6. Disturbo ossessivo-compulsivo con mancata risposta agli antidepressivi

Question: Should olanzapine added to antidepressant vs placebo be used for treatment resistant obsessive compulsive disorder?

Bibliography: Komossa K, Depping AM, Meyer M, Kissling W, Leucht S. Second-generation antipsychotics for obsessive compulsive disorder. Cochrane Database of Systematic Reviews 2010, Issue 12.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Olanzapine added to antidepressant	Placebo	Relative (95% CI)	Absolute		
Efficacy (failure to respond to treatment) (follow-up 0-6 months; assessed with: Y-BOCS)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	very serious[3]	none	20/35 (57.1%)	26/35 (74.3%)	OR 0.28 (0.01 to 6.45)	296 fewer per 1000 (from 715 fewer to 206 more)	⊕OOO VERY LOW	CRITICAL
Adverse effect (follow-up 0-6 months)												
0	No evidence available					none	-	-	-	-		IMPORTANT
Dropout (follow-up 0-6 months)												
2	randomised trials	serious[1]	serious[2]	no serious indirectness	very serious[3]	none	7/35 (20%)	8/35 (22.9%)	OR 0.80 (0.06 to 10.57)	37 fewer per 1000 (from 211 fewer to 529 more)	⊕OOO VERY LOW	CRITICAL

[1] Sequence generation and allocation concealment are unclear

[2] Heterogeneity = 74%

[3] 95% CI ranges from substantial benefit with olanzapine to substantial benefit with placebo; number of individuals is less than 100

Question: Should quetiapine added to antidepressant vs placebo be used for treatment resistant obsessive compulsive disorder?

Bibliography: Komossa K, Depping AM, Meyer M, Kissling W, Leucht S. Second-generation antipsychotics for obsessive compulsive disorder. Cochrane Database of Systematic Reviews 2010, Issue 12.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	**Design**	**Risk of bias**	**Inconsistency**	**Indirectness**	**Imprecision**	**Other considerations**	**Questiapine added to antidepressant**	**Placebo**	**Relative (95% CI)**	**Absolute**		
Efficacy (failure to respond to treatment) (follow-up 0-6 months; assessed with: Y-BOCS)												
5	randomised trials	serious[1]	no serious inconsistency	serious[2]	serious[3]	none	64/111 (57.7%)	77/108 (71.3%)	OR 0.53 (0.27 to 1.05)	145 fewer per 1000 (from 312 fewer to 10 more)	⊕OOO VERY LOW	CRITICAL
Adverse effect												
0	No evidence available					none	-	-	-	-		IMPORTANT
Dropout (follow-up 0-6 months)												
5	randomised trials	serious[1]	no serious inconsistency	serious[2]	no serious imprecision	none	20/111 (18%)	6/108 (5.6%)	OR 3.38 (1.32 to 8.67)	110 more per 1000 (from 16 more to 282 more)	⊕⊕OO LOW	CRITICAL

[1] Sequence generation and allocation concealment are unclear

[2] In one trial patients without resistant OCD were included

[3] 95 % CI ranges from substantial benefit with quetiapine to no difference

Question: Should risperidone added to antidepressant vs placebo be used for treatment resistant obsessive compulsive disorder?

Bibliography: Komossa K, Depping AM, Meyer M, Kissling W, Leucht S. Second-generation antipsychotics for obsessive compulsive disorder. Cochrane Database of Systematic Reviews 2010, Issue 12. Maher AR, Maglione M, Bagley S, Suttorp M, Hu JH, Ewing B, Wang Z, Timmer M, Sultzer D, Shekelle PG. Efficacy and comparative effectiveness of atypical antipsychotic medications for off-label uses in adults: a systematic review and meta-analysis. JAMA 2011; 306: 1359-1369. Dold M, Aigner M, Lanzenberger R, Kasper S. Antipsychotic augmentation of serotonin reuptake inhibitors in treatment-resistant obsessive-compulsive disorder: a meta-analysis of double-blind, randomized, placebo-controlled trials. International Journal of Neuropsychopharmacology 2013; 16: 557 - 564.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Risperidone added to antidepressant	Placebo	Relative (95% CI)	Absolute		
Efficacy (failure to respond to treatment) (follow-up 0-6 months; assessed with: Y-BOCS)												
3	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	serious[2]	none	32/50 (64%)	40/42 (95.2%)	OR 0.17 (0.04 to 0.66)[3]	180 fewer per 1000 (from 23 fewer to 508 fewer)	⊕⊕OO LOW	CRITICAL
Adverse effect												
0	No evidence available					none	-	-	-	-		IMPORTANT
Dropout (follow-up 0-6 months)												
4	randomised trials	serious[1]	no serious inconsistency	no serious indirectness	very serious[4]	none	5/55 (9.1%)	6/48 (12.5%)	OR 0.71 (0.19 to 2.72)	33 fewer per 1000 (from 99 fewer to 155 more)	⊕OOO VERY LOW	CRITICAL

[1] Allocation concealment is unclear

[2] Less than 100 individuals included in the analysis

[3] A very similar overall treatment estimate was obtained by Maher 2011 and by Dold 2013, who included the same three risperidone studies included by Komossa.

[4] 95% CI ranges from substantial benefit with risperidone to substantial benefit with placebo; number of individuals included in the analysis is less than 100

Question: Should aripiprazole added to antidepressant vs placebo be used for treatment resistant obsessive compulsive disorder?

Bibliography: Dold M, Aigner M, Lanzenberger R, Kasper S. Antipsychotic augmentation of serotonin reuptake inhibitors in treatment-resistant obsessive-compulsive disorder. International Journal of Neuropsychopharmacology 2013; 16: 557-574.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Aripiprazole added to antidepressant	Placebo	Relative (95% CI)	Absolute		
Efficacy (responder) (follow-up 0-6 months; assessed with: Y-BOCS)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	4/20 (20%)	0/20 (0%)	RR 9.00 (0.52 to 156.91)	-	⊕OOO VERY LOW	CRITICAL
Adverse effect												
0	No evidence available					none	-	-	-	-		IMPORTANT
Dropout (follow-up 0-6 months)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	4/20 (20%)	6/20 (30%)	RR 0.67 (0.22 to 2.01)	99 fewer per 1000 (from 234 fewer to 303 more)	⊕OOO VERY LOW	CRITICAL

[1] Only one study contributed to the analysis

[2] 95% CI ranges from substantial benefit with aripiprazole to substantial benefit with placebo; number of individuals included in the analysis is less than 100

Question: Should haloperidol added to antidepressant vs placebo be used for treatment resistant obsessive compulsive disorder?

Bibliography: Dold M, Aigner M, Lanzenberger R, Kasper S. Antipsychotic augmentation of serotonin reuptake inhibitors in treatment-resistant obsessive-compulsive disorder. International Journal of Neuropsychopharmacology 2013; 16: 557-574.

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Haloperidol added to antidepressant	Placebo	Relative (95% CI)	Absolute		
Efficacy (responder) (follow-up 0-6 months; assessed with: Y-BOCS)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	5/17 (29.4%)	0/17 (0%)	RR 11 (0.66 to 184.62)	-	⊕OOO VERY LOW	CRITICAL
Adverse effect												
0	No evidence available					none	-	-	-	-		IMPORTANT
Dropout (follow-up 0-6 months)												
1	randomised trials	no serious risk of bias	no serious inconsistency	serious[1]	very serious[2]	none	0/17 (0%)	0/17 (0%)	-	-	⊕OOO VERY LOW	CRITICAL

[1] Only one study contributed to the analysis

[2] 95% CI ranges from substantial benefit with haloperidol to substantial benefit with placebo; number of individuals included in the analysis is less than 100

Bibliografia

Bloch MH, Mc Guire J, Landeros Weisenberger A, Leckman JF, Pittenger C (2010). Meta-analysis of the dose-response relationship of SSRI in obsessive-compulsive disorder. Molecular Psychiatry 15, 850-855.

Dold M, Aigner M, Lanzenberger R, Kasper S. Antipsychotic augmentation of serotonin reuptake inhibitors in treatment-resistant obsessive-compulsive disorder: a meta-analysis of double-blind, randomized, placebo-controlled trials. International Journal of Neuropsychopharmacology 2013; 16: 557 - 564.

Komossa K, Depping AM, Meyer M, Kissling W, Leucht S. Second-generation antipsychotics for obsessive compulsive disorder. Cochrane Database of Systematic Reviews 2010, Issue 12.

Maher AR, Maglione M, Bagley S, Suttorp M, Hu JH, Ewing B, Wang Z, Timmer M, Sultzer D, Shekelle PG. Efficacy and comparative effectiveness of atypical antipsychotic medications for off-label uses in adults: a systematic review and meta-analysis. JAMA 2011; 306: 1359-1369.