

Long-Term Outcomes of Obsessive-Compulsive Disorder in Children and Adolescents

Akademisk avhandling

Som för avläggande av medicine doktorsexamen vid Sahlgrenska akademien, Göteborgs universitet kommer att offentligens försvaras i Hörsal Arvid Carlsson, Medicinargatan 3, Göteborg, den 1/3–2019, klockan 13.00

av Karin Melin

Fakultetsopponent:

Per A. Gustafsson, professor emeritus

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Avhandlingen baseras på följande delarbeten

- I. Holmgren Melin, K, Skärsäter, I, Mowatt Haugland, B.S, Ivarsson, T. Treatment and 12-month outcome of children and adolescents with obsessive–compulsive disorder: A naturalistic study. *Journal of Obsessive-Compulsive and Related Disorders*. 2015;6:1-6.
- II. Melin, K, Skarphedinsson, G, Skärsäter, I, Mowatt Haugland B.S, Ivarsson T. A solid majority remit following evidence-based OCD treatments: a 3-year naturalistic outcome study in pediatric OCD. *European Child Adolescent & Psychiatry*. 2018;27(10):1373-81
- III. Melin K, Skarphedinsson G, Thomsen PH, Weidle B, Torp NC, Valderhaug R, Højgaard DRMA, Hybel KA, Nissen JB, Jensen S, Dahl K, Skärsäter I, Haugland BS, Ivarsson T. Treatment gains are sustainable in pediatric obsessive-compulsive disorder: Three-year follow-up from the NordLOTS. Manuscript Submitted. (*J. Am. Acad. Child Adolesc. Psychiatry*)

**SAHLGRENKA AKADEMIN
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Abstract

Aim: The overall aim of this thesis is to investigate the long-term course and outcome of pediatric OCD following evidence-based treatment of pediatric OCD. Outcome is assessed with regard to severity of OCD symptoms (Studies I-III), psychosocial functioning (Studies I & II), and depressive symptoms (Study II). **Method:** Studies I and II include the same 109 participants (5-17 years), assessed and treated in Western Sweden, based on the clinical guidelines for OCD and individually adapted for each patient. Study III comprises 269 participants (7-17 years) from a multicenter study, in Sweden, Norway, and Denmark. Participants were treated with a first step of manualized cognitive-behavioral therapy (CBT). Non-responders were randomized to an extended treatment of either continued CBT or pharmacotherapy with sertraline. Both study samples were repeatedly assessed during a three-year follow-up period, using the semi-structured *Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS)* interview, and the self- and parent-rated questionnaires *Children's OCD Impact Scale* (Studies I-II) and *Children's Depressive Inventory* (Study II). **Results:** Studies I and II revealed a significant improvement of OCD symptoms from baseline to one-year follow-up, and improvements maintained and continued until the three-year follow-up. Participants' psychosocial functioning and depressive symptoms improved during the follow-up period as well. Further, findings from the Study III sample showed that participants' improvements from the one-year follow-up were maintained, and symptoms decreased further during the three-year follow-up period as well. Improvements were similar regardless of the treatment duration and type of extended treatment. **Conclusions:** The three studies indicate that the course of pediatric OCD is favorable, possibly due to treatment gains of evidence-based treatment, following expert consensus guidelines. Gains were sustained over a three-year period and symptoms decreased further during the follow-up period.

Keywords: adolescent, child, cognitive behavioral therapy, follow-up, obsessive-compulsive disorder, sertraline, symptom assessment, self-assessment