



Sudden Gains During Treatment of Obsessive-Compulsive Disorder



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Introduction

- *Sudden gains* are defined as symptom reductions between two consecutive treatment sessions that are large (a) in absolute terms, (b) compared to severity before the gain, and (c) compared to fluctuations before and after the gain (Tang & DeRubeis, 1999).
- Although relationships between sudden gains and treatment outcomes have been found in depression (e.g., Hardy et al., 2005) and anxiety disorders (e.g., Hofmann, Schulz, Meuret, Moscovitch, & Suvak, 2006), findings on sudden gains in the context of OCD treatment are mixed (e.g., Aderka et al., 2012; Collins & Coles, 2017).
- Accordingly, the present study investigated the relationship between sudden gains and OCD treatment outcome, and addressed limitations of previous studies by measuring OCD symptoms dimensionally and at 6-month follow-up.

Method

Participants

- 44 adults who completed a trial (16 sessions) of manualized cognitive-behavioral therapy (CBT) for OCD
- 28 female; 16 male
- Ages 18 to 56 ($M = 27.19$, $SD = 8.22$)

Measure

- Dimensional Obsessive-Compulsive Scale (DOCS; Abramowitz et al., 2010)
- We determined each participant's "DOCS Main" scores based on the DOCS subscale on which they scored highest at pre-treatment:
 1. Contamination ($n = 12$)
 2. Responsibility for harm ($n = 15$)
 3. Symmetry/ordering ($n = 5$)
 4. Unacceptable thoughts ($n = 21$)

Sudden Gains

Criterion A. We used the reliable change index (Jacobson & Truax, 1991) to identify gains that were large in absolute terms.

Criterion B. The difference scores between consecutive sessions must represent at least 25% of the pre-gain score to satisfy Criterion B.

Criterion C. To identify gains that were large relative to fluctuations before and after the gain, we conducted independent sample t-tests to compare the averages of the three before-gain and after-gain DOCS main scores.

Data Analysis

- We conducted 2 (time: pre, post/follow-up) x 2 (sudden gain: yes, no) ANOVAs with DOCS main as the dependent variable.

Results

- Treatment was associated with a substantial reduction in OCD symptoms from pre- to post-treatment.
- On average, scores on the DOCS main were reduced by 51%, and improvements were maintained at 6-month follow-up.

Figure 1. Pre-treatment, post-treatment, and follow-up mean scores

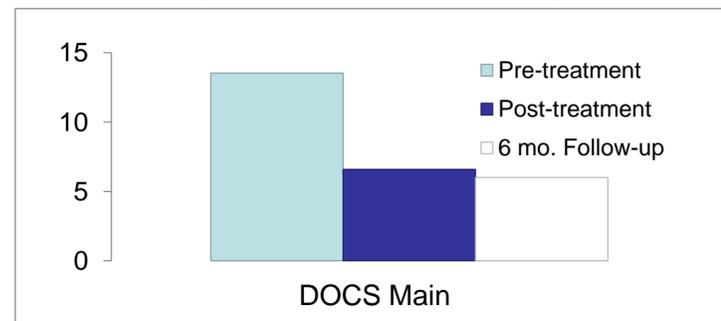


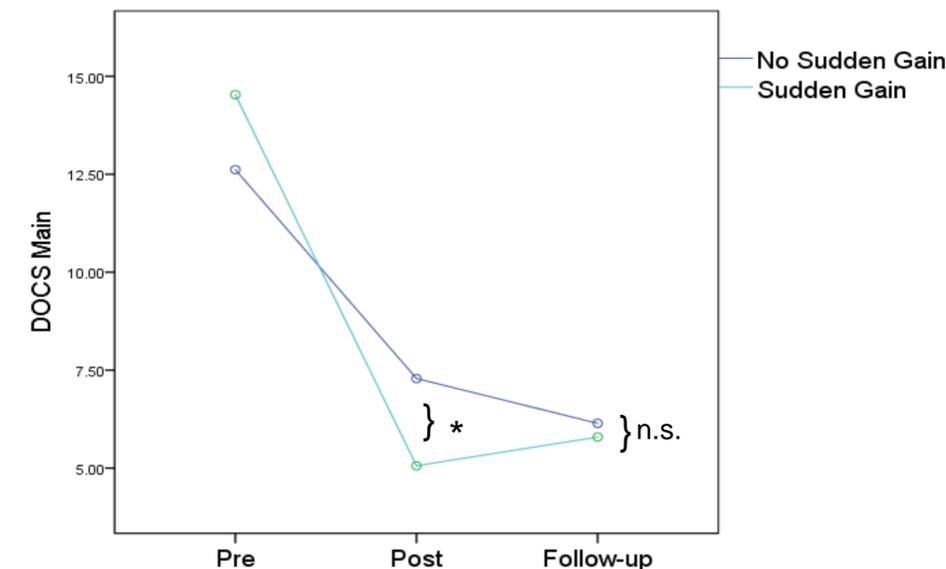
Table 1. Sudden gains by OCD symptom dimension

Contamination	50.0%
Unacceptable thoughts	23.8%
Symmetry	20.0%
Responsibility for harm	13.3%

Results

- Participants who experienced a sudden gain had greater average symptom reduction from pre- to post-treatment than did those without a sudden gain, $F(1,41) = 6.64$, $p = .014$, $\eta_p^2 = .14$.
- This interaction effect, however, was not significant from pre-treatment to follow-up, $F(1,36) = 2.84$, $p = .10$, $\eta_p^2 = .07$.

Figure 2. DOCS Main scores at pre-treatment, post-treatment, and 6-month follow-up.



Discussion

- Our findings suggest that the rates of sudden gains differ across OCD symptom dimensions.
- Specifically, sudden gains were most common among participants with primary contamination symptoms, and least common among participants with primary responsibility for harm symptoms.
- Although individuals who experienced a sudden gain had larger pre- to post-treatment symptom than those who did not, sudden gains were not predictive of outcome at follow-up.
- This suggests that the relevance of sudden gains to outcome lessens after the completion of CBT for OCD.