

Project Title

Acceptability and Effectiveness of the Bergen 4-day treatment (B4DT) for OCD

Project Lead and Members

Project lead: Dr Jackki Yim Hoon Eng

Project members: : Dr Bhanu Gupta, Mr Desmond Ang Toon Sze, Ms Tammie Kwek Rong Rong, Ms Leow Lilyn, Ms Jeanette Lim Hui Xian, Ms Joelle Lim Pei Xin, Ms Lieu Jie Xin, Dr Lucas Lim Jun Hao and Dr Lau Boon Jia

Organisation(s) Involved

Institute of Mental Health

Healthcare Family Group(s) Involved in this Project

Medical, Allied Health

Applicable Specialty or Discipline

Psychology

Project Period

Start date: October 2022

Completed date: November 2023

Aims

The aim of this clinical pilot – conducted in collaboration with Haukeland University Hospital in Bergen - was to evaluate the effectiveness of the B4DT treatment for adults with OCD at the Institute of Mental Health in Singapore

Background

OCD is a highly debilitating disorder, affecting 2 to 3% of the global population (Fontenelle et al., 2006). In Singapore, recent findings from the Singapore Mental

Health Study reveal a lifetime prevalence rate at 3.6%, higher than the previous study (Subramaniam et al., 2020). Cognitive Behavioural Therapy (CBT) consisting of exposure and response prevention (ERP) has been shown to be effective in treating both adults and children with OCD. Despite the effectiveness of the therapy, the drop- out and refusal rates for ERP is quite high (26.9% and 25% respectively). In recent years, there has been a growing research on brief and more intensive treatment of OCD and other anxiety disorders.

Developed in Bergen, Norway, the B4DT is a form of ERP treatment that has recently gained international traction due to its short, 4-day, duration and the significant clinical improvements resulting from it. Although the B4DT programme has been remarkably effective for OCD patients in several Western countries, its impact has not yet been investigated in Asia, where cultural could affect the efficacy of treatment.

Methods

The clinical pilot trial- funded by the Woodbridge Hospital Charity Fund and Kavli Trust- was carried out in an outpatient setting at IMH. Six clinical psychologists with a psychiatrist as programme director were trained in collaboration with the Norwegians B4DT trainers. Patients aged 18 and above were offered the B4DT if a primary DSM-5 diagnosis of OCD was established via a screening and a comprehensive assessment. OCD symptoms were assessed using Y-BOCS at pre-treatment, post-treatment, and the 3-month follow up, while the GAD-7, PHQ-9 and QLES-Q-SF were administered to rate general anxiety, depressive symptoms and quality of life. Acceptability and patient satisfaction with the treatment were rated by means of the Client Satisfaction Questionnaire (CSQ-8)

Results

43 patients with moderate to severe/extreme OCD underwent the B4DT treatment over eight runs (4-6 patients per run), from October 2022 to November 2023. At the 10-day follow-up, 63% of the patients treated reported clinically significant (>35%)

reduction in their OCD symptoms as measured by the YBOCS, with 14% showing an at least partial response. Large effect sizes were observed ($d= 2.5$ at post-treatment and $d= 2.02$ at 3-month follow-up). The dropout rate was less than 2%. Additionally, there was an improvement in anxiety, depressive symptoms and quality of life, following the treatment. Treatment gains were mostly maintained at 3-month follow-up. 99% of the patients reported they were highly satisfied with the treatment, and would recommend the B4DT to others.

Conclusion

See poster appended/below

Project Category

Care Continuum

Population Health, Mental Health

Keywords

Clinical Pilot Trial, Mood and Anxiety, Cognitive Behavioural Therapy, Obsessive-Compulsive Disorder, Exposure and Response Prevention, Bergen 4-day Treatment

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Acceptability and Effectiveness of the Bergen 4-day treatment (B4DT) for OCD

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BACKGROUND

OCD is a highly debilitating disorder, affecting 2 to 3% of the global population (Fontenelle et al., 2006). In Singapore, recent findings from the Singapore Mental Health Study reveal a lifetime prevalence rate at 3.6%, higher than the previous study (Subramaniam et al., 2020). Cognitive Behavioural Therapy (CBT) consisting of exposure and response prevention (ERP) has been shown to be effective in treating both adults and children with OCD. Despite the effectiveness of the therapy, the drop-out and refusal rates for ERP is quite high (26.9% and 25% respectively). In recent years, there has been a growing research on brief and more intensive treatment of OCD and other anxiety disorders.

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AIM

The aim of this clinical pilot – conducted in collaboration with Haukeland University Hospital in Bergen - was to evaluate the effectiveness of the B4DT treatment for adults with OCD at the Institute of Mental Health in Singapore

NEW APPROACH

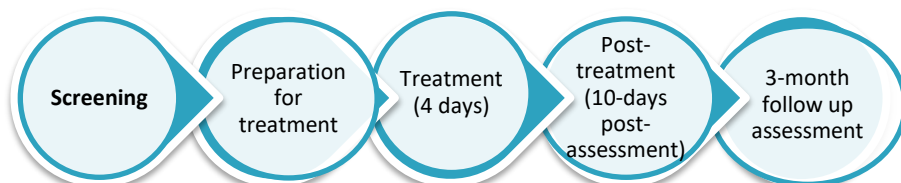
The B4DT is a concentrated exposure and response prevention treatment where the patient receives individually tailored CBT delivered over four consecutive days. B4DT can be categorized as an individual treatment delivered in a group setting, with a 1:1 therapist-patient ratio. Published studies from both inside and outside Norway have shown promising results, with approximately 80% of B4DT patients responding and 60% recovering. Long-term follow-up studies have confirmed the durability of treatment gains, with nearly 70% of patients have recovered at 12-month and 4-year follow-ups.. Additionally, the drop-out rates for B4DT are less than 2%.

Given that the brief intensive CBT could be associated with a quicker response, lower drop-out rates and an improved quality of life, the successful adoption of the B4DT treatment approach has the potential to revolutionise the standard CBT treatment delivery and meaningfully improve health care delivery for for OCD patients in Singapore.

METHODOLOGY

The clinical pilot trial- funded by the Woodbridge Hospital Charity Fund and Kavli Trust- was carried out in an outpatient setting at IMH. Six clinical psychologists with a psychiatrist as programme director were trained in collaboration with the Norwegians B4DT trainers. Patients aged 18 and above were offered the B4DT if a primary DSM-5 diagnosis of OCD was established via a screening and a comprehensive assessment. OCD symptoms were assessed using Y-BOCS at pre-treatment, post-treatment, and the 3-month follow up, while the GAD-7, PHQ-9 and QLES-Q-SF were administered to rate general anxiety, depressive symptoms and quality of life. Acceptability and patient satisfaction with the treatment were rated by means of the Client Satisfaction Questionnaire (CSQ-8)

Design of the B4DT



TREATMENT PROCEDURE

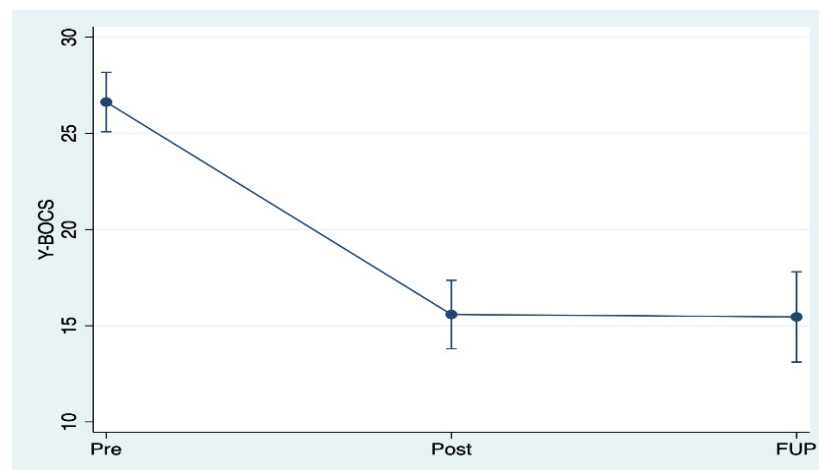
Patients were educated and prepared for the treatment prior to receiving it, and had agreed to dedicate four full days to working towards change. The first day was dedicated to psychoeducation and preparation. The second and third days were devoted to individually tailored and therapist-assisted exposure training in a range of relevant OCD settings. On the afternoon of day 3, caregivers and friends were invited to a psychoeducation meeting. The last day was reserved for summarizing the lessons learnt and preparing patients for the next three weeks of self-administered training.

The main strategy within the four-day treatment is to teach patients to actively approach whatever triggered their particular discomfort and anxiety, and to helping them systematically use their anxiety and discomfort as a means to “Lean into The anxiety” (LET-technique) instead of employing subtle or obvious avoidance strategies. Typically, the therapist serves as a coach at the beginning and gradually shifts more responsibility to the patient.

TREATMENT OUTCOME

43 patients with moderate to severe/extreme OCD underwent the B4DT treatment over eight runs (4-6 patients per run), from October 2022 to November 2023. At the 10-day follow-up, 63% of the patients treated reported clinically significant (>35%) reduction in their OCD symptoms as measured by the YBOCS, with 14% showing an at least partial response. Large effect sizes were observed ($d= 2.5$ at post-treatment and $d= 2.02$ at 3-month follow-up). The dropout rate was less than 2%. Additionally, there was an improvement in anxiety, depressive symptoms and quality of life, following the treatment. Treatment gains were mostly maintained at 3-month follow-up. 99% of the patients reported they were highly satisfied with the treatment, and would recommend the B4DT to others.

Clinical Outcomes : Estimated Y-BOCS score over time



COST EFFECTIVNESS ANALYSIS



- The cost for a patient who completed B4DT was **\$3,713.16**
- The cost for a patient who completed Standard CBT treatment was **\$4,428.90**

Given that B4DT for OCD has demonstrated cost-effectiveness compared with traditional OCD treatment, the B4DT for OCD was approved in November 2023 for mainstreaming at IMH

LEARNING POINTS

Based on our experience gained from this clinical pilot, we can say that B4DT overcomes several hurdles such as high drop-out rates, logistical issues, and slower progress. The therapists who participated, reported that the B4DT delivery format allowed them to observe and gain hands-on experience from the more experienced therapists, and the therapy delivered was of consistently high quality. For patients, the experience of group therapy was motivating and inspiring, particularly when doing exposures where a supportive environment can be critical. Overall, the B4DT clinical pilot in Singapore has shown the therapy to be effective, easy to administer and of high acceptability. The B4DT format addresses an important gap in the provision of quality treatment for OCD.

FUTURE PLANS

The Bergen team envisage IMH to be the training centre for Asia for rolling out training of therapists for this therapy – the team is working towards modalities for certification as trainer and organise regular training. Given the clear advantage and patient preference for intensive 4 -ay treatment, to collaborate with Bergen team to expand the initiative to other anxiety disorders