

South West London and St George's
Mental Health NHS Trust



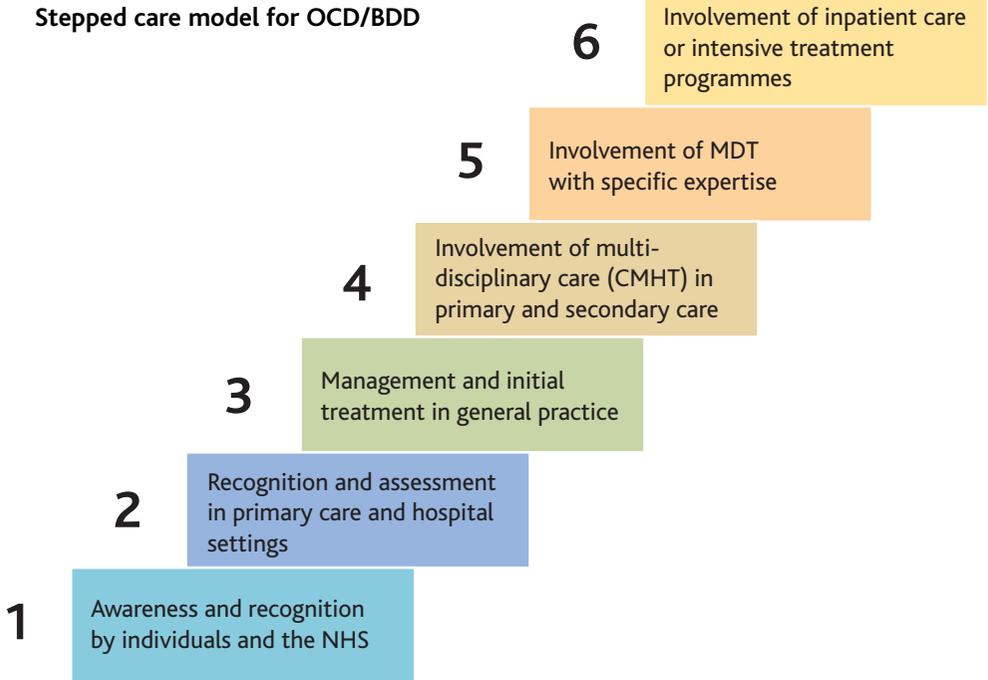
**Inpatient and Intensive
Home Based Treatment (Tier 5)
Service for**

Obsessive-Compulsive Disorder and Body Dysmorphic Disorder

Springfield University Hospital

A Referrer's Guide

Stepped care model for OCD/BDD



Who we are

We are a multidisciplinary team providing NICE recommended treatment for the most severely ill patients with Obsessive Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) in the form of intensive home based therapy, outpatient and inpatient treatment.

Our centre includes the only 24 hour staffed dedicated inpatient facility for OCD and BDD within the NHS. We are also commissioned by the National Specialised Commissioning Team (NSCT) to provide treatment for the most severely unwell (NICE Tier 6) patients with OCD and BDD. Our model is 100% compliant with NICE guidance on OCD and BDD and has featured on NICE shared learning website for four years as an exemplar.

We are committed to best practice and ensure that state-of-the-art treatments are delivered and developed throughout the UK. To this end we are involved in continual research and audit into all aspects of OCD, BDD and complex anxiety disorders and their treatment. Our centre has made extensive contributions to the research and academic literature at both national and international level in this field for several years

Our team comprises psychiatrists from training grades to consultant, nurses, specialist CBT therapists for inpatient CBT and intensive home-based therapy, health care assistants, dietician, physiotherapists and occupational therapists. All our staff are well experienced in the treatment of severe and treatment refractory OCD and BDD, with some staff members having over 30 years of experience in treatment of most complex and challenging OCD and BDD patients.

Who the service is for

We are happy to offer advice and guidance on the treatment of OCD and BDD to secondary care mental health teams throughout the UK. We are able to offer Tier 5 treatment (subject to funding approval*) to teams who do not have an easy access to regional specialist multidisciplinary teams as per the NICE stepped care model. If potential referrers are unsure of the suitability of a patient, we are always delighted to discuss the case with them and offer advice or specialist comprehensive assessments (subject to funding approval).

*Funding approval is required in all cases except those who meet the NSCT defined severity criteria for eligibility for centrally funded treatment. Information on NSCT eligibility criteria can be found on our website.

To be accepted for treatment, patients must be over 18 years and be at level 5 severity according to NICE guidelines as follows:

Score on Yale-Brown Obsessive Compulsive Scale (YBOCS, OCD or BDD Version)	24-40 (severe to profound OCD)
Previous treatment with SRI (serotonin reuptake inhibitor) drugs at BNF recommended doses for minimum three months*	At least one unsuccessful trial
Augmentation of above, eg neuroleptic drugs, or higher than BNF recommended doses of SRI drugs, or a combination of SRI and tricyclic drugs	Preferred, but not an essential criteria for accepting a referral for tier 5
Previous treatment with CBT which included graded exposure and self-imposed ritual prevention*	At least one unsuccessful trial

*It is recognised that some patients are unable to comply with the medication or CBT criteria due to their OCD symptoms. In such cases this is examined on an individual basis. We welcome pre-referral discussions over telephone or by email.

Home-based and Community Treatment

We are able to offer our expertise to treat patients who do not require inpatient admission in their own homes and in the community. This may take the form of intensive home-based therapy for those patients who are able to comply with a more rapid treatment path. Some patients are so disabled they are unable to come into hospital despite being unable to care for themselves. In such cases we can offer home-based therapy to start the treatment process with the aim of them coming into hospital. In addition, we may offer outpatient or telephone treatment sessions following more intensive interventions.



Inpatient Treatment

Some patients are so unwell they are unable to care for themselves or safely complete any community therapy. For these people inpatient treatment is necessary. To be eligible for inpatient treatment and 24-hour nursing care, we would look for clear reasons why less intensive approaches are not applicable. For example:

- Danger to self, eg failure to drink sufficient fluid to support health due to OCD
- Danger to others, eg impulsive acts leading to placing family at risk
- Extreme self-neglect, eg incontinence
- Complicating dual diagnosis, eg co-existing schizophrenia or eating disorder
- Severely disordered sleep pattern resulting in being asleep during the day and unable to awaken in time for therapy
- Diagnostic doubt requiring initial 24 hour observation.

We cannot admit patients detained under the Mental Health Act.



Referrals

Referrals are welcomed from secondary mental health services across the UK.

The referring team should complete the unit's referral form which can be supplied on request.

Mental Health teams may also seek telephone consultation.



Funding

We will require a named patient service agreement to be completed before assessment and treatment can take place. We are happy to provide advice and support with the funding process, if required.

What we offer

Once a patient has been accepted for assessment, we offer an appointment at our clinic. This is a lengthy process and patients will be in the unit for 2-3 hours. A multidisciplinary assessment takes place and full discussion is held with the patient and relatives about future treatment. At the end of the assessment a full assessment report is sent to the referring team, GP and to the patient. This report outlines the history and also our recommendations for treatment. The ideal situation is always that the patient, any carers and sometimes their key worker travels to the Unit and meets the Team to fully discuss treatment. This also gives patients the opportunity of visiting the ward if inpatient treatment is recommended. We do, however, realise that some patients are too ill to travel in this way. In such cases we may arrange to conduct a telephone assessment with the patient, to visit the patient together with the local team or, occasionally, to admit the patient directly for a two week assessment.

When the patient is seen for assessment, they are told what will happen next. In the case of home-based therapy, they will either be given a date to start therapy and the name of the therapist at this time or will be told when they will be given this. In the case of inpatient treatment, there is normally





a waiting list and they will be advised how long this may be and when they are likely to hear from us.

In the case of inpatient treatment, on admission, each patient is allocated a therapist and a named nurse. The structured start-up programme comprises three groups per day with a full programme of Occupational Therapy (both group and individual); individual CBT sessions as well as medication and physical health review. Other groups which form the programme include art, social skills, cooking and gardening.

Weekend home leave is a normal part of the programme once the patient is able to cope in this way. Patients are expected to try to implement changes learned on the ward in their own home. Such patients may need to contact the unit to discuss problems or just to say that they are managing well.



The involvement of family members is encouraged, both during an admission and after discharge home.

Regular formal reviews take place at 6, 12, and 24 weeks. The referring mental health team is expected either to attend or to teleconference as part of the CPA process.

Clinical outcomes

Since 2008, we have obtained clinical outcome data on 117 patients (58 women and 59 men) suffering from OCD and BDD.

Average age of 37 years

(range 18 to 80 years, SD = 14)

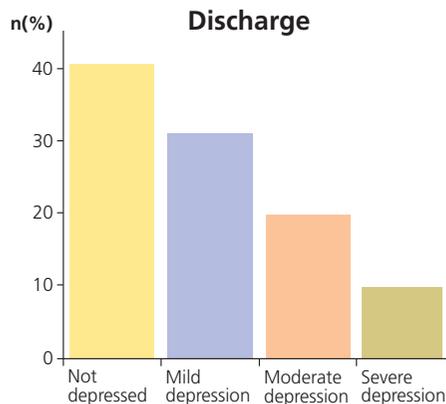
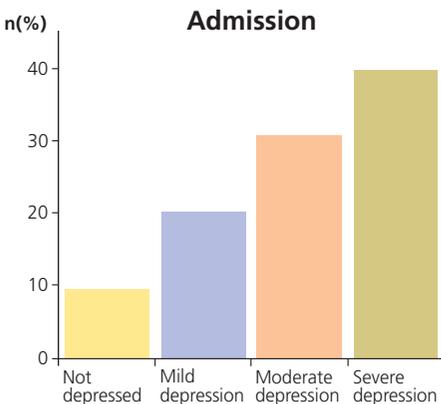
Mean duration of OCD of 19 years

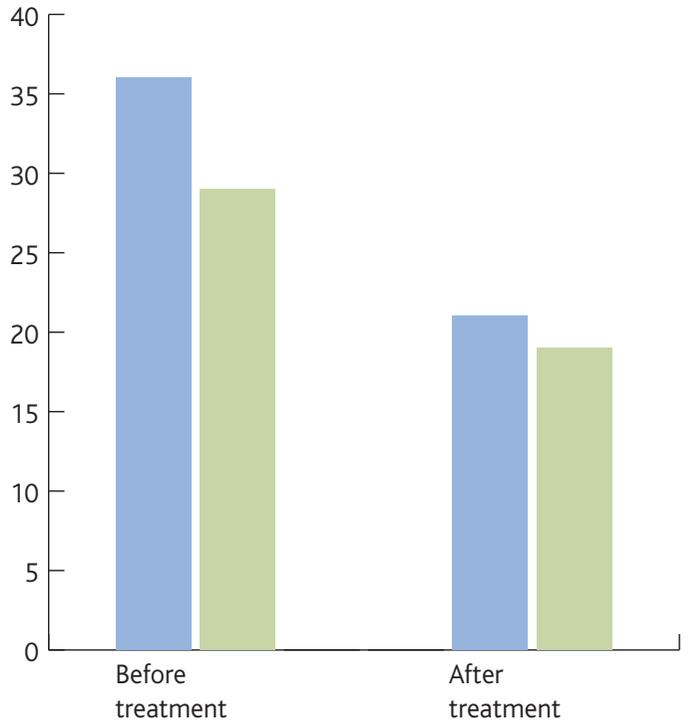
(range 4 to 50 years, SD = 11)

Mean stay in hospital of 18.7 weeks

(range 0 to 225 days, SD = 59)

Measure	Before Treatment	After Treatment	Statistical Significance P=value
YBOCS(sd)	34(4)	23(8)	<0.0005
BDI(sd)	27(11)	16(11)	<0.0005





YBOCS

Yale Brown Obsessive Compulsive Scale which measures severity of OCD, with 0 being a normal score and a maximum of 40 (therapist completed measure)

BDI

Beck Depression Inventory is a patient completed questionnaire which measures severity of depressive symptoms with under 10 being normal and a maximum of 63

Overall this represents:

■ a 32% reduction in OCD symptomatology measured by YBOCS (n=117)

■ a 40% reduction in Depressive symptomatology measured by BDI (n=61)*

* Not all patients are able to complete questionnaires due to severity of illness.

Case Vignettes

Mr A is a 27 year old from North Hants with a diagnosis of OCD and insulin dependant diabetes. He presented with near constant obsessions and compulsions leading to him being house bound. Because of continuous checking rituals, he struggled to take Insulin on time, leading to a poor diabetic control and consequently developed diabetic retinopathy.

His inability to look after himself necessitated inpatient treatment of his OCD. However, the local services lacked resources to successfully treat OCD as an inpatient. He did not meet the criteria for treatment at the national inpatient unit for OCD.

The local Trust decided that it would be clinically indicated as well as cost effective if he was referred to Tier 5 service at Springfield University Hospital for inpatient OCD treatment. This decision was made in the best interests of the patient as his untreated OCD also meant a further deterioration in his physical health. Eventually he was admitted to the OCD/BDD inpatient unit as a Tier 5 patient, wherein he was treated alongside Tier 6 patients.

During the course of inpatient treatment, Mr A received about 400 hours of occupational therapy, intensive nursing support, inpatient CBT and weekly reviews from the multidisciplinary team (MDT) specialising in the treatment of OCD. The severity of his OCD reduced by 65% within 4 months, leading him to re-establish a healthy control over his diabetic treatment. At one year follow up by Tier 5 Service, his symptom severity further reduced by 80%, allowing him to regain greater control over his health and daily living activities.





Miss B is a 33 year old from Newcastle with a diagnosis of BDD. Her main preoccupation was the shape of her nose, for which she sought private cosmetic surgery. Following the cosmetic surgery, her concerns moved on to other parts of her body and she developed near constant preoccupations with the shape of her forehead, her hair, lips, body structure and breasts. The resulting distress led to two serious suicide attempts and long admissions in an acute inpatient psychiatric unit.

As an inpatient, her grooming and checking rituals were poorly understood. The ward staff, although very supportive, were unable to provide specialised help in her treatment. She did engage with CBT provided by the inpatient psychologist but struggled with the homework tasks. It was deemed unsafe for her to be discharged back into the community as the risk of repeat self harm remained high. The MDT decided that she needs specialised input from a team experienced in the treatment of BDD. As she only had a single trial of medication and CBT, she did not qualify for treatment as a Tier 6 patient in the national inpatient unit for OCD/BDD. Therefore funding was arranged for her to be treated as a Tier 5 patient at Springfield University Hospital.

After two months of intensive treatment as a Tier 5 inpatient, she felt confident to continue the remaining treatment at home. The national unit arranged for intensive home based treatment to carry on in close liaison with her care coordinator from the local service. Her medication were reviewed and optimised in line with the current research evidence. After six months, there was an improvement of 75% in her symptoms of BDD which correlated with a marked reduction in her suicidal ideation, allowing the local team to meaningfully engage with her on recovery strategies.

How to make a referral

Referrals can be made in the form of a letter with details of clinical presentation and previous treatments. They can be posted to the address below or faxed to 020 3513 6965. We are happy to discuss potential referrals or queries regarding funding arrangements by email ocdbdd@swlstg-tr.nhs.uk or telephone 020 3513 6961.



Contact details

OCD and BDD Service (Tier 5)
Springfield University Hospital
61 Glenburnie Road
London SW17 7DJ

Tel: 020 3513 6961/6893
Fax: 020 3513 6965
Web: <http://www.swlstg-tr.nhs.uk/our-services/ocd-bdd-service-bcpu-national/>

Switchboard tel: 020 3513 5000
Specialist Services Directorate tel:
020 3513 6305
Email: business.development@swlstg-tr.nhs.uk

How to find us

The nearest tube station to Springfield Hospital is Tooting Bec (Northern Line), a 12-15 minute walk.

Bus G1 serves Springfield Hospital itself. On nearby Trinity Road there are buses 219 and 319. On Upper Tooting Road there are buses 57, 155, 219 and 355. On Tooting Bec Road there are buses 249 and 319.



