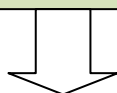


Care pathway for people with or developing more severe OCD or BDD

The [NICE Guidelines for OCD/BDD](#) outlines six levels of intervention and treatment for OCD or BDD. It is implied, but not defined, that these stages correlate to severity as well as chronicity of condition and resistance to treatment. We have operationalised these levels as follows ¹

OCD or BDD with comorbidity or poor response to initial treatment — Level 4

- considerable symptoms, Yale–Brown Obsessive Compulsive Scale (YBOCS) greater than 20
- less likely to be working
- referred to community mental health team (CMHT)
- trial of alternative Serotonin Reuptake Inhibitors (SRI) = +/- augmentation with other agent



OCD or BDD with significant comorbidity, or more severely impaired functioning and/or treatment resistance, partial response or relapse — Level 5

- YBOCS greater than 30
- unlikely to be working due to disability
- has already unsuccessfully received cognitive behavioural therapy (CBT) from CMHT and/or Psychotherapy in primary Care Team (PiPTC)

Specialist OCD/BDD assessment input into care review

This includes consultation, supervision and joint working with therapist

Stabilisation

Support for local care

Specialist unit-based treatment

- needs clinic-based CBT from unit specialising in OCD/BDD
- has received/is receiving SRI and augmentation with either dopamine blocker or supranormal SRI dosage etc (Drummond LM et al 2008¹)

Home-based and community treatment

- needs intensive home-based treatment of >2 hours per week in home/community environment
- has received/is receiving SRI and augmentation with either dopamine blocker or supranormal SRI dosage etc.
- psychopharmacological review carried out by specialist team

On completion of the interventions there will be either a managed handover to local services or a step-up to the nationally-funded level 6 care (if the patient meets these criteria).

OCD or BDD with risk to life, severe self-neglect or severe distress or disability

Level 6 – nationally funded

- YBOCS Score >30
- unlikely to be working due to disability
- 2 previous trials of 2 different SRI drugs at BNF recommended dosages for a minimum of 3 months
- trial of Psychopharmacological augmentation of SRI drug with either dopamine blocker or supranormal SRI dosage etc
- two previous trials of CBT (including exposure and response prevention) with at least one being carried out in the environment where the symptoms are maximal e.g. intensive community and home-based treatment. The latter would normally be expected to be carried out by an individual/service specialising in the treatment of OCD/BDD using CBT

¹**Drummond, L.M. et al (2008)** Description of Progress in the Development of a National Service for Adolescents and Adults with the most Severe, Refractory Obsessive-Compulsive and Body Dysmorphic Psychiatric Bulletin, 32, 333-336 more <http://bit.ly/LIC2Vg>

How to refer

We accept referrals from consultant psychiatrists, consultant paediatricians, psychologists, GPs, CBT therapists, Clinical Commissioning Groups, mental health professionals anywhere in the England, if you have any queries please do not hesitate to contact us:

- phone: 020 3513 6961
- email on OCDBDD@swlstg-tr.nhs.uk

Our clinical team

South West London and St George's Mental Health NHS Trust OCD/BDD team is lead by Lynne M Drummond. Lynne is a Consultant Psychiatrist and has published widely in the fields of obsessive-compulsive disorders; anxiety disorders; communication skills; learning and acquisition of skills.

Need more information on OCD?

We have developed a professional's guide on OCD; this provides an overview of the definition, diagnosis and treatment of obsessive-compulsive disorder, along with links to further information — more <http://bit.ly/AbM6uY>

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