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Evaluation of the Efficacy of Antipsychotic Drugs in Sri-resistant Obsessive-compulsive Disorder

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Background: In a previous meta-analysis investigating pharmacological treatment options in obsessive-compulsive disorder (OCD) we determined a significant efficacy for the augmentation of serotonin reuptake inhibitors (SRIs) with antipsychotic drugs. Because new relevant double-blind, randomized, placebo-controlled trials (DB-RCTs) evaluating new antipsychotics were conducted, we updated our meta-analysis.

Methods: We included all DB-RCTs that compared augmentation of SRIs with antipsychotics to placebo augmentation in SRI-resistant OCD. Meta-analytic outcomes were treatment response defined by 35% reduction in Yale–Brown Obsessive–Compulsive Scale (Y-BOCS) total score and mean changes in Y-BOCS total score. Effect sizes were standardized mean differences (SMD) and risk ratios (RR).

Results: Fourteen DB-RCTs (n=467) investigating quetiapine (N=5, n=178), risperidone (N=3, n=72), aripiprazole (N=2, n=79), olanzapine (N=2, n=70), haloperidol (N=1, n=34), and paliperidone (N=1, n=34) were incorporated. The pooled antipsychotic augmentation group was significantly superior to the placebo group in terms of response rates (N=14, n=467; RR=1.98, 95% CI: 1.23 to 3.19; p=0.005) and mean change in Y-BOCS total score (N=14, n=465, SMD=-0.6, 95% CI: -0.97 to -0.23; p=0.002). Concerning the individual antipsychotics, aripiprazole and risperidone significantly outperformed placebo in terms of both responder rates and mean Y-BOCS change. Olanzapine, paliperidone, and quetiapine were not significantly different from the control group. There was no significant heterogeneity and no evidence for publication bias.

Conclusions: Aripiprazole and risperidone augmentation of SRIs can be regarded as evidence-based treatment options in treatment-resistant OCD and showed superiority over olanzapine, paliperidone, and quetiapine. About one third of all SRI-resistant OCD subjects responded to augmentation with antipsychotic drugs.