

Result. Overall, 36 studies were included in the analyses, involving 537 children/adolescents and 1483 adults (total 2020 subjects). A total of 1005 received ERP and the remainder a variety of control treatments. Initial results showed that ERP had a large effect size compared with placebo treatments. This was more marked in younger than older persons. However, whereas ERP was markedly more effective than waiting list or psychological control, this positive effect size disappeared when it was compared with other psychological treatments.

When ERP was compared against psychopharmacological treatment it initially appeared significantly superior but this reduced to marginal benefit when compared with adequate doses of appropriate medication.

The majority of studies were performed where there may be expected to be researcher allegiance to ERP and in these studies the effect size was large. In contrast, in the 8 studies considered to have low risk of researcher bias, ERP was found to be ineffective.

Conclusion. Although on initial sight CBT incorporating ERP seems to be highly efficacious in the treatment of OCD, further analysis revealed that this varied depending on the choice of comparator control. In addition there are considerable concerns about methodological rigour and reporting of studies using CBT with ERP. Further studies examining the role of researcher bias and allegiance are needed.

Ref : 1 Jemma E Reid, Keith R Laws, Lynne Drummond, Matteo Vismara, Benedetta Grancini, Davis Mpavaenda, Naomi A Fineberg (2021) Cognitive Behavioural Therapy with Exposure and Response Prevention in the treatment of Obsessive-Compulsive Disorder: A systematic review and meta-analysis of randomised controlled trials. *Comprehensive Psychiatry*, in press.

A clinical significance analysis of manualised psychological interventions for obsessive-compulsive disorder

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Aims. To conduct an individual patient data meta-analysis of randomised controlled trials (RCTs) of manualised psychological treatments for obsessive-compulsive disorder (OCD), and examine the differential efficacy of psychological treatments by treatment type and format.

Background. Previous meta-analyses conclude that efficacious psychological treatments for OCD exist. However, determining the efficacy of psychological treatments requires multiple forms of assessment across a range of indexes, yet most previous meta-analyses in OCD are based solely on effect sizes.

Method. We evaluated treatment efficacy across 24 RCTs ($n = 1,667$) by conducting clinical significance analyses (using standardised Jacobson methodology) and standardised mean difference within-group effect-size analyses. Outcomes were Yale-Brown Obsessive Compulsive Scale (Y-BOCS) scores, evaluated at post-treatment and follow-up (3-6 months post-treatment).

Result. Post-treatment, there was a large significant within-group effect size for treated patients ($g = 1.28$) and a small significant effect size for controls ($g = 0.30$). At follow-up, large within-group effect sizes were found for both treated patients ($g = 1.45$) and controls ($g = 0.90$). Clinical significance analyses indicated that treated patients were significantly more likely than controls to recover following an intervention, but recovery rates were low;

post-intervention, only 32% of treated patients and 3% of controls recovered; rising to 38% and 21% respectively at follow-up. Regardless of allocation, only approximately 20% of patients were asymptomatic at follow-up. Across the different analysis methods, individual cognitive therapy (CT) was the most effective intervention, followed by group CT plus exposure and response prevention. Self-help interventions were generally less effective.

Conclusion. Reliance on aggregated within-group effect sizes may lead to overestimation of the efficacy of psychological treatments for OCD. More research is needed to determine the most effective treatment type and format for patients with OCD.

The neurobiology of attachment and the influence of psychotherapy: a literature review

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Aims. To review the existing scientific literature on the neurobiology of caregiver-infant attachment and the effects of psychotherapy on neurobiological structures. We hypothesised that the therapeutic relationship is a new attachment relationship that can model and re-map neural networks involved in emotional self-regulation.

Understanding attachment is relevant to working with women and families in the perinatal period and has an impact on treatment outcomes. Evolutionary perspectives show that the infant's attachment to the caregiver is important for survival, development of self and relational patterns. Mother's attachment predicts the infant caregiving behaviour in perinatal period and psychotherapeutic interventions at this time have a role in modifying the risk of intergenerational transmission of trauma and further pathological attachment styles.

Method. We performed a MEDLINE search focussing on the past 10 years. Keywords used were attachment, neurobiology and psychotherapy. We included original studies and existing reviews looking at all types of formal psychotherapy used and focussing on human research. Exclusion criteria were non psychotherapeutic interventions and attachment based on couples only.

Result. There has been an increasing focus in the literature on studying the neurobiology of attachment in caregivers and infants both in healthy cases and in psychopathology over the past decade. Existing studies concentrate on care givers, there is growing evidence on the effects of attachment styles on the infant's brain, mostly from animal studies. Some authors looked at the effects of parental childhood trauma on later parenting styles and intergenerational transmission of trauma. A few studies highlighted neurobiological changes as a result of psychotherapeutic interventions in various psychiatric disorders.

Conclusion. There is growing evidence on the neurobiology of attachment focussing on specific neurotransmitters and brain pathways. The modulating effect of psychotherapy has also been studied, albeit with more focus on recovery from psychiatric illness. The literature on neurobiological changes with psychotherapy remains scarce and heterogeneous and further research may be needed in the neurobiology of therapeutic relationship itself as there is increasing recognition that this may be the agent of change, with evidence in the role of linking cortical structures to subcortical limbic systems.