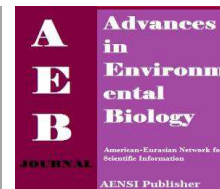




AENSI Journals

Advances in Environmental Biology

ISSN-1995-0756 EISSN-1998-1066

Journal home page: <http://www.aensiweb.com/aeb.html>

Effectiveness of Acceptance and Commitment Therapy in Reduction of severity symptoms of patients with Obsessive - Compulsive Disorder

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ARTICLE INFO

Article history:

Received 25 January 2014

Received in revised form

2 June April 2014

Accepted 6 June 2014

Available online 15 June 2014

Key words:

Obsessive Compulsive Disorder, acceptance and commitment therapy, clomipramine

ABSTRACT

In this study, the research experience with experimental group and control group pre-test and post-test and follow-up were used the population included all patients with OCD in Shiraz city. Sample was selected (90 patients based on Sample Table Cohen, 1986, quoted by Sarmad al, 1379), among the patients who were diagnosed with OCD. Sampling method based on stratified random sampling was used among the target population, i.e., patients referred to the clinic for counseling and psychological services for the city selected. After cloning, participants were randomized to experimental and control groups were included. 90 outpatients with OCD according to DSM-IV-TR criteria were randomly assigned to one of three groups based on acceptance and commitment therapy, clomipramine and combination therapy in based of acceptance and commitment therapy and clomipramine were assigned (n = 30 per group). During the study, five patients were excluded from the treatment process, and the study was performed on 25 patients in each group. Therapy ACT by Michael Twohig treatment protocol was implemented. Analysis of covariance, variance with repeated measure, and Bonferroni test showed that the percentage of recovery based on acceptance and commitment therapy compared with combination therapy as well spend a significant improvement clomipramine More meaningful experience. Acceptance and commitment therapy based on reducing the severity of symptoms, in patients with obsessive - compulsive disorder and combination therapy is more effective than treatment with clomipramine. Adding clomipramine appear to acceptance and commitment therapy does not increase its efficacy in the treatment of adults with OCD in the short term and long term.

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To Cite This Article: Hossein Baghooli, Behrooz Dolatshahi, Parvaneh Mohammadkhani, Nahaleh Moshtagh, Ghasem Naziri., Effectiveness of Acceptance and Commitment Therapy in Reduction of severity symptoms of patients with Obsessive - Compulsive Disorder. *Adv. Environ. Biol.*, 8(7), 2519-2524, 2014

INTRODUCTION

Obsessive - compulsive disorder (OCD), with a lifetime prevalence of 3/2% in the general population is one of the most prevalent [37] and is considered as a disabling psychiatric disorders (World Health Organization (WHO), 2001) among other anxiety disorders. In the last decades, after post-traumatic stress disorder, most investigations have been devoted to it [3]. Obsessive - compulsive disorder, without treatment have a chronic duration [32] and would cause of a serious impairment in function, [33, 5], decreases in quality of life, and increases experiential avoidance [23] with an increased risk of suicide attempts along, [47]. Therefore, in such circumstances, the need for effective treatment methods to improve the people who suffer from OCD symptoms is essential. Selective Serotonin Reuptake Inhibitors (SSRIs), treatment with clomipramine and exposure / response prevention (ERP) therapy are effective treatments in improving symptoms in patients with OCD that in experimental studies are confirmed [18]. To the extent that some scholars, these two methods of treatment as first-line treatments for OCD advised [41] meta-analysis showed that SSRIs, clomipramine and ERP in treating OCD are leading to large effect size [1]. Also, about 40% of patients with OCD experience some reduction in symptoms after treatment with these drugs. Despite this, approximately 40 to 50 percent of patients with OCD dose not have appropriate response to SSRIs and clomipramine [15] and about 25 to 90 percent of OCD cases after discontinuation of the drug, or after withdrawing of these drugs, would experience return of symptoms. On

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the other hand, an overview of the research done in the last decades in the field of psychological treatment of Obsessive - Compulsive show approximately between 60 to 85% of OCD patients after a full course of therapy with exposure / response prevention, revealed a significant improvement in symptoms [44,1] However, ERP has its limitations: About 5 to 22 percent of OCD patients starting treatment to avoid exposure and response prevention, (Twohig,-Hayes, Plumb, Pruitt, Collins, Hazlett-Stevens, 2010) and approximately 25% of patients leave before completing treatment [5]. Also, approximately 30 to 40% of OCD patients do poorly ERP [20] and only 25% of patients in complete remission after treatment with exposure / response prevention, experienced [19]. In addition, OCD patients with predominant symptoms of hoarding and OCD without overt criterion fewer responses to ERP probably. In such circumstances, new treatment approaches are needed for these patients. Recently, a new and promising therapeutic approach has been emerged. One of the third wave of cognitive - behavioral therapies for patients with OCD in order to improve the effectiveness of the proposed treatment is Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl, and Wilson, 1999). ACT is one of the therapeutic methods that aim to reduce experiential avoidance and enhance the psychological flexibility via using processes such as acceptance and cognitive defusion. Although the theoretical rationale based on acceptance and commitment therapy for obsessive - compulsive disorder seems plausible, However, little researches on the effectiveness of the treatment on OCD by ACT have been done [8] and up to now, as far as the review of previous research in this field has shown, controlled study of the efficacy of ACT, ACT in combination with SSRIs and SSRIs solely in the treatment of obsessive - compulsive disorder has been compared, has not been done. Therefore, the present study aimed to determine the efficacy of acceptance and commitment therapy, comparing it with medication and combination therapy on both for obsessive - compulsive disorder were performed.

Material and methods:

In this research project experience Experimental group and a control group pre-test and post-test and follow-up were used. The hypothesis of this research in the framework of a pilot study Experimental design as a factor with three repeated measurements has been studied. The independent variables in this study (acceptance and commitment therapy, clomipramine and ACT combined with clomipramine) and dependent variable, changes in severity symptoms of patients experienced the inevitable result of the application of the three methods of treatment. The population included all patients with OCD in the city of Shiraz, Iran. Sample of 90 patients (based on sample-size table Cohen, 1986, quoted by Sarmad *et al*, 2000) were suffering from OCD. Sample was selected by stratified random sampling method from the target population. The people attending clinics for counseling and psychological services for the city selected. In this way, the sampling interval of a quarter of a Week Randomly each week, visit the clinic three days a week Among patients referred to clinics with diagnostic interviews, had received a diagnosis of OCD disorder were selected for the study. Next, participants in the experimental and control groups were randomly cloning. After matching, 90 outpatients with OCD according to DSM-IV-TR criteria were randomly assigned to one of three groups based on acceptance and commitment therapy, clomipramine and composition-based acceptance and commitment therapy with clomipramine were assigned (n = 30 per group). During the study, five patients were excluded from the treatment process. Study was conducted on 25 patients in each group. Data were analyzed using descriptive statistics and frequency, mean and standard deviation, Bonferroni post hoc test methods and inferential statistics, multivariate analysis of covariance, analysis of variance with repeated measures analysis of graph The results of these methods to assess the effects of independent variables on the dependent variables And changes in any of the treatment groups were used.

Results:

Table 1: Frequency and percentage of subjects based on gender

Group						Sex
Combination therapy		Medications		Treatment ACT		
P	F	P	F	P	F	
56	14	48	12	64	16	Woman
44	11	52	13	36	9	Man
100	25	100	25	100	25	The total

F = frequency and P = percent

Table 2: Frequency and percentage of subjects based on comorbidity.

Group						Comorbidity
Combination therapy		Medications		Treatment ACT		
P	F	P	F	P	F	
16	4	20	5	20	5	Comorbidity
84	21	80	20	80	20	No comorbidity
100	25	100	25	100	25	The total

Table 3: Mean and standard deviation for each group, age and medical history.

Group						Variable
Combination therapy		Medications		Treatment ACT		
SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	
7/01	28/08	4/62	28/60	6/49	27/20	Age (years)
1/82	5/16	2/10	5	2/04	4/52	Disease (years)

\bar{x} = mean, SD = standard deviation

Table 4: Mean and standard deviation scores for obsessive – compulsive.

Group						
Combination therapy		Medications		Treatment ACT		
SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	
4/14	25/68	3/62	25/48	3/96	24/96	Pretest
3/34	19/84	3/55	21/92	3/63	18/48	During run
2/79	15/84	3/59	17/00	3/02	14/12	Posttest
1/99	13/12	3/54	14/28	2/42	11/48	Follow-up

Table 5: Results of post hoc tests for grades Bnfrony obsessive - compulsive running.

Combination therapy	Medications	Treatment ACT	Group
		0	Treatment ACT
	0	-3/05*	Medications
0	2/23*	-0/82	Combination therapy

*Significant at the 05/0

Table 6: Results of Mukhly sphericity test for homogeneity of variance, covariance scores obsessive – compulsive.

P	DF	Ch ²	Mauchly's W
0/0001	2	19/44	0/76

Table 7: Results of post hoc tests for grades Bnfrvny avoided during implementation experience.

Combination therapy	Medications	Treatment ACT	Group
		0	Treatment ACT
	0	3/09*	Medications
0	-1/2	1/89*	Combination therapy

*Significant at the 05/0

Table 8: Results of Mokhly sphericity test for homogeneity of variance, covariance avoidance scores experience.

P	DF	Ch ²	Mauchly's W
0/0001	2	32	0/63

Table 9: Mean and standard deviation scores for quality of life.

Group						
Combination therapy		Medications		Treatment ACT		
SD	\bar{x}	SD	\bar{x}	SD	\bar{x}	
18/52	62/92	14/85	63/20	15/69	63/16	Pretest
18/82	78/12	14/20	69/56	12/80	81/40	During run
17/72	84/36	13/62	75/88	12/57	85/84	Posttest
16/90	91/20	13/16	81/52	12/64	91/28	Follow-up

Table 10: Results of sphericity test for homogeneity of variance, covariance Mokhly quality of life scores

P	DF	Ch ²	Mauchly's W
0/0001	2	31	0/64

Discussion and conclusions:

The findings suggest that all three approaches have been effective in the treatment of OCD, but OCD symptom reduction of ACT group and combination group is significantly greater than the clomipramine group. But the difference between the improvement of combination group and ACT group were small and not statistically significant. Analysis of covariance and binary comparison scores between the treatment groups, the mean scores indicate the severity of OCD clients treated with a combination of approaches and ACT compared with clomipramine is lower. Based on the comparison of binary groups, no significant difference between combination therapy and ACT in this context does not exist. Thus, the efficacy of the combination therapy was not significantly greater than the ACT. Overall, the reduction of the symptoms of OCD, during treatment suggests that therapy based on acceptance and commitment reduce obsessions and compulsions. In view of these findings and [17], based on the avoidance of the formation and persistence of OCD Eder experience is consistent. Given that the effectiveness of ACT treatment And the combination is the same in all cases, and no significant difference between the two approaches were observed in any of the research instruments Since the difference in the number of patients achieving remission criteria are similar in approach One can argue about all the research hypotheses to be extended to treat the combined ACT and clomipramine. The results of this study showed that clomipramine can lead to improved quality of life for patients with OCD. In addition, recent research findings indicate that the combination therapy and acceptance and commitment therapy based on any of

the study variables, there is no significant difference in treatment (except during the intervention phase of the treatment based on the acceptance and commitment therapy group had a significant superiority). Therefore, the addition of clomipramine to acceptance and commitment therapy to help improve the client does not operate. As was said in the field of research and the findings have been mixed results with some studies [20,21] Albert and [14] consistent with is inconsistent. In summary, the results of this study can be said based combination therapy and acceptance and commitment therapy led to greater reductions in symptom severity compared with clomipramine to treat Obsessive - Compulsive disorder. However, the combination therapy group and acceptance and commitment therapy based on these variables, there is no significant difference. Much larger effects obtained in comparison Combination with clomipramine in OCD and the ACT approaches - Mandatory Aydr experience and avoid the effects of the small size of the ACT with a combination of these differences are clinically approved.

ACKNOWLEDGMENT

This article is extracted from my thesis under the title of "Effectiveness of acceptance and commitment therapy in reducing the severity of symptoms, and improvement in function of patients with obsessive - compulsive disorder". Hereby, I extend my sincere appreciation to Social Welfare and Rehabilitation University for the efforts and supports they provided to me.

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