

## Relapse prevention of treatment of obsessive–compulsive disorder

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### Abstract

Over the past three decades, obsessive-compulsive disorder (OCD) has moved from an almost untreatable, life-long psychiatric disorder to a highly manageable one. This is a very welcome change to the 1%-3% of children and adults with this disorder as, thanks to advances in both pharmacological and psychological therapies, prognosis for those afflicted with OCD is quite good in the long term, even though most have comorbid disorders that are also problematic. We still have far to go, however, until OCD can be described as either easily treatable or the effective treatments are widely known about among clinicians. This review focuses on the current state of the art in treatment for OCD and where we still are coming up short in our work as a scientific community. For example, while the impact of medications is quite strong for adults in reducing OCD symptoms, current drugs are only somewhat effective for children. In addition, there are unacceptably high relapse rates across both populations when treated with pharmacological alone. Even in the cognitive-behavioural

treatments, which show higher effect sizes and lower relapse rates than drug therapies, drop-out rates are at a quarter of those who begin treatment. This means a sizable portion of the OCD population who do obtain effective treatments (which appear to be

only a portion of the overall population) are not effectively treated. Suggestions for future avenues of research are also presented. These are primarily focused on increased dissemination of effective therapies; augmentation of treatments for those with residual symptoms, both for psychotherapy and pharmacotherapy; and the impact of co morbid disorders on treatment outcome.

### Biography:

Dr Winterton has completed MBChB with merit at University of Bristol in 2018. He has also gained a Bachelor of Arts degree in Medical Humanities. Currently, he works as a senior house officer rotating through the medical specialties at the Royal Liverpool University Hospital, United Kingdom

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