Contemporary Clinical Trials 65 (2018) 157–163

Contents lists available at ScienceDirect

Contemporary Clinical Trials

journal homepage: www.elsevier.com/locate/conclintrial

Unified protocol for the discontinuation of long-term serotonin reuptake inhibitors in obsessive compulsive disorder: Study protocol and methods

Christina L. Boisseau[a,b,*], Steven A. Rasmussen[a]

[a] Department of Psychiatry and Human Behavior, Warren Alpert Medical School of Brown University, Providence, RI, United States
[b] Butler Hospital, Providence, RI, United States

ARTICLE INFO

Keywords:
Obsessive compulsive disorder
Medication
Anxiety
Taper

ABSTRACT

Obsessive-compulsive disorder (OCD) is chronic psychiatric disorder associated with high rates of functional impairment and decreased quality of life. Although serotonin reuptake inhibitors have demonstrated efficacy in the treatment of OCD, little data is available to guide clinicians on how to manage these medications long-term. Cognitive-behavioral approaches provide a promising avenue for helping OCD patients discontinue maintenance SRIs while minimizing the potential for symptom worsening. This manuscript describes the rationale and methods for pilot feasibility study designed to a unified, cognitive-behavioral strategy for discontinuing long-term SRIs in OCD. The aims of the study are (1) to evaluate the feasibility and acceptability of research procedures and interventions, (2) to test the efficacy of this treatment relative to an enhanced control condition and (3) to investigate the role of distress tolerance in both taper completion and clinical outcome. Our central aim is to investigate whether this approach improves discontinue outcomes relative to an enhanced control condition. Identifying optimal long-term treatment strategies for this population is needed to guide clinicians managing this often-chronic disorder.

1. Introduction

Obsessive-compulsive disorder (OCD) is a chronic, costly, and often disabling psychiatric disorder affecting 1.6 to 2.3% of the general population [1,2]. OCD is associated with significant morbidity, high rates of functional impairment, and markedly decreased quality of life [3,4]. Despite increased recognition of its public health significance, surprisingly little is known about how to optimize long-term treatment of the disorder. Serotonin reuptake inhibitors (SRIs) are the most commonly prescribed medications for OCD [5] with large observational studies estimating lifetime utilization at over 90% in treatment-seeking populations [6,7]. Although widely used and efficacious [8–10], SRI use long-term is associated with adverse side effects [11–14], as well as problems with adherence and financial burden [15,16]. Additional potential challenges include continuation of medication during pregnancy [17] and potential drug interactions [13]. Thus, maintenance SRI treatment may not be an ideal long-term approach and some patients may want or need to discontinue pharmacologic treatment.

However, there have been few controlled studies examining discontinuation in OCD patients maintained on SRIs longer than one year. Controlled short-term SRI discontinuation studies highlight a moderate-to-high risk of OCD symptom reoccurrence following abrupt or rapid discontinuation [18–20]. These findings, however, are inconsistent with naturalistic observations suggesting that the majority of OCD patients discontinue maintenance SRIs without significant symptom worsening [7]. Furthermore, abrupt discontinuation of SRIs is at odds with clinical practice and American Psychiatric Association guidelines recommending slow taper [21]. Additional, more systematic data are needed on the likelihood and nature of clinical worsening following slow taper of SRIs. Indeed, the evaluation of strategies to mitigate the possible clinical burdens of SRI discontinuation is a promising avenue for improving long-term treatment outcome for the disorder.

We have designed a pilot study to test a treatment that combines a slow SRI taper with an intervention that targets the emotional avoidance and catastrophic thinking patterns that both maintain OCD symptoms and may impede successful discontinuation. The primary aim of this study is to test feasibility, acceptability, and preliminary efficacy of a unified, transdiagnostic cognitive-behavioral protocol [22] in improving both discontinuation success and outcome. Cognitive behavioral therapy (CBT) is an efficacious and effective treatment for OCD with improvement that persists long-term [23–25]. CBT-based approaches have shown promise for facilitating medication discontinuation in anxiety disorders [26,27]; however, studies of OCD have remain largely unaddressed. Moreover, no studies to date have

* Corresponding author at: Butler Hospital, 345 Blackstone Boulevard, Providence, RI 02906, United States.
E-mail address: christina_boisseau@brown.edu (C.L. Boisseau).

https://doi.org/10.1016/j.cct.2017.12.017
Received 15 November 2017; Received in revised form 28 December 2017; Accepted 29 December 2017
Available online 03 January 2018
1551-7144/

focused specifically on long-term SRIs, despite frequent use in OCD populations and the challenges presented by maintenance treatment.

This manuscript describes the study design and procedures for a pilot randomized controlled trial investigating the feasibility, acceptability, and efficacy of a unified, cognitive behavioral protocol (UP) [22] approach for discontinuing long-term SRIs in OCD.

2. Study design and aims

This study was funded by the National Institutes of Mental Health (MH100444) and is registered on clinical trials.gov (NCT02103621). The Institutional Review Boards at Butler Hospital and Brown University approved all study procedures, which are described below.

2.1. Design overview

This study is a 14-week, Stage 1b, single site study designed to evaluate the feasibility, acceptability, and preliminary efficacy of two strategies for discontinuing long-term SRIs in OCD. Thus, this study was designed to evaluate the feasibility of conducting a two-arm pilot randomized controlled trial with participants randomized to the UP or an enhanced taper and monitoring control condition (TAP-M). Primary and secondary outcomes are assessed after the 14-week acute treatment phase (post-treatment), after the two-month booster phase (post-booster) and at 6-month follow-up. Fig. 1 provides an overview of the study design.

2.2. Specific aims

The specific aims and hypotheses for this pilot trial are as follows:

1. To examine the feasibility and acceptability of research procedures and treatment interventions.
2. To test the efficacy of the UP at facilitating discontinuation of long-term SRIs in OCD. We hypothesize that patients receiving UP will be less likely to experience symptom worsening during SRI discontinuation, and less likely to resume SRIs during a 6-month follow-up compared to TAP-M.
3. To examine the relationship of distress tolerance to taper completion. We hypothesize: a) baseline levels of distress tolerance will predict successful taper completion, and b) individuals receiving UP will show greater increases in distress tolerance following treatment compared to TAP-M.

2.3. Participant selection, recruitment and retention

Eligibility criteria for this ongoing pilot trial (target N = 30) include: (1) Age 18 or older, (2) Presence of mild to moderate OCD symptom, (3) Long-term maintenance on SRI dose that has not increased due to significant clinical worsening in the two years prior to enrollment, (4) Agreement from patient's treating clinician that SRI discontinuation is clinically appropriate (e.g., not contraindicated and represents a next logical step in their patient's care), and (5) Ability to provide written informed consent. Exclusion criteria include: (1) Clinically significant suicidality or a suicide attempt within the past year, (2) Presence of any clinical features warranting a higher level of care than outpatient treatment, (3) Current or recent (past 6 months) substance use disorder, (4) History of psychotic disorder or bipolar disorder, (5) Moderate to severe depression, as indicated by a Hamilton Rating Scale for Depression (17-item) ≥ 14 [28] or recent major depressive episode (past 6 months), (6) History of severe OCD (YBOCS ≥ 28), (7) Prior adverse experience with SRI discontinuation (e.g., discontinuation syndrome, severe exacerbation of anxiety or mood symptoms), (8) Primary compulsive hoarding, given research distinguishing the symptom profile from OCD and the more limited efficacy of CBT-based treatments in hoarding populations [29] (9) Concomitant psychosocial treatment w/proven efficacy in the treatment of OCD, (10) Adequate trial of exposure-based treatment in the past 5 years, and (11) Use of non-SRI psychotropic medications for OCD in the 3 months prior to enrollment.

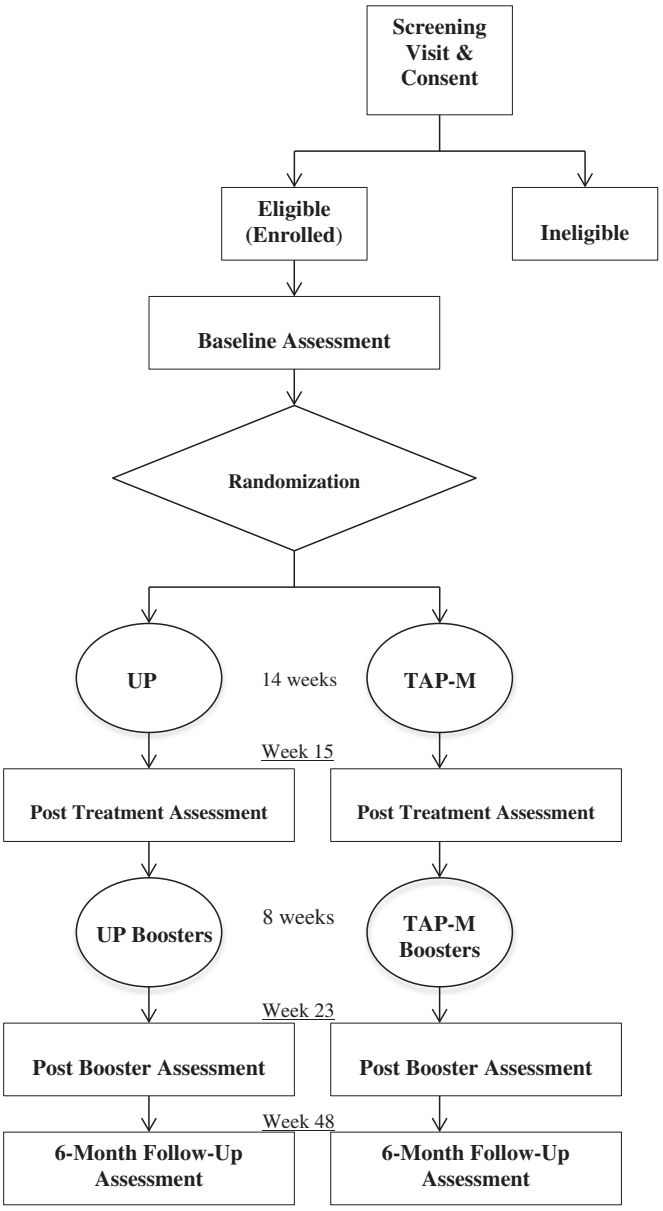

Fig. 1. Overview of study design. UP = Unified Protocol for Transdiagnostic Treatment of Emotional Disorders; TAP-M = Taper and monitoring.

Participants are recruited primarily from the OCD Program at Butler Hospital, a program with a long-standing history of both research and treatment. Recruitment also consists of printed advertisements (e.g., flyers), letters to community-based clinicians soliciting referrals, online advertisements through the hospital website and Facebook, radio advertisements, and presentations to local primary care and outpatient psychiatry offices. Research assistants (RAs) screen participants for preliminary eligibility and those who meet initial eligibility criteria are brought into the clinic for an in-person evaluation where informed consent is obtained. The current study employs several measures to minimize attrition, including frequent contact with participants for the duration of the study, including reminder calls prior to study appointments. In addition, as part of the informed consent process, participants are asked to provide contact information for two individuals who could help us locate them if we lose contact.