OCD Treatment History Form (OTHF)

Introduction

The OTHF is a practical and theoretical advance on the Antidepressant Treatment History Form (ATHF) [1] and follows similar principles. Those acquainted with the ATHF will find scoring of the OTHF to be familiar. The main difference between the two tools is that when using the OTHF, adequacy rating is based on dose *and* duration; rather than dose irrespective of length of trial beyond 4 weeks.

Guidelines for completion

Basic principles

- Since antidepressant treatment in OCD is much more dose-dependent and requires longer treatment trials than treatment of depression, treatment adequacy is rated using a combination of dose *and* duration. This means that 16 weeks of 40mg of fluoxetine may be considered broadly equivalent (in terms of treatment adequacy) to 10 weeks of 60mg of fluoxetine.
- Clinicians should use their judgement about rating a particular medication trial, which may be influenced by other information such as adherence. Where there are significant doubts about adherence, the trial adequacy should be rated lower.
- A trial that does not meet the resistance rating of 3 or higher (*i.e.* it rates 1 or 2) or a trial where the resistance rating of 3 or higher was met and that does not lead to sustained remission (Y-BOCS ≤ 14 [2]), for six months or more, is a failed trial. The disorder is considered to be non-responsive to a treatment if the therapy meets criteria for adequacy.
- **For each trial**, record a global confidence rating for the medication resistance rating. This score should reflect the rater's certainty regarding dose, duration, compliance, and clinical outcome of the medication trial. If there is a response, the time the response is held should be recorded. Adequate response with breakthrough is considered a nonresponse. This transient time of response to breakthrough should be recorded.

Confidence ratings

Score	Rating	Description
1	**No Confidence**	Discrepant or clearly unreliable information regarding dose, duration, compliance, and outcome of a medication trial.
2	**Low Confidence**	Information is marginal: Evidence of contradictions in information or significant doubt exists regarding dose, duration, compliance, and outcome of a medication trial.
3	**Moderate Confidence**	Adequate information is available but based largely on one source that appears reliable. Areas of doubt not critical in medication or therapy resistance rating.
4	**Strong Confidence**	Adequate information is available from more than one reliable source without significant discrepancy regarding dose, duration, compliance, and outcome of a medication trial or therapy trial.
5	**High Confidence**	Trial dose, duration, compliance, and outcome or the number of treatments and outcome of treatment trial confirmed by multiple sources, with excellent documentation (blood levels, medication orders), strong evidence of compliance, and outcome certain.

Rating individual medication trials

The tables below give ratings for specific combinations of dose and duration. When rating a treatment trial, some general principles are:

1. Trials with a duration less than eight weeks receive a score of '1', irrespective of dosage. In OCD, trials must be an adequate duration (minimum 10-12 weeks) in order to assess effectiveness.
2. Most monotherapy trials with medications that don't have established efficacy for OCD receive a score of '1' independent of dosage or duration (*e.g.*, benzodiazepines, Buspirone, *etc.*). Where the drug is being used as an augmentation agent, please score according to the tables below.
3. Evidence of poor- or non-adherence reduces the rating of trial strength.
4. Abandoning a trial because of side effects in the context of significant clinical improvement diminishes the rating of trial strength.

5. For combination trials (*e.g.*, Clomipramine + SSRI), each medication should rated separately. This will mean that atypical antipsychotic (AAP) augmentation of two SRIs will require rating of four trials: CMP; CMP + AAP; SSRI; SSRI + AAP.

Treatment intolerability

Patients are intolerant to a medication trial if they cannot receive an "*adequate*" trial (based on dose or duration) as defined in the tables below due to adverse effects or complications, or if the dose required for response has increased due to reduction of response over time and the patient can no longer tolerate an effective dose.

Criteria for 'adequacy'

For a medication (as monotherapy, or augmentation to score '3' for any dose or duration combination, the following conditions need to be met:

1) There is at least one RCT with ≥ 15 patients in each arm;
2) The duration of follow-up is at least 12 weeks;
3) The trial reports a statistically-significant benefit for the investigational drug;

For a medication (as monotherapy, or augmentation to score '4' for any dose or duration combination, the following conditions need to be met:

1) There are at least two RCTs, with ≥ 15 patients in each arm, that both find statistically-significant benefit for the investigational drug. Where there are more than two RCTs, at least two-thirds of the trials should find benefit for the investigational drug.
2) There is a systematic review and meta-analysis reporting benefit for the drug, with no significant areas of uncertainty.
3) The duration of follow-up for included trials is ≥ 12 weeks.

Criteria for rating medication trials for treatment failure

SSRIs

Fluoxetine

Duration (weeks)	Dose (mg/day)			
	≤ 20	20-39	40-59	≥ 60
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	3
12 – 16 weeks	1	2	3	4
≥ 16 weeks	1	2	3	4

Paroxetine

Duration (weeks)	Dose (mg/day)			
	≤ 20	20-39	40-59	≥ 60
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	3
12 – 16 weeks	1	2	3	4
≥ 16 weeks	1	2	3	4

Citalopram

Duration (weeks)	Dose (mg/day)			
	≤ 20	20-39	40-59	≥ 60
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	3
12 – 16 weeks	1	2	3	4
≥ 16 weeks	1	2	3	4

Escitalopram

Duration (weeks)	Dose (mg/day)			
	≤ 10	10-19	20-29	≥ 30
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	3
12 – 16 weeks	1	2	3	4
≥ 16 weeks	1	2	3	4

Sertraline

Duration (weeks)	Dose (mg/day)			
	≤ 100	100-199	200-249	≥ 250
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	3
12 – 16 weeks	1	2	3	4
≥ 16 weeks	1	2	3	4

Tricyclic antidepressants

Imipramine, amitriptyline, desipramine

These drugs are not considered to be anti-obsessional. If they are being used to treat depression, their treatment adequacy should be rated using to the ATHF for depression.

Duration (weeks)	Dose (mg/day)			
	≤ 50	50-99	100-199	≥ 200
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	1
≥ 16 weeks	1	1	1	1

Clomipramine

Duration (weeks)	Dose (mg/day)			
	≤ 100	100-199	200-249	≥ 250
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	2
12 – 16 weeks	1	1	3	4
≥ 16 weeks	1	2	3	4

Other antidepressants

Venlafaxine

Duration (weeks)	Dose (mg/day)			
	≤ 75	75-149	150-224	≥ 225
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Mirtazapine

Duration (weeks)	Dose (mg/day)			
	≤ 30	30-44	45-59	≥ 60
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Augmentation trials: antipsychotics

For augmentation trials to be scored using the tables below, the antidepressant should be rated at ≥ 3. Otherwise, trials of antipsychotics as monotherapy or with subtherapeutic doses of antidepressant should be scored as '1' (for ratings of 1-2 below) or '2' (for ratings of 3-4 below).

Risperidone

Duration (weeks)	Dose (mg/day)			
	≤ 1	1-1.5	2-3.5	≥ 4
≤ 8 weeks	1	2	2	2
8 – 11 weeks	1	2	3	3
12 – 16 weeks	1	3	3	4
≥ 16 weeks	1	3	3	4

Aripiprazole

Duration (weeks)	Dose (mg/day)			
	≤ 5	5-9	10-19	≥ 20
≤ 8 weeks	1	2	2	2
8 – 11 weeks	1	2	3	3
12 – 16 weeks	1	3	3	4
≥ 16 weeks	1	3	3	4

Quetiapine

Duration (weeks)	Dose (mg/day)			
	≤ 150	150-249	250-349	≥ 350
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Olanzapine

Duration (weeks)	Dose (mg/day)			
	≤ 5	5-9	10-14	≥ 15
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	2
12 – 16 weeks	1	1	2	2
≥ 16 weeks	1	1	2	2

Haloperidol

Duration (weeks)	Dose (mg/day)			
	≤ 1	1-1.5	2-3.5	≥ 4
≤ 8 weeks	1	1	2	2
8 – 11 weeks	1	2	2	2
12 – 16 weeks	1	2	2	3
≥ 16 weeks	1	2	2	3

Augmentation trials: antiepileptic drugs

For augmentation trials to be scored using the tables below, the antidepressant should be rated at ≥ 3. Otherwise, trials of anti-epileptics as monotherapy or with subtherapeutic doses of antidepressant should be scored as '1' (for ratings of 1-2) or '2' (for ratings of 3-4).

Lamotrigine

Duration (weeks)	Dose (mg/day)			
	≤ 50	50-99	100-199	≥ 200
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	2
12 – 16 weeks	1	1	2	2
≥ 16 weeks	1	1	2	3

Topiramate

Duration (weeks)	Dose (mg/day)			
	≤ 50	50-99	100-199	≥ 200
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	2	2
12 – 16 weeks	1	1	2	2
≥ 16 weeks	1	1	2	2

Augmentation trials: Experimental and emergent treatments

Evidence to support efficacy in OCD for these agents is limited. Therefore, the maximum score for any of these augmentation agents (irrespective of antidepressant dose) is '2'. As monotherapy, none of these drugs would score higher than '1'.

Riluzole

Duration (weeks)	Dose (mg/day)			
	≤ 25mg	25-49	50-99	≥ 100
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Minocycline

Duration (weeks)	Dose (mg/day)			
	≤ 50	50-149	150-199	≥ 200
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Memantine

Duration (weeks)	Dose (mg/day)

	≤ 5	5-9	10-19	≥ 20
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Ondansetron

Duration (weeks)	**Dose (mg/day)**			
	≤ 4	4-7	4-7	≥8
≤ 8 weeks	1	1	1	1
8 – 11 weeks	1	1	1	1
12 – 16 weeks	1	1	1	2
≥ 16 weeks	1	1	2	2

Criteria for rating adequacy of psychotherapy trials

Guidelines for completion

The reported or specified modality of therapy is arguably less important than the content, location, and duration. This means that CBT involving *in vivo* exposure in the patient's home can be rated as being broadly equivalent to ERP in the same location.

For a therapy trial to be rated using the tables below, it should meet the following criteria:

1. The therapy involves some degree of exposure to a feared stimulus or situation;
2. The session durations are at least one hour long. If shorter, there needs to be evidence that the patient habituated in that time;
3. There is evidence that the optimum location of therapy has been considered. For example, a trial of therapy for contamination fears could be considered adequate if office-based exposure sessions were carefully planned and took into account relevant factors.

Unspecified, supportive therapies, or therapies that don't have an evidence base in OCD (*e.g.* mindfulness, ACT, relaxation, *etc.*)

Duration of session	No. of sessions			
	≤ 8	8-14	15-20	≥ 21
Unknown	1	1	1	1
45-60 mins	1	1	1	1
1-2 hours	1	1	1	2

Evidence-based therapies (*e.g.* CBT/ERP) that don't meet the above criteria

Duration of session	No. of sessions			
	≤ 8	8-14	15-20	≥ 21
Unknown	1	1	1	2
45-60 mins	1	1	2	2
1-2 hours	1	1	2	3

CBT/ERP for OCD

Duration of session	No. of sessions			
	≤ 8	8-14	15-20	≥ 21
Unknown	1	1	1	2
45-60 mins	1	1	2	3
1-2 hours	1	1	3	4

Research tables to support scoring

The following tables provide references to key reviews and studies to support the scoring for individual treatments.

SSRIs

Drug	Key studies	Best evidence type	Comments/summary	Max score
Fluoxetine	[3, 4]	Systematic review	No evidence for superiority of one SSRI over another.[3] Higher doses more effective.[5, 6]	4
Paroxetine	[3, 4, 7]	Systematic review		4
Citalopram	[3, 4, 8]	Systematic review		4
Escitalopram	[3, 4]	Systematic review		4
Sertraline	[3, 4, 9]	Systematic review		4
TCAs (imipramine, amitriptyline)			No evidence of efficacy.	1
Clomipramine	[4]		Only a small trend for superiority over SSRIs.[4]	4
Venlafaxine	[7, 10, 11]	Single-blind trials and open trials only	Some evidence of efficacy, but no large RCTs.	2
Duloxetine	[12]	Case series (N=4)	Insufficient evidence to support its use as a monotherapy.	1
Mirtazapine	[13]	Open trial (N=30)	Study included discontinuation.	2
Trazodone	[14]	RCT (N=21)	No evidence of anti-obsessional benefit.	1
Risperidone	[15-17]	Systematic review	Evidence for Risperidone from systematic reviews. [15, 16]	4
Aripiprazole	[15, 18, 19]	Systematic review	Evidence for Aripiprazole from systematic reviews. [15]	4

Drug	Key studies	Best evidence type	Comments/summary	Max score
Quetiapine	[15, 20, 21]	Systematic review	Systematic review(s) don't support evidence of efficacy. [15, 21] Some open-label trials support efficacy [20] but other RCTs were negative.[22]	2
Olanzapine	[15, 21, 23-25]	Systematic review	Conflicting evidence to support use of olanzapine from systematic reviews. Some evidence from open trials and RCTs [24, 25] but systematic reviews and other trials don't support conclusions of efficacy.[15, 21, 23]	2
Haloperidol	[16, 26]	Systematic review	Support from some systematic reviews [26], but "*inconsistent*" evidence from other reviews.[16]	2
Lamotrigine	[27]	RCT (N=33)	Possibly effective as a treatment. 16-week trial.	3
Topiramine	[28, 29]	RCTs (N=36; N=49)	One trial positive,[29] and another found evidence for obsessions but not compulsions.[28]	2
Riluzole	[30]	RCT (N=50)	Small trial, with trend towards significance (P=0.04). Eight-week trial only.	2
Minocycline	[31]	RCT (N=102)	Ten-week trial only.	2
Memantine	[32-34]	Open label trials	Only one single-blind study (N=44).[34]	2
Ondansetron	[35]	RCT (N=42)	Single positive RCT. Eight-week trial only.	2

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