

Poster presentation

The efficacy of Cognitive-Analytic Therapy (CAT) on anhedonia in patients with Obsessive-Compulsive Personality Disorder

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Background

Anhedonia is recognized as one of the key symptoms of depression but it is also seen in other mental disorders. Cognitive-Analytic Therapy (CAT) is a type of brief psychotherapy which has been proven efficacious for patients with various psychiatric diagnoses. The present study aims to: 1) Investigate the presence of anhedonia in patients with obsessive-compulsive personality disorder (OCPD) 2) Evaluate the CAT outcome on anhedonia, depression and anxiety of these patients.

Materials and methods

The sample of the study consisted of 64 patients, who attended the Mental Health Center of N/W district of Thessaloniki, received a diagnosis of OCPD or personality disorder NOS with predominant obsessive-compulsive personality traits according to DSM-IV criteria and for whom it has been decided to be treated with CAT. The Beck Depression Inventory (BDI) and the State-Trait Anxiety Inventory (STAI) were used as evaluation instruments on a follow up, 2 months after therapy termination. Anhedonia was tested by the relevant question of BDI.

Results

Forty-five patients completed therapy and attended the follow-up. They showed a statistically significant improvement on BDI total score, on the score of the anhedonia sub-scale, as well as on the state and trait scores of

the STAI, compared to the intake ($p < 0.001$). Furthermore, significantly fewer patients were still anhedonic (13/45 vs 38/45, $\chi^2 = 25.31$, $p < 0.001$) in comparison to pre-therapy evaluation. Finally, patients with OCPD only ($N = 11$) and those with OCPD and an additional axis-I diagnosis, except a depressive disorder ($N = 15$) had significantly lower score on anhedonia compared to OCPD patients with an additional depressive disorder ($N = 19$) ($p < 0.01$).

Conclusions

CAT is an effective brief psychotherapeutic intervention in reducing anhedonia in patients with OCPD. The improvement of anhedonia comes into the line with the improvement of the whole clinical picture of the patients. Anhedonia is a core symptom of depression but it is also seen in patients with other psychological problems, as OCPD.

References

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