Reviewer's report

Title: Internet-based cognitive behavior therapy for obsessive compulsive disorder: A pilot study

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Reviewer: Seth Gillihan

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Review of “Internet-based cognitive behavior therapy for obsessive compulsive disorder: A pilot study”

Andersson and colleagues investigated the effectiveness of an Internet-based CBT program for treating mild to moderate OCD. Participants had access to a therapist (the lead author) as needed throughout the course of treatment. Results showed that on average there was a large reduction in OCD symptoms (d = 1.56) as well as other improvements in functioning. The cost offset analysis did not find significant reductions in any areas, with a nonsignificant trend toward reduced help from family.

This report addresses a well-defined question and one that is important in light of some of the issues that the authors note (e.g., limited availability of CBT therapists). The results are promising and will be of interest to many readers. I offer the following suggestions for strengthening the manuscript:

Major Compulsory Revisions
None

Minor Essential Revisions
1. Several typos or other small issues were noted. These include:
a. Abstract, Results: “did not longer fulfill” should be “no longer fulfilled”
b. Introduction, first para., between refs. [14] and [15-18], “report” needs an “s.”
c. Intro, second para., second sentence: “of computerized treatment where” would be better as “… treatment in which….”
d. Same para., third sentence, “one single” should be “a single.”
e. Next sentence, redundancy at the end.
f. Next para., first sentence, “and/or with” would be better as something like “and/or have featured very….”
g. Method/Participants, 2nd para, (c) should read “4th” not “4:th”
h. 3rd para, sentence after [35], colon after “a and b” should be semi-colon
i. Last para before Conclusions, first sentence: replace “might be” with “is”; “suggested” is sufficiently tentative.
2. In the Intro, 2nd para, last sentence—how/why would Internet-based OCD treatment reduce stigma?

3. Questions about OCD severity:
   a. Was there a minimum Y-BOCS for study entry?
   b. Why was “extreme” OCD excluded?
   c. Which results might have “suffered from floor effects”? It seems like a greater threat in light of relatively low baseline OCD severity would have been null treatment results, which were not found. The low starting point also suggests that the results are unlikely to be attributable to regression to the mean.
   d. What was the range of Y-BOCS scores at baseline?

4. Please discuss the limitation that one psychologist treated all participants, especially given the crucial question of how effective this treatment would be if implemented by other therapists.

5. Were assessors blind to time point? If not, please add to the limitations in light of no control group.

6. Average number of completed modules was about 10 of 15. Why? This number seems somewhat low to me. Also, were some modules more likely not to be completed than others?

7. Results, second sentence: “Some participants” had daily contact…. How many?

8. Same para., “Three participants did not begin ERP exercises.” Do you know why not?

9. Cost offset analysis: mean time spent with study therapist is provided; what were range and median? Was time spent with therapist associated with improvement? I would guess it would not be given that some patients likely spend more time with therapist because they’re struggling.

10. Para. that begins “The effect sizes in this trial”: I do not understand the logic connecting the high accessibility to the therapist with participants’ working intensively with the treatment and achieving rapid results. Please clarify.

11. Conclusions section: Unless required for the journal I would jettison this section since it’s mostly redundant with the previous concluding paragraph.

Discretionary Revisions
1. Some readers might wonder, as I did, why the SCID was used for OCD and the MINI for other diagnoses.

2. Table 3: Although not impossible, it seems really unlikely (something like 1/10,000 chance) that the Y-BOCS (clin) would be exactly 20 (Pre) and 10 (Post) to two decimals; was that the case?
**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.