

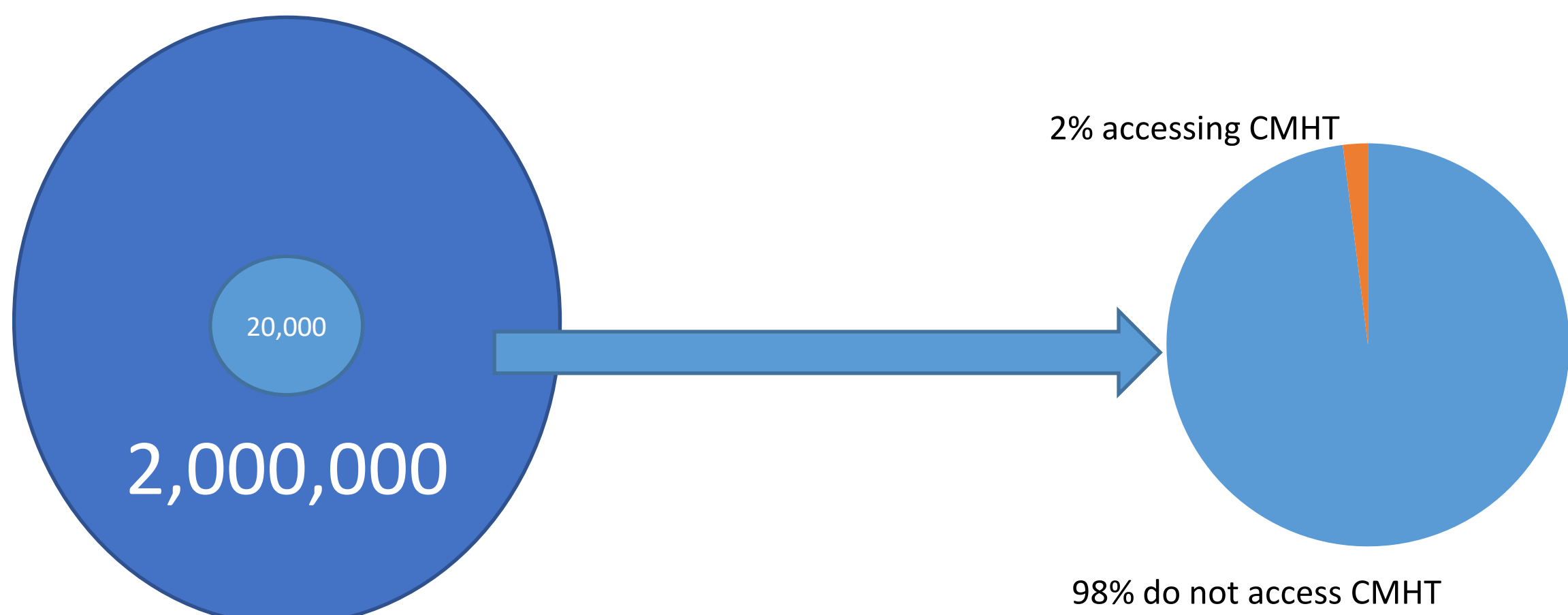
# Clinical audit of compliance with National Institute of Clinical Excellence (NICE) Obsessive compulsive disorder guidance CG31: Obsessive compulsive disorder-treatment clinical guideline

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## BACKGROUND

- OCD is one of the common psychiatric problems. It's reported prevalence is about 2-3% in the population. However, we noticed that very few patients access specialist mental health services and quality of care has also been very variable. Hence, this audit was conceived.
- Tees Esk and Wear Valleys NHS Foundation Trust is one of the largest mental health trusts in England, catering for about 2 million people. OCD care is provided by both the IAPT services and CMHT.
- In North Yorkshire with a population of approx 602,086, the IAPT service received 116 referrals over a two and half year period (01/01/2016 - 30/06/2019), with only 15 referrals to the CMHT(3 only for assessment)



2,000,000 = Estimated population within TEWV  
20,000 = Probable number with OCD, of which 98% in the community do not access CMHT

## AIMS

The main aim of undertaking the audit was to ascertain the level of compliance of our trust, Tees ESK and Wear Valleys NHS Foundation Trust to the NICE obsessive compulsive disorder and dysmorphic disorder treatment guidance order CG31.

To find out the reason for the non-compliance to the guidelines and to determine from the different teams in the trust about ways of helping improve this.

It is hypothesised that following this, the level of compliance with the NICE guidance would improve.

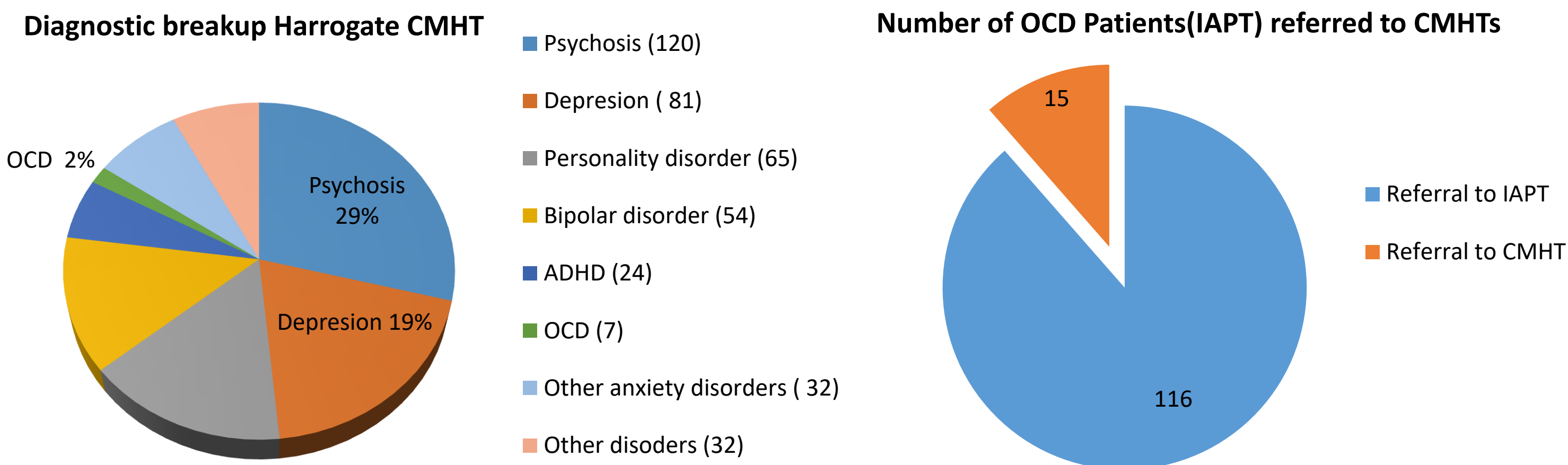
## METHODS

We reviewed the caseload of our CMHT and the number of OCD patients who accessed Improved Access to Psychological Therapy between 01 January 2016 to 30 June 2019 and also how many patients were referred to the secondary services.

All patients (512) with the diagnosis of OCD as per ICD 10 receiving care from CMHTs (adult) were included. That constituted about 2 % of estimated OCD patients in the catchment area.

A sample of 47 patients were randomly selected for analysis.

The data was retrieved from the patients' electronic record system (Paris) using a standardised audit proforma and analysed.



Only 13% of OCD patients accessing IAPT are referred to CMHT  
On a CMHT case load, only 2% of patients have a diagnosis of OCD

## RESULTS

- A total of 47 records were assessed for the purposes of this audit from 16 teams, with only 2 teams showing noteworthy practice achievements.
- Brief individual CBT was consistently discussed as an initial assessment either face to face or by telephone 85% (40/47). However, a very small proportion of patients completed the therapy.
- Exposure and response prevention (ERP) was not commonly offered.
- 75% of patients were treated with SSRIs.
- However, only 7.5 % were tried on Clomipramine and atypical antipsychotic drugs (Olanzapine) were used in 2.5%.
- For those prescribed Clomipramine, ECG and BP measurement was not taken before the initiation to identify potential risks due to the significant increased risks of cardiovascular disease as a side effect of the medication.
- For patients that are re-referred for further occurrences of OCD or BDD there was no evidence that a system was in place for the patients to be seen sooner rather than put on a routine waiting list.
- It was noted that only one patient had a risk assessment / safety summary completed.

## DISCUSSION

An amber compliance rating was assigned to this clinical audit report.

Results demonstrated brief individual CBT and psychological treatments were offered in the majority of cases.

It is noted that according to NICE Guidance, the offering of specific intensity psychological treatments is dependent upon the patient's degree of functional impairment. This element does not appear to be considered within the current clinical audit.

Practice improvements include relating to offering carer assessments, documenting reasons for not offering specific treatments, demonstrating evidence of monitoring suicide risk in the early stages of pharmacological treatment initiation, and ensuring MDT review evidence following no adequate response to treatment with SSRI or CBT.

## CONCLUSION

Only a small proportion of OCD patients access specialist mental health services.

Although most patients were informed about the psychological therapy, only a small proportion of patients underwent a formal psychological therapy.

Exposure and response prevention is not commonly offered in CMHTs.

Lastly, Clomipramine is underused in CMHTs.

## RECOMMENDATIONS

- There is a need to increase the awareness about OCD and the NICE guidelines criteria about access to secondary mental health services, as most of the OCD patients are not able to access evidence based psychological and pharmacological treatments.
- Secondary mental health services should offer ERP, apart from CBT to patients and there is need to increase the skills of staff to deliver ERP.
- Clomipramine should be used more frequently in patients who have not shown clinically significant response to SSRIs.
- The patients who have been discharged from CMHT, should have easy access to the services if they suffer from a relapse.

## REFERENCES

- CG31: Obsessive-compulsive disorder and body dysmorphic disorder: treatment
- Policy for Harm Minimisation – A recovery – orientated approach to clinical risk assessment and management
- CQC Fundamental Standards relevant to this audit are as follows:
  - Person-centred care
  - Dignity and respect
  - Consent
  - Safety