

# OCD Treatment

## First, some good news! - OCD Prognosis

- Early studies reported relatively bleak outcomes with OCD treatment
- OCD's prognosis appears to be improving with more available therapeutic options
- Recent study in children: only 43% still met OCD criteria at 2-7 year follow-up  
Treatment studies report 40-60% improvement in symptoms which is generally maintained at 1 year or longer
- Recent 40-year follow-up study in adults:  
83% displayed improvement  
48% reportedly had achieved recovery (20% completely recovered and 28% with symptoms now at a subclinical level)
- Most responders remain somewhat symptomatic
- 10-15% of patients may be non-responders
- Symptoms worsen with periods of stress
- Symptom profiles may change over time
- Hoarding usually is associated with a poorer prognosis
- Commonly observed comorbid illnesses which may complicate the picture include:
  - 1) depression
  - 2) mania
  - 3) social phobia
  - 4) alcohol or drug abuse or dependence
  - 5) panic disorder

## Medication Treatment

### 1) Primary Medications

- Serotonin reuptake inhibitors (SRI's)
  - 1) Drug treatments of choice
  - 2) May require greater than antidepressant doses
  - 3) Longer time required to achieve response (6-8 weeks at any single dose)
  - 4) May see continued improvement for more than 6 months at any single dose
  - 5) General recommendation is to start at low doses and go up slowly
  - 6) High relapse rate seen with abrupt discontinuation
  - 7) Responders may need to remain on the medication long-term (years)
  - 8) After a response has been achieved for some time (at least 6 months), an attempt may be made to slowly decrease the medication dose if this is desired
  - 9) **I am convinced that the best chance for obtaining and maintaining a good response in OCD treatment involves combining medication treatment with behavior therapy.**
  - 10) Side effects that may be caused by both clomipramine and the SSRI's include vivid dreams, short term memory difficulties, increased sweating, either sleepiness or insomnia, yawning, the development of manic symptoms, decreased sexual interest, impotence, and delayed orgasm or lack of orgasm
  - 11) Clomipramine (Anafranil) – Typical dose range for OCD is 100mg-250mg.
    - A) The best studied drug for the treatment of OCD. It remains controversial as to whether it is more effective than the SSRI's.
    - B) It has also been given intravenously in research studies.
    - C) It has more side effects than the other drugs and this has limited its use.
    - D) Other side effects include dry mouth, constipation, weight gain, urinary retention, blurred vision, and positional dizziness

- E) Most adults report that it causes sleepiness and so it is usually prescribed to be taken once daily (near bedtime)
- F) FDA approved for OCD in kids
- G) Overdose is very dangerous
- H) Rare serious side effects include confusion, seizures, and heart rhythm abnormalities
- I) Blood levels are somewhat useful to determine the appropriate dosage because some people eliminate it rapidly while others do so very slowly
- J) Has been used in combination with an SSRI. Must be done cautiously since Paxil, Prozac, Luvox, and also possibly Zoloft and Celexa all may slow the elimination of Anafranil and thus increase its blood levels

Selective serotonin reuptake inhibitors (SSRI's) – Other side effects that may be caused by any of the SSRI's include nausea, vomiting, diarrhea, weight loss or weight gain, restlessness, anxiety, withdrawal symptoms, headaches, bruxism (grinding of teeth) and tremor.

- 12) Fluoxetine (Prozac) - Typical dose range for OCD is 20mg-80mg.
  - A) Tends to have higher likelihood of causing insomnia, restlessness, and anxiety than some of the other SSRI's
  - B) Is taken once daily in the morning
  - C) Has a longer half-life than the other SSRI's and is the least likely to cause withdrawal symptoms.
  - D) Available in liquid form
- 13) Fluvoxamine (Luvox) - Typical dose range for OCD is 100mg-300 (or 400) mg.
  - A) May be the most sedating and has the most GI side effects
  - B) Usually taken once daily in the evening or at night.
  - C) Fewer GI side effects if taken with food.
  - D) Only approved in the US for OCD, but is effective for other diseases (such as depression and panic disorder)
  - E) FDA approved for OCD in kids
- 14) Paroxetine (Paxil) - Typical dose range for OCD is 20mg-50 (or 80) mg.
  - A) Has one of the shortest half-life of the SSRI's and no active metabolites which gives it the greatest likelihood of causing withdrawal symptoms (known now as SSRI discontinuation syndrome) that include dizziness, light-headedness, vertigo or feeling faint; shock-like or tingling sensations; anxiety; diarrhea; fatigue; unsteadiness, headache; insomnia; nausea or vomiting; tremor; and vision problems
  - B) Probably the best-studied SSRI for the treatment of social anxiety disorder
  - C) Available in liquid form
- 15) Sertraline (Zoloft) - Typical dose range for OCD is 100mg-200 (or 300) mg.
  - A) FDA approved for OCD in kids
  - B) Available in liquid form
- 16) Citalopram (Celexa) - Typical dose range for OCD is 20mg- 60 (or 80) mg.
  - A) Fairly well-tolerated
  - B) May have fewer drug interactions
  - C) Not as well-studied
  - D) Available in liquid form
- 17) Venlafaxine (Effexor) - Typical dose range for OCD is 150mg-375mg.
  - A) The least well-studied.

B) Is actually an SRI in that it also blocks the reuptake of another neurotransmitter (NE) as does Anafranil

18) Nefazodone (Serzone) – Typical dose range for OCD is 200-600 mg

A) Not all that good at blocking serotonin reuptake

B) Not very well-studied

C) Most common side effects include sedation and dizziness

□ Monamine oxidase inhibitors (MAOI's) – phenelzine (Nardil) and tranylcypomine (Parnate)

1) Reserved for treatment non-responders

2) Low tyramine diet required to prevent hypertensive crisis

3) Cannot be used with SRI's (will cause a life-threatening interaction called serotonin syndrome)

### 1) Secondary Medications – Used in combination with an SRI

□ Benzodiazepines – (cause sleepiness, decreased anxiety, muscle relaxation, and are used to treat some seizure disorders) All may sleepiness, are habit-forming, and directly interact with alcohol. If any benzodiazepines have been taken regularly (for more than a week), they should be tapered rather than stopped abruptly to prevent risk of withdrawal symptoms that may include seizures. The three most commonly prescribed are alprazolam (Xanax), lorazepam (Ativan), and Clonazepam (Klonopin).

1) Clonazepam (Klonopin) is the best studied for OCD.

2) May be useful for augmentation or associated anxiety symptoms

3) Somewhat controversial as to whether these drugs may hinder behavior therapy

4) May be used also with MAOI's

□ Low-dose antipsychotic medications (the name is a bit confusing since these drugs are being used for many other purposes) (these drugs may cause restlessness, stiffness, muscle spasms, and other abnormal movements)

1) Older (typical) antipsychotics such as halperidol (Haldol) and pimozide (Orap) may be indicated for augmentation with comorbid tic disorder

2) Newer atypicals, with risperidone (Risperdal) and olanzapine (Zyprexa) the best-studied, may be of benefit to augment the effects of SSRI's at other times (even without the presence of a tic disorder)

3) Newer drugs have lower risk of tardive dyskinesia

4) Weight gain and new-onset diabetes have been reported (particularly with Zyprexa)

□ Buspirone (Buspar) – Typical dose range 15-60 mg.

1) Generally well-tolerated

2) Benefits some patients when used in augmentation of an SRI

□ Inositol - Simple sugar with dietary supplement most convenient form available

1) Well tolerated, but unproven thus far

□ Mood stabilizers (Lithium, Depakote, and Tegretol)

1) Some reported success for OCD

2) Useful with comorbid bipolar disorder

3) Periodically check liver (Depakote and Tegretol) or kidney (lithium) function

□ Other antidepressants (Wellbutrin, Remeron, tricyclics)

1) Used mainly for comorbid depression

2) Tricyclic antidepressant blood levels also affected by SSRI's

□ Narcotics? – One recent report of success for OCD treatment