The Inference-Based Approach: An alternative to Exposure and Response Prevention for OCD?

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Background

Behavioural treatment for Obsessive Compulsive Disorder (OCD) is traditionally based on an Exposure and Response Prevention (ERP) model; an approach which is evidence-based but often under-used. Since high levels of distress can be experienced during treatment it can be difficult for the patient to fully engage and, in some cases, for the therapist to deliver therapy. The recommended frequency (15-20 sessions), duration (90 minutes), and setting (community rather than office-based) make it challenging for services to deliver optimised treatment.

The Inference Based Approach (IBA) offers an alternative treatment option. In contrast to the cognitive appraisal model which informs ERP, IBA theorises that obsessions arise through a faulty reasoning system which leads to recurrent doubts and faulty inferences. Cognitive interventions in IBA focus on helping patients to identify the reasoning errors that lead to obsessions. IBA is traditionally delivered in a clinic setting, in time limited sessions, and does not generate the levels of anxiety that are a necessary component of ERP.

We aimed to establish if IBA could offer the same potential treatment effects as ERP in an OCD population by conducting a systematic review and meta-analysis. We also attempted to assess whether there were differences in the baseline characteristics between the two treatments that would inform treatment decisions.

Methods

The following databases were searched: CINAHL, MEDLINE, PsycINFO, PsycARTICLES, Cochrane Library, and SCOPUS looking for articles published between 2005 and 2015.

Inclusion criteria were: English language publications only; participants aged18-65 years; outpatient therapy only; randomised controlled trials comparing CBT/ERP or IBA against an active therapy control that used a different modality of treatment. Exclusion criteria included: medication control group; group-based therapy; and non-face-to-face therapy.

Analysis was performed using ESCI intro Meta-Analysis software.[1]

Results

A total of seven studies were included and are summarised below.

	ERP	IBA
No. of studies (comparisons)	5 (5)	2 (3)
Total no. of participants	273	139
M:F (%)	59:41	35:65
Age of participants (mean ± SD)	30.3 ± 7.7	37.1 ± 10.6
Baseline Y-BOCS (mean ± SD)	28.7 ± 3.9	22.7 ± 4.2

There was a greater proportion of males in the ERP group, and participants were younger in the ERP group. Baseline severity was lower in the IBA participants.

Forest plots of comparisons are shown below. ERP is in red and IBA is blue.
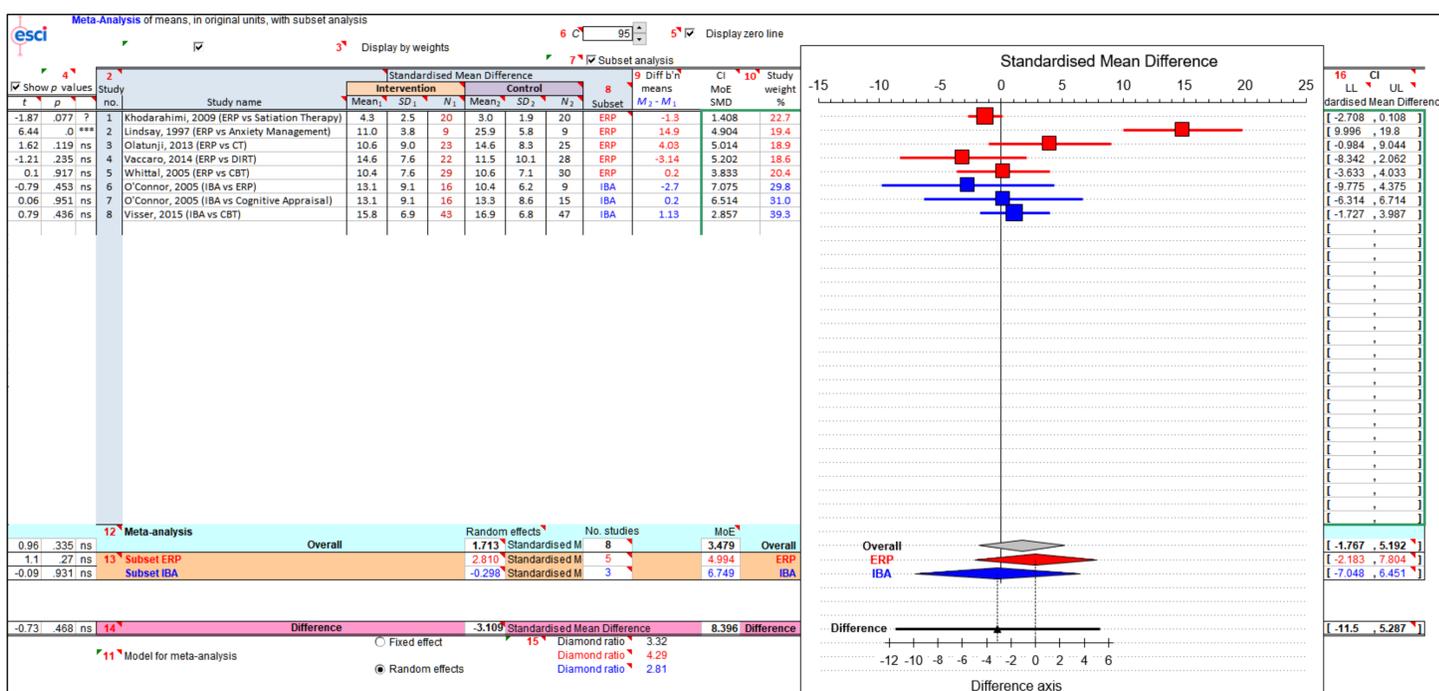
In almost all comparisons, CBT or IBA was broadly equivalent to the comparator. ERP was superior to anxiety management. IBA was comparable to ERP and CBT.

Discussion

For the treatment of OCD, it appears that ERP, IBA, and CBT are equally efficacious. Anxiety management does not appear to be as effective. IBA may offer an equally efficacious treatment option to standard treatment and may be advantageous for patients who are less amenable to treatment with ERP or where full delivery of ERP is not possible.