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Letter to the Editor

Treatment and Family Involvement for Young Children with Obsessive-Compulsive Disorder: An Experimental Study

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Dear Editor-in-Chief

Obsessive-compulsive disorder (OCD) is a psychiatric disorder marked by intrusive thoughts, ideas, and urges (obsessions) as well as repetitive behaviors or mental activities (compulsions). One of the age groups that are vulnerable to OCD are children (1). Their diagnosis and treatment are also very complex. Some studies have found that children with early onset obsessive-compulsive disorder (OCD) are frequently underdiagnosed for a variety of reasons. Among them is the belief that the symptoms of this conduct are only temporary. Furthermore, some youngsters may conceal their symptoms from their parents. Both children and parents are unable to determine the frequency and severity of the rituals. It's also been discovered that a large number of adults with OCD say their symptoms started in childhood or adolescence (2).

Children with OCD can benefit from Cognitive Behavioral Therapy (CBT), medication, or a combination of the two (2). The American Academy of Child and Adolescent Psychiatry Committee on Quality Issues (3) believes Cognitive-Behavioral Family-Based Treatment (CBFT) to be the gold standard of care for very young children with OCD. CBFT combines the main components of CBT with extensive family engagement. For various reasons, parent engagement in the treatment of young children with OCD is very important (4). First, minors' participation in treatment and motivation for change is hampered by their lack of or limited introspection about obsessions and compulsions. Second, family of children with OCD have been found to have high levels of anguish, worry, and conflict. Third, behavioral family accommodation can have a significant impact on a child's OCD development and maintenance. Finally, having parents participate as co-therapists and perform exposure tasks at home assists us to get closer to ideal treatment because it aids in generalizing and preserving achievements (4,5).

The study's major goal was to compare the efficacy of three treatment conditions for children with OCD aged 5-8 years old in the primary outcome Children's Yale Brown Obsessive Compulsive Scale (CY-BOCS). Besides, treatment of parents and child, treatment of mother and child, and treatment of mother.

Participants were 30 children with OCD diagnosis between 5.24-7.60 years old (M = 6.74, SD = 0.75) recruited from two public and private clinics in Tehran. 15 children as intervention group and 15 children as control group in three phases pre-test, posttest and follow up (after two months).

After ethical approval by the Ethics Committee of Tabriz University of Medical sciences

(IR.TBZMED.REC.1400.123), methods of conducting the present study were expressed to contributors. Participants after being informed of goals of study provided signed informed consent. To collect of data was used; Children's Yale Brown Obsessive Compulsive Scale (CY-BOCS), Child Behavior Checklist, Family Accommodation Scale (FAS).

Based on Table 1 after treatment sessions the mean of CY-BOCS, CBCL-Internalizing, CBCL-Externalizing, FAS Mother and FAS Father in posttest and follow-up phases decrease in significant level (P= 0.001).

Table 1: Results of the covariance analysis test

variable	*Assessment point*	*Mean ± SD*	*P-Value*
CY-BOCS Total	Pre-treatment	20.76 ± 3.08	
	Post-treatment	11.12 ± 1.52	0.001
	Follow-up	12.72 ± 0.88	
CBCL-Internalizing	Pre-treatment	22.66 ±3.09	
	Post-treatment	12.44 ±1.66	0.001
	Follow-up	13.28 ± 0.76	
CBCL-Externalizing	Pre-treatment	19.88 ± 3.05	
	Post-treatment	10.17 ±1.33	0.001
	Follow-up	12.63 ± 0.72	
FAS Mother	Pre-treatment	20.77 ± 3.06	
	Post-treatment	10.52 ±1.63	0.001
	Follow-up	11.22 ± 0.81	
FAS Father	Pre-treatment	23.45 ± 3.07	
	Post-treatment	13.49 ± 1.98	0.001
	Follow-up	13.88 ± 0.88	

In conclusion, in addition to the child's participation in treatment, family accommodation especially mother plays an important role in reducing the symptoms of obsessive-compulsive disorder among children (5,6).

Conflict of interest

The authors declare that there is no conflict of interest.

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