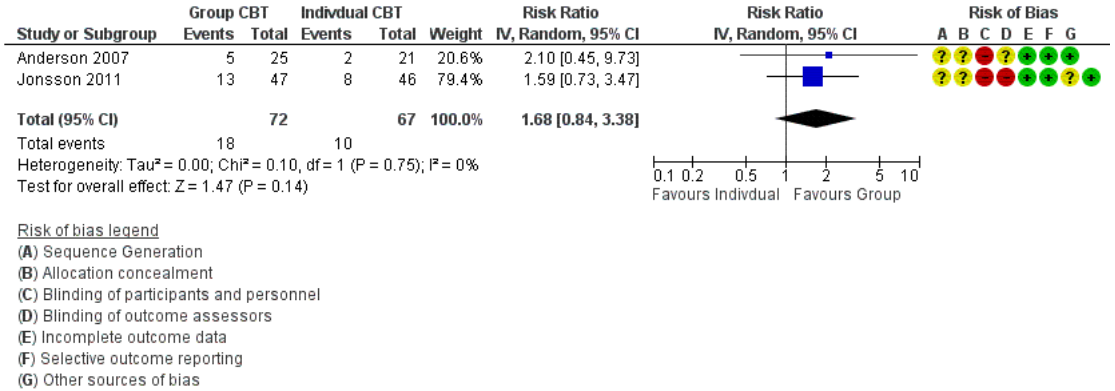
Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.4 Social funktionsevne: Længste Follow-up.

Figure 5 (Analysis 1.5)



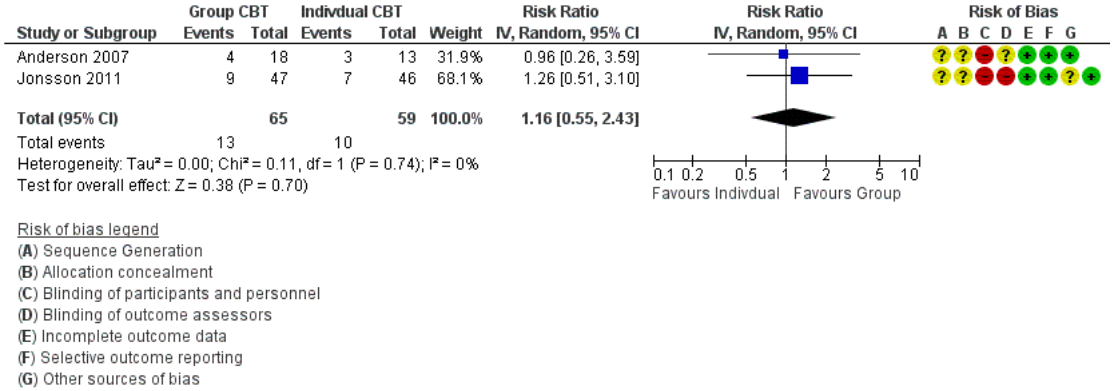
Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.5 Livskvalitet: Længste Follow-up.

Figure 6 (Analysis 1.6)



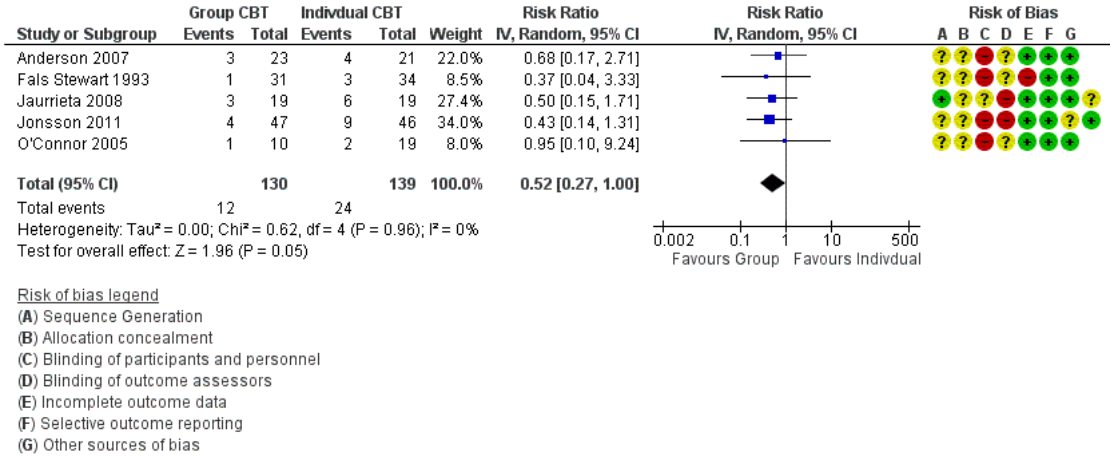
Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.6 >30 % reduktion i YBOCS End of treatment.

Figure 7 (Analysis 1.7)



Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.7 >30 % reduktion i YBOCS follow up (mindst 3 mdr).

Figure 8 (Analysis 1.9)



Forest plot of comparison: 1 PICO 3: Bør børn, unge og voksne med OCD tilbydes kognitiv adfærdsterapi i gruppe eller individuelt format?, outcome: 1.9 dropout end of treatment.