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MEDICATION REVIEW: OCD

DETAILS

Name:			
DOB:		Age:	
Address:			
Consultant/ RMO:			
Diagnosis (ICD-10):			

Completed by:			
Role/ Title:			
Date:			
Information Sources:			


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INSTRUCTIONS FOR COMPLETION

- The aim is to record a complete record of sequential treatments. Please record all medication trials (regardless of duration), and complete as much information as possible. Record every trial of every drug, even if it has been used before at different doses.
- Where doubt exists regarding start/ stop dates of drugs, use milestones such as admission or discharge dates.
- If (highest) dose is unknown, it is better to record the best documented dose even if it is the lower.
- Sheets should be photocopied if required – record more information than it may be felt necessary. You don't want to have to do the drug review again in a year's time!
- Document if a response is obtained from a drug, even if it is partial/ short-lived.
- In columns for dose/ maximum dose, it is preferable to record sequential changes in dose so that a complete record of use of that particular drug can be built up. See below for example.
- Once a drug's history has been completed, highlight the maximum dose, and the duration that this dose was given for in the relevant columns. Please note that in some cases (e.g. a short duration of maximum dose), it is preferable to record a longer duration of a lower dose.

12. <u>Imipramine</u>	50mg	16/3/09	20/3/09	19/6/09	27/6/09
	75mg	20/3/09	23/3/09		
	100mg	23/3/09	27/3/09		
	150mg	27/3/09	19/6/09		
	200mg	19/6/09	27/6/09		
	250mg	27/6/09	???		

Here, a trial of 150mg from 27/3/09 to 27/6/09 is a better reflection of this trial than < 2weeks at 200mg.



You can use the format paintbrush to copy the text formatting.

These dates represent the duration of the maximum dose (in this case, less than 2 weeks)

ILLNESS SUMMARY

Date of onset of symptoms:		
Date of first presentation:		
Date of diagnosis:		
Date of first attempt at treatment:		
Date of first effective/ evidence-based treatment:		
Number of episodes of self-harm (please provide dates if available):	<i>Date</i>	<i>Details (e.g. hospitalization required)</i>
Number of failed treatments (current episode):	<i>Please complete treatment history below if available</i>	
Number of failed treatments (lifetime):	<i>Please complete treatment history below if available</i>	

NOTES

1. If exact dates are not available, please use the date of first assessment/ diagnosis. If an approximate time period is reported (e.g. Spring 1997) please list this.
2. For treatment histories, please indicate trials of **all** antidepressant/ augmentation drugs, regardless of dose or duration. If the same drug is used in a later combination/ augmentation strategy, list it again and indicate this is the appropriate column.

Please photocopy if more sheets required.

PREVIOUS EPISODE HISTORY/ CONTACT WITH SERVICES

Start Date	Stop Date	Comments (e.g. symptom level/ impact on functioning)

NOTES

Record stop dates for episode only if there is sufficient confidence of remission of symptoms.

Please photocopy if more sheets required.

PREVIOUS ADMISSION HISTORY

Date of admission	Date of Discharge	Comments (e.g. compulsory detention/ Self-discharge/ etc.). Enter discharge diagnosis if available.

Please photocopy if more sheets required.

ELECTROCONVULSIVE THERAPY (ECT) TREATMENT

NOTES

ECT as a sole treatment for OCD is not recommended, but may be considered in the presence of comorbid depressive symptoms.

Course		No. of Treatments	Bilateral/ Unilateral/ Unknown	MADRS on Entry (if known)	MADRS on Exit (if known)	Response to ECT reported? (Y/N)
Start Date	End Date					

Please photocopy if more sheets required. Remember to include all drugs, regardless of dose and/ or duration.

ANTIDEPRESSANT TREATMENT HISTORY – MONOTHERAPY

Please **highlight** the dose and start/ stop dates that represent the best combination of dose and duration. *Italicised* dates indicate the first recorded date for a particular dose, but not necessarily the date that the medication was changed.

Drug	Max. dose used (mg)	Start date of drug	Stop date of drug	Start date of <u>max dose</u>	Stop date of <u>max dose</u>	Part of combination strategy? (Y/N)	Part of augmentation strategy? (Y/N)	Response? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										

Please photocopy if more sheets required. Remember to include all drugs, regardless of dose and/ or duration.

Drug	Max. dose used (mg)	Start date of drug	Stop date of drug	Start date of <u>max dose</u>	Stop date of <u>max dose</u>	Part of combination strategy? (Y/N)	Part of augmentation strategy? (Y/N)	Response? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										

Please photocopy if more sheets required. Remember to include all drugs, regardless of dose and/ or duration.

ANTIDEPRESSANT TREATMENT HISTORY – COMBINATION TREATMENTS

Drug 1	Drug 2	Max. dose of drug 1 (mg)	Max. dose of drug 2 (mg)	Start date of this combination and doses	Stop date of this combination and doses	Response ? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)

Please photocopy if more sheets required. Remember to include all drugs, regardless of dose and/ or duration.

ANTIDEPRESSANT TREATMENT HISTORY – AUGMENTATION STRATEGIES

Antidepressant	Augmenting Agent	Max. dose of antidepressant (mg)	Max. dose of augmenting agent (mg)	Start date of this combination and doses *	Stop date of this combination and doses *	Response ? (Y/N)	Comments (e.g. compliance/ tolerability/ interactions/ side effects/ etc.)	ATHF Confidence Rating (1-5)

* Please note that the start and stop date should refer to the time spent on the recorded dose of augmenting agent with no change to the antidepressant dose.

PSYCHOLOGICAL THERAPY HISTORY

Where therapy was delivered in a group, divide total no. of sessions by 4 in order to approximate direct therapist contact.

CBT = Cognitive Behavioural Therapy; **IPT** = Interpersonal Therapy; **CBASP** = Cognitive Behavioural Analysis System of Psychotherapy; **BA** = Behavioural Activation; **PDP** = Psychodynamic Psychotherapy; **CWD** = Coping With Depression (Group).

Therapy Modality (e.g. CBT, IPT, CBASP, BA, PDP)	Group (Y/N)?	Therapist	No. of sessions	Session duration (where known)	Start Date	End Date	Response? (Y/N)	Comments about response to therapy/ attrition/ engagement/ etc.	ATHF Confidence Rating (1-5)	ARR (1-5)

NOTES ON COMPLETION OF THE TREATMENT HISTORY FORMS

1. The ATHF is the Antidepressant Treatment History Form. Although it is a tool for the rating of treatment trials for major depression, some principles (e.g. recording of confidence ratings) have been retained for the recording of OCD treatment trials. The reference is:

Sackeim, H. A. (2001) The definition and meaning of treatment-resistant depression. *Journal of Clinical Psychiatry*, **62 (Suppl 16)**, 10-17.

2. If completing this form for the Dundee AIS, it is not necessary to score every drug trial according to the ATHF – this will be done by the service. However, it is important that the confidence ratings are completed in case Dundee AIS does not gain access to the original notes. The ATHF confidence rating is as follows:

1: No Confidence Rating	Discrepant or clearly unreliable information regarding dose, duration, compliance, and outcome of a medication trial or number and outcome of ECT trial.
2: Low Confidence Rating	Information is marginal: Evidence of contradictions in information or significant doubt exists regarding dose, duration, compliance, and outcome of a medication trial or the number of treatments and outcome of ECT trial.
3: Moderate Confidence Rating	Adequate information is available but based largely on one source that appears reliable. Areas of doubt not critical in medication or ECT resistance rating.
4: Strong Confidence Rating	Adequate information is available from more than one reliable source without significant discrepancy regarding dose, duration, compliance, and outcome of a medication trial or number and outcome of ECT trial.
5: High Confidence Rating	Trial dose, duration, compliance, and outcome or the number of treatments and outcome of ECT trial confirmed by multiple sources, with excellent documentation (blood levels, medication orders), strong evidence of compliance, and outcome certain.

Please photocopy if more sheets required.

RESISTANCE RATING

Please indicate the patient's resistance rating on Figure 1 below (circle the appropriate level):

Level of non-response	Description
I	SSRI or CBT
II	SSRI plus CBT
III	2 SSRIs tried plus CBT
IV	At least 3 SSRIs tried plus CBT
V	At least 3 SRIs (including CMI) plus CBT
VI	At least 3 SRIs including clomipramine augmentation plus CBT
VII	At least 3 SRIs including CMI+CBT+psychoeducation and other classes of medication (benzodiazepine, mood stabilizer, neuroleptic, psychostimulant)
VIII	At least 3 SRIs including intravenous CMI+CBT+psychoeducation
IX	At least 3 SRIs including CMI+CBT+psychoeducation and other classes of antidepressant agents (NSRI, MAOI)
X	All above treatments, neurosurgery

Figure 1. Levels of non-response (Pallanti *et al*, 2006). Copyright owned by Elsevier.

NOTES

Pallanti, S. & Quercioli, L. (2006) Treatment-refractory obsessive-compulsive disorder: Methodological issues, operational definitions and therapeutic lines. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 30, 400-412.

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