Psychological (In)Flexibility as Transdiagnostic Predictors of Response to Serotonin Reuptake Inhibitors

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Background

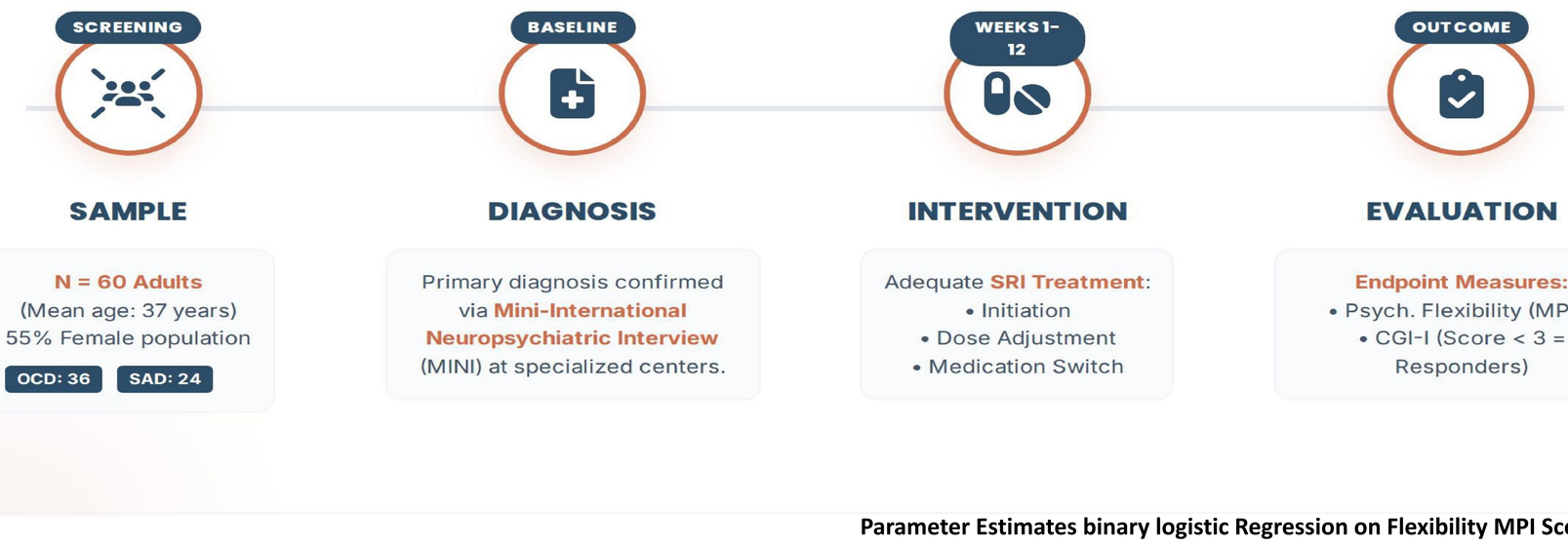
Serotonin reuptake inhibitors (SRIs) are first-line treatments for obsessive-compulsive disorder (OCD) and social anxiety disorder (SAD), but many patients show suboptimal response. Psychological flexibility and inflexibility are transdiagnostic processes associated with mental health outcomes and may influence treatment response. However, their role in pharmacological outcomes remains poorly understood, particularly from a multidimensional perspective.

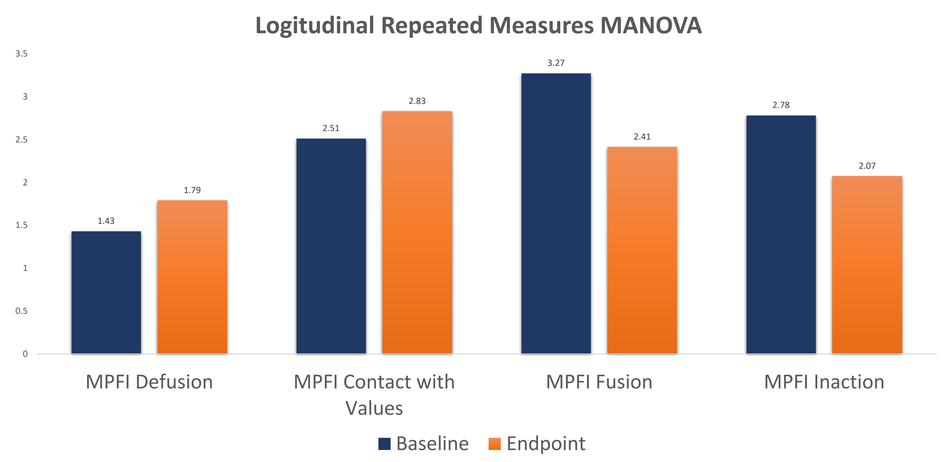
Objective

1. Examine which processes of psychological flexibility/inflexibility change during SRI treatment;
2. Investigate which components serve as predictors of treatment response.

Results

Forty participants were classified as responders. Over time, increases were observed in defusion and contact with values, alongside decreases in fusion and inaction. Furthermore, the psychological flexibility model significantly predicted treatment response, with higher contact with values, lower committed action, and non-OCD status associated with greater odds of responding to treatment.





Parameter Estimates binary logistic Regression on Flexibility MPI Scores (n=62)

Dependent variable	B	SE	Wald χ^2	p
MPFI Acceptance	0.55	0.40	1.87	0.170
MPFI Self-as-context	0.08	0.53	2.71	0.099
MPFI Defusion	-0.87	0.48	3.35	0.067
MPFI Contact with Values	1.91	0.67	8.09	0.004*
MPFI Committed action	-2.06	0.73	7.78	0.005*
MPFI Present Moment	0.06	0.35	0.02	0.87
Diagnosis	1.74	0.82	4.52	0.033
Note: Multidimensional Psychological Flexibility Inventory* = p < 0.05				

Conclusions

The longitudinal analysis revealed that scores on flexibility processes such as defusion and contact with values increased from baseline to follow-up, while scores on inflexibility processes, i.e. fusion and inaction, decreased. Two processes emerged as significant predictors of SRI response: contact with values and committed action. More specifically, higher scores on contact with values and lower scores on committed action were linked to a higher likelihood of being classified as a responder. These findings offer valuable insights into the psychotherapeutic treatment of patients, especially those using SRIs as an adjunct to therapy.

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