Bradley/Hasbro Study: CBT Benefit Youngsters with OCD

PROVIDENCE – A new study from the Bradley Hasbro Children’s Research Center has found that family-based cognitive behavioral therapy (CBT) is beneficial to young children between the ages of five and eight with Obsessive-Compulsive Disorder (OCD). The study, published online in JAMA Psychiatry, found developmentally sensitive family-based CBT that included exposure/response prevention (EX/RP) was more effective in reducing OCD symptoms and functional impairment in this age group than a similarly structured relaxation program.

Jennifer Freeman, PhD, a staff psychologist at the Bradley Hasbro Children’s Research Center and clinical co-director of the Intensive Program for OCD at Bradley Hospital, led the study. “CBT has been established as an effective form of OCD treatment in older children and adolescents, but its effect on young children has not been thoroughly examined,” said Freeman. “These findings have significant public health implications, as they support the idea that very young children with emerging OCD can benefit from behavioral treatment.”

During the 14-week randomized, controlled trial, which was conducted at three academic medical centers over a five-year period, the team studied 127 children between the ages of five and eight with a primary diagnosis of OCD. Each child received either family-based CBT with EX/RP or family-based relaxation therapy.

The family-based CBT focused on providing the child and parent “tools” to understand, manage and reduce OCD symptoms. This includes psychoeducation, parenting strategies, and family-based exposure treatment, so children can gradually practice facing feared situations while learning to tolerate anxious feelings. The family-based relaxation therapy focused on learning about feelings and implementing muscle relaxation strategies aimed at lowering the child’s anxiety. At the end of the trial period, 72 percent of children receiving CBT with EX/RP were rated as “much improved” or “very much improved” on the Clinical Global Improvement scale, versus 41 percent of children receiving the family-based relaxation therapy.

According to Freeman, the traditional approach for children this young presenting with OCD symptoms has been to watch and wait. “This study has shown that children with early onset OCD are very much able to benefit from a treatment approach that is uniquely tailored to their developmental needs and family context,” said Freeman. “Family-based EX/RP treatment is effective, tolerable and acceptable to young children and their families.”

“The findings from this study support extending downward the age range that can benefit from CBT with EX/RP for pediatric OCD treatment,” said Freeman. “With appropriate parental support, young children with OCD can make significant gains beyond what can be expected from having parents attempt to teach relaxation strategies to their children with OCD.”

This study was funded by the National Institute of Mental Health (NIMH) under grant number 1R01MH079217.

Freeman’s principal affiliation is the Bradley Hasbro Children’s Research Center, a division of the Lifespan health system in Rhode Island. She is also co-director of the Pediatric Anxiety Research Clinic at the Bradley Hasbro Children’s Research Center and clinical co-director of the Intensive Program for OCD at Bradley Hospital. She is an associate professor [research] at The Warren Alpert Medical School of Brown University, Department of Psychiatry and Human Behavior.

RIH Study: Medicare Patients with Dementia have Increased Readmission Rates

PROVIDENCE – A review of more than 25,000 admissions of Medicare beneficiaries to Rhode Island hospitals has found that patients with a documented diagnosis of dementia are nearly 20 percent more likely to be readmitted within 30 days than those without dementia. The study by Rhode Island researchers is published online in advance of print in the journal Archives of Gerontology and Geriatrics.

“Persons with dementia may have difficulties comprehending and following important discharge instructions, (e.g. medication changes, decision making, self-care),” said principal investigator Lori Daiello, PharmD, of the Alzheimer’s Disease and Memory Disorders Center at Rhode Island Hospital. “In addition, many patients with dementia have multiple medical conditions, so it’s not surprising that this group of vulnerable older adults might be at a higher risk of being readmitted to the hospital shortly after discharge.”

Daiello added, “Because dementia often goes undiagnosed, or is not documented in a patient’s medical record, we believe that the current findings may underestimate readmission rates and risks in this population. “ Our results suggest that a better understanding of the peridischarge period for patients with dementia may inform initiatives aimed at decreasing readmissions for hospitalized elderly patients.”