Dear participants,

We would like to summarize the results of the internet recent study, for which we compared the effectiveness of association splitting (AS), a novel cognitive technique developed by our group to attenuate obsessive thoughts with a wait-list control condition (WL). AS can be downloaded at no cost in German and English language via the following link: www.uke.de/assoziationsspaltung. Two prior studies tentatively suggested the effectiveness of this approach (Moritz et al., 2007, Behavioural and Cognitive Psychotherapy; Jelinek et al., 2010, Journal of Anxiety Disorders). However, yet no controlled trial with a waitlist group was run. To fill this gap we conducted this internet study. A total of 46 participants with a likely diagnosis of OCD (according to self-report) initially participated in the study and 34 were so kind to take part in the mandatory post-survey 4 weeks later. The study was approved by our local ethics committee. At baseline, participants were randomly allocated to either AS or waitlist. The AS group was sent the manual via email attachment to the email address left at the end (the WL groups received the manual at the end of the post-survey). Treatment entirely relied on manualized self-help ("bibliotherapy"). At baseline and four weeks later symptom severity was assessed using gold-standard instruments like the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the Obsessive-Compulsive Inventory-Revised (OCI-R) and the Beck Depression Inventory (BDI) via an online survey. In addition, at the re-assessment we asked participants in the AS group how they liked the technique, whether the manual was comprehensible etc.

74% of the initial sample completed the re-assessment. People who did not participate in the re-assessment (so-called "drop-outs") were significantly (i.e. result is not due to chance according to statistical procedures) more often male and there was a tendency that they had less OC symptoms at the first survey. Drop-out rates were higher in the AS group than in the WL group which was taken into account for the subsequent statistical analyses. Whether the greater drop-out in the AS group reflects dissatisfaction with AS, a preponderance of males in this group who more likely to drop-out or that this group had the least to gain from participating in the re-assessment (the WL group still had to receive the manual) is unclear.

When results were confined to those who completed the study, symptoms declined to a significantly greater extent in the AS compared to the WL group for depression (as assessed with the BDI), obsessions (as assessed with the Y-BOCS), compulsions (as assessed with the Y-BOCS) and the Y-BOCS total score whereas for the OCI-R only the obsessions subscale yielded a significant result. In a secondary conservative analysis we treated the drop-outs in the AS group as if they had no improved at all. With this analysis the Y-BOCS resistance factor was significantly and the Y-BOCS total score was still much more decreased (so-called statistical trend) in the AS versus the WL group.

The total decline in the Y-BOCS was approximately 6 units for the AS group and only 0.28 units in the WL group (in comparison: a recent study investigating self-help exposure found a decrement of 3-4 points within 4 weeks on the same scale). 82% of the participants who completed the post-survey said that they would apply AS in the future. 42% percent said in retrospect that their symptoms had declined due to the application of the AS.

The study shows that AS is helpful for a subgroup of people with OCD. AS is not meant to substitute a proper psychotherapy but may bring some relief to a some people not sufficiently motivated to seek help or waiting for a therapy to begin. Currently we test whether clinician-administered AS in the

framework of CBT exerts a greater effect than CBT alone.

We would like to thank all people who have participated in the study as well as the forums that have supported this study which did not serve any financial purposes.

Very kind regards,

Lena Jelinek & Steffen Moritz
(University Hamburg, Germany; Department of Psychiatry & Psychotherapy)