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Mindfulness integrated cognitive therapy in patients with predominantly obsessions- A single group design

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Obsessive compulsive disorder (OCD) is currently considered to be one of the five most prominent psychiatric disorders. Epidemiological studies showed that 20-25% of OCD patients suffer from obsessive thoughts without overt compulsions. The evidence based treatment of choice of OCD is CBT with ERP and pharmacological treatment with SSRI. The effectiveness for ERP range from 60% to 80%, however, refusal rate is around 25%. Abramowitz, et. al. (2009) found that dropout rate of ERP is 25%. Covert compulsions have been found to be difficult to treat with ERP. Moreover, studies found that higher scores on sexual/religious obsessions has predicted poorer outcome with CBT. So, there is a need to modify the existed technique to treat predominantly obsession. Mindfulness based interventions have shown the promise as an efficacious treatment option in various psychiatric disorders. There is also some preliminary evidence with regard to the effects of mindfulness based therapy in OCD (mixed and predominantly obsessions). Therefore, the present study aims at evaluating the effects of MICT in reducing the symptom severity in patients with predominantly obsessions. A single group with pre-post-three-months follow-up design is adopted. Sample size is twenty patients (18 to 55years) with predominant obsessions. Psychological assessments at pre, post and three months follow-up is completed using Y-BOCS Severity Scale and Clinical Global Impression Scale. The patients have received on an average 10 sessions. The post assessment showed significant improvement in symptom severity which is maintained in three months follow-up.

Biography

Amrita Biswas has finished her MPhil in 2014 and she is currently pursuing her PhD in Clinical Psychology from NIMHANS, Bangalore, India. Her area of interest is Mindfulness. The aim of her PhD thesis is to examine the effect of Mindfulness integrated cognitive therapy in comparison with Cognitive behavior therapy in patients with predominantly obsessions. Additionally, she works in the Behavior Medicine Unit, NIMHANS as a Junior Consultant.

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