Advice on Prescribing for Adults with Obsessive-Compulsive Disorder (OCD)

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Introduction

Obsessive-Compulsive Disorder (OCD) is a common psychiatric disorder which untreated has a chronic often deteriorating course.

OCD does respond well to treatment with either psychological approaches involving **Graded Exposure and Self-Imposed Ritual Prevention (ERP)** or with specific pharmacological agents. This paper aims to outline the various psychopharmacological approaches.

Psychopharmacological approaches

Repeated trials have demonstrated that drugs which act of the serotonin system are effective in many patients with OCD (SRI and SSRIs)

- The Selective Serotonin Reuptake Inhibitors (SSRIs) are generally used as first line rather than clomipramine (a Serotonin Reuptake Inhibitor- SRI) due to fewer side effects.
- There is little evidence of any particular advantage of any of the SSRIs apart from some evidence that Escitalopram* may reduce relapse of OCD.
- In general if there is no response to the SRI on maximal doses for 12 weeks it is worthwhile switching to an alternative.
- **However there is evidence that benefit from SRI can accrue over as long as 2 years**

Drug	Dose	Major side effects	Any special features
Clomipramine	Up to 225mg at night (increase slowly as tolerated)	Seizures in a small number of patients and less likely if <250mg Sexual Dysfunction in 80 % Dry mouth; blurred vision drowsiness; weight gain and orthostatic hypotension	The first SRI to demonstrate effectiveness in reducing OCD symptoms It is a tricyclic antidepressant

Fluvoxamine (Faverin)	50 mg in evening initially and increased gradually to 300mg (divided doses for >150mg)	Gastro-intestinal upsets; anorexia and weight loss. Insomnia Hypersenstitivity reactions Sexual dysfunction in 30% Rare side-effects include movement disorders;galactorrhoea; urinary retention et c.	The first SSRI to be widely used for OCD May have more side-effects than others?
Fluoxetine (Prozac)	20mg (usually morning) and then if inadequate response after 2 weeks then increase up to maximum of 60mg	As above	Long-half life
Paroxetine (Seroxat)	10mg initially in the morning increasing to 40mg if required	As above	Maximal dose of paroxetine is 50mg
Sertraline (Lustrial)	50mg (usually morning) increasing over several weeks to maximum of 200mg if required	As above	
Citalopram (Cipramil)	20mg increase over time to maximum of 60mg (morning or evening)	As above	**Not licensed for OCD yet**
Escitalopram *(Cipralex)	10mg increase over time to maximum of 20mg (morning or evening)	As above	The active enantiomer of citalopram **Not licensed for OCD yet** Evidence that Escitalopram* prevents relapse in OCD

***Escitalopram is not approved for use in South West London and St George's Mental Health NHS Trust**

If the patient fails to respond to 2 different SRI drugs in maximal doses for a minimum of 3 months each and has also failed to respond to psychological treatment involving ERP then consider psychopharmacological treatment for refractory OCD

Psychopharmacological Treatment for Refractory OCD
This has been the subject of a number of papers but probably the most useful is Pallanti et al. 2008.

There are 2 main approaches to this and also some new ideas.

- **Dopamine Blockade**
  - **This is the most likely intervention outside of a specialist centre and is the most extensively researched**
  - **Doses of drug is normally considerably lower than that used for psychotic illness**
- **Supranormal doses of SSRI**
  - **Some patients are rapid metabolizers of SSRIs and thus higher doses are required**
  - **Blood levels should be checked and so this is best done at a specialist OCD clinic**
- **Other**
  - **Addition of mood stabilizers/buspirone/clomipramine and SSRI et c. Likely to be performed at a specialist OCD service**

Dopamine Blockade

Drug	Dose	Major side effects	Any special features
Sulpiride	Can start as low as 100mg per day and titrate according to response	Parkinsonian and other movement disorders but rarely at lower doses	Has been used as adjunct to SRis for OCD for >20 years Typical antipsychotic agent
Risperidone	Start at 500 micrograms and titrate according to response	Weight gain dizziness; postural hypotension and side effects for all atypical antipsychotics	

Olanzepine	Start at 2.5mg and titrate according to response	As other atypical antipsychotics	Weight gain can be a major problem
Amisulpiride	Start at 50mg and titrate according to response	As other atypical antipsychotics plus insomnia, agitation and GI symptoms	
Quetiapine	Start at 25mg and titrate according to response	As other atypical antipsychotics plus insomnia, agitation and GI symptoms	

Flow Chart for Treatment