

# Surgery for obsessive compulsive disorder sufferers is safe and effective

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Around half of people with an extreme form of obsessive compulsive disorder responded well to a type of psychosurgery that proved to be safe and effective, according to research published online in the *Journal of Neurology, Neurosurgery, & Psychiatry*.

Researchers from Canada have now recommended physicians should consider this approach in helping people with OCD who have not responded to any other type of treatment.

[Obsessive compulsive disorder](#) (OCD) is a psychiatric disease which leads to anxiety-provoking thoughts (obsessions) causing repeated, time-consuming behaviors (compulsions) that might or might not provide temporary relief. Around 1 to 2% of the population is thought to have OCD that is severe enough to disrupt their life.

Standard treatments for the disorder are antidepressant medication and/or psychotherapeutic help such as cognitive behavioural therapy, but other studies have shown that such treatment does not help relieve symptoms for between 20-30% of patients.

Psychosurgery for OCD is sometimes carried out, but is rare and few studies have examined the benefits of this [surgery](#).

Researchers from the Department of Neurological Sciences at Université Laval, Quebec, therefore, decided they would study the efficacy and possible complications of one type of such surgery – bilateral anterior

capsulotomy – in patients with severe OCD who had not responded to any other treatments over a long time period.

Nineteen patients were studied who had a severe form of OCD that had not responded to drugs or psychotherapeutic treatment. All of these patients underwent psychosurgery in the form of bilateral capsulotomy between 1997 and 2009.

They were evaluated before the surgery and then periodically afterwards for two years as well as being contacted again at an average of seven years after their operation to check on their progress.

Using a tool called the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the researchers measured the patients' symptom severity. A patient with an improvement rate of over 35% in the Y-BOCS score was considered a responder, while a patient with a 25% improvement was considered a partial responder.

Their results showed that 36.8% of the patients responded fully to the procedure and 10.5% were considered partial responders, meaning that almost half of the patients (47.3%) responded to the surgery.

At the end of the study, three out of the 19 patients had recovered from their OCD, three were in remission (meaning their symptoms were reduced to a minimum level) and no deaths were reported. Only two [patients](#) had permanent surgical complications.

They concluded: "We are aware of the many ethical and sociopolitical considerations related to psychosurgery, but we think that such surgery is appropriate under thoughtful regulation, particularly when the disorder is chronic, intractable to non-invasive treatment modalities and when surgery is the last therapeutic option."

**More information:** Bilateral stereotactic anterior capsulotomy for obsessive-compulsive disorder: long-term follow-up. Online First, [doi 10.1136/jnnp-2012-303826](https://doi.org/10.1136/jnnp-2012-303826)

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