

Psychotherapy may repair problem caused by psychiatric drugs

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A paper published in the current issue of *Psychotherapy and Psychosomatics* addresses the neglected problem of psychological disturbances that are caused by psychotropic drug treatment. Up to 70% of patients with psychosis treated with antiserotonergic second-generation antipsychotics (SGAs; clozapine, olanzapine and risperidone) develop secondary obsessive-compulsive symptoms (OCS) or secondary obsessive-compulsive disorder (s-OCD). Experts suggest two pharmacological strategies to treat s-OCD: a combination of antiserotonergic SGAs with either dopaminergic SGAs (amisulpride and aripiprazole) or mood stabilizers (valproate or lamotrigine), and augmentation of SGAs with a serotonin reuptake inhibitor (SRI). Nevertheless, data on the efficacy of the augmentation strategy are inconclusive stressing the need for alternative non-pharmacological treatment options.

This study, reanalyzing data of an already published clinical study on CBT for OCD comorbid with psychosis, aimed to compare the adherence to and the effectiveness of CBT in patients with SCH/SA and comorbid primary OCD (p-OCD) to those with s-OCD. Patients aged 18-65 years, meeting the DSM-IV criteria for OCD and either SCH or SA, having OCD of at least moderate severity [Yale-Brown Obsessive Compulsive Scale (Y-BOCS) total score ≥ 16], mild to moderate psychotic state [Positive and Negative Syndrome Scale (PANSS) [7] total score ≤ 75] and receiving no pharmacological treatment for OCD were included in the study.

Overall, findings indicate that adherence to CBT in patients with psychosis and s-OCD did not differ from that of patients with psychosis and p-OCD and is consistent with the drop-out rate reported in the literature for CBT in patients with OCD without [psychosis](#) comorbidity. Improvement, response and remission rates in the s-OCD group did not differ from those of the p-OCD group and are quite similar to those reported in the literature for the pharmacological treatment of OCD comorbid with SCH. I

In light of these results, CBT should be the [treatment](#) of first choice for OCD in SCH [patients](#) in general, both for p-OCD and for SGA-associated OCD. CBT can be delivered with combination pharmacological approaches.

More information: "Cognitive Behavioral Therapy for Obsessive-Compulsive Disorder Secondary to Second-Generation Antipsychotics." *Psychother Psychosom* 2015;84:188-189 [DOI: 10.1159/000374123](#)

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