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Danger Ideation Reduction Therapy for the Treatment of Severe, Chronic and Resistant Obsessive-Compulsive Disorder

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Abstract. We describe the first application of Danger Ideation Reduction Therapy (DIRT) in the UK. It is a novel approach developed in Australia, for treatment resistant obsessive compulsive disorder with contamination fears. The DIRT program was administered to an inpatient at Springfield Hospital, South London, with severe, treatment resistant obsessive compulsive disorder. Treatment consisted of weekly one hour therapy sessions for 14 weeks. A reduction in symptom severity measured on all scales undertaken was seen by the end of treatment. The Padua Inventory had shown an 85% reduction; Activity checklist an 86% reduction; Y-BOCS an overall 41% reduction and a 33% reduction on the Beck Depression Inventory. The DIRT approach has demonstrated an impressive and consistent improvement, maintained to 6 months post-treatment. More studies are needed to evaluate this treatment further.

Keywords: Obsessive-compulsive disorder (OCD), treatment resistant OCD, psychoeducation, therapy.

Introduction

Since the 1970s the prognosis of obsessive-compulsive disorder (OCD) has been revolutionized by the development of prolonged graduated exposure therapy and powerful new drugs acting on the serotonergic system (SSRIs). Indeed, studies have shown that 40 to 60% of patients with OCD show improvement on SSRI, and 75 to 80% who enter behavioural programmes improve by at least 50% (Marks, Hodgson and Rachman, 1975).

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Despite the numerous studies in this area, there is no clear evidence that cognitive therapy produces significantly better results than simple exposure and response prevention (Cottraux et al., 2001), although publication of current trials may change this (Salkovskis, personal communication). Menzies and his co-workers in Australia have focused on an alternative cognitive mediator of danger expectancies and have demonstrated that threat-based perceptions concerning disease better account for anxiety and avoidance among OCD washers in the laboratory than other variables, including perceived responsibility and perfectionism (Menzies, Harris, Cumming and Einstein, 2000).

Based on their research findings they have developed the new treatment of Danger Ideation Reduction Therapy (DIRT), which has been used with some success on patients with obsessive-compulsive contamination fears who have failed more conventional treatments (Jones and Menzies, 1998). For example, in a controlled study of 21 obsessive-compulsive washers, the 10 patients treated by DIRT demonstrated reduction in obsessive-compulsive scores with a mean 4-point reduction on the Maudsley Obsessive-compulsive Inventory(MOCI) (Jones and Menzies, 1998). Importantly, Krochmalik, Jones and Menzies (2001) have shown that DIRT may return intractable cases to normal functioning in as few as 14 weeks, even when poor insight is present. DIRT had been used until now only in Australia; we describe its first application in a patient with chronic and resistant OCD with contamination fears in the UK.

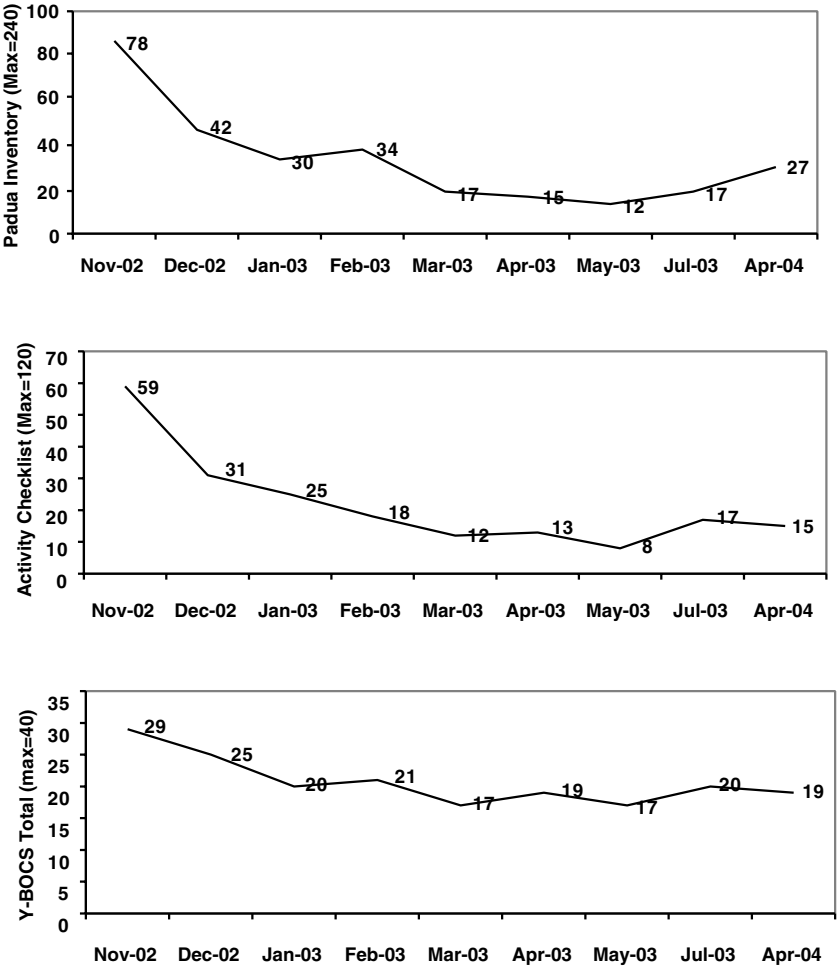
Danger Ideation Reduction Therapy (DIRT)

DIRT consists of six main stages, which are applied at different times dependent on the patient's clinical state (Jones and Menzies, 2002). They consist of: 1. Cognitive restructuring. Based on the techniques Rational Emotive Therapy, the patient is taught to identify unrealistic thoughts about contamination and then to re-evaluate these. 2. Filmed interviews. These consist of a number of filmed interviews with people who work in situations commonly feared by obsessive-compulsive patients. 3. Corrective information. The patient is asked to examine and review a list of facts about their feared contaminant, and read information about the deleterious effects of overzealous hand washing. 4. Microbiological experiments. Discussion of the results of simple bacterial culturing experiments from common items, e.g. door handles, money, that were undertaken at the University of Sydney. 5. Probability of catastrophe. An exercise to help establish realistic probabilities for feared situations occurring. 6. Attentional focusing. This is a form of focused meditation, based on a counting and breathing repetition task.

Case study

A 41-year old divorced lady from North London with a 15-year history of obsessive-compulsive disorder (OCD) and a 10-year history of alcoholic binge drinking was admitted to the Behavioural Cognitive Psychotherapy Unit (BCPU) at Springfield University Hospital in 2002. Her OCD was characterized by a fear that dirt and germ contamination would lead to serious illness and her anxieties were reduced by hand washing.

Her first treatment was in 1985 and was unsuccessful. She later underwent a trial of exposure and response prevention in 1991 that resulted in a moderate improvement during therapy but deterioration shortly after. A problem-solving approach in 1993 provided little improvement. Admission to the BCPU occurred twice in the next 4 years and although a modest improvement



Month		1	2	3	4	5	1	3	12
Phase	PT	Treatment					Follow-up		
Therapy	None	1-hour weekly therapy sessions					None		
Location	IP	IP					Home		

Figure 1. Graph of results. Patient scores on Padua Inventory, Activity Checklist and Y-BOCS total. PT = pre-treatment; IP = in-patient

was seen on the latter occasion, the results were lost within 3 months after discharge. In 2001, home-based and outpatient treatment at the BCPU produced no long lasting benefit and a decision was made to admit her.

Her drug regimen on admission (2002) consisted of sertraline 100 mg daily and diazepam 4 mg daily. There was an initial 6-week period during which she abstained from alcohol and

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diazepam was discontinued. Treatment using the DIRT programme was then commenced and she had 14 weekly therapy sessions, each lasting approximately an hour. No exposure instructions were given.

Results

The results of the DIRT treatment and her improvement to 11-month post-treatment follow-up are shown in Figure 1. The measures used to assess progress were the Compulsion Activity Checklist; Padua Inventory; 21-item Beck Depression Inventory; and Yale Brown Obsessive-Compulsive Inventory (Y-BOCS). Figure 1 demonstrates that a significant improvement had been achieved by the end of treatment evidenced by a reduction in symptom severity measured on all scales undertaken. The Padua Inventory had shown an 85% reduction; Activity checklist an 86% reduction; Y-BOCS an overall 41% reduction and a 33% reduction on the Beck Depression Inventory. Although this level of improvement was not completely maintained at 11-month follow up, there is still clearly a significant improvement from pre-treatment levels.

Discussion

This patient with chronic OCD had become progressively harder to treat but the DIRT approach has demonstrated an impressive and consistent improvement, maintained to 6 months post-treatment. This success could be partly due to the novel approach. However, such a dramatic improvement seems unlikely to be due to placebo response alone due to the extent of the improvement and apparent durability. Despite our patient having no formal qualifications, she managed to understand the scientific literature presented to her from the DIRT package. More studies are clearly needed into this new approach to treat patients with severe, chronic and resistant OCD.

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