

Obsession VS Compulsion

Obsession	Compulsion
Fear of contamination	Washing or cleaning rituals
Recurrent worries about doing things incorrectly/incompletely	Checking excessively, performing actions in a particular order
Need for symmetry	Ordering, arranging, straightening
Unwanted thoughts about being immoral	Asking forgiveness, praying, reassurance seeking
Concerns about throwing away something valuable	Hoarding

Obsession is the fear, Compulsion is the response

Goals of Treatment

Short-Term	Reduction in frequency and severity of obsessive thoughts; Reduction in time spent performing compulsive acts; improved psychosocial and occupational functioning; improved psychosocial and occupational functions
Long-Term	Remission

Pharm | FIRST LINE

Citalopram	
Escitalopram	
Fluoxetine	↔ FDA APPROVED
Fluvoxamine	↔ FDA APPROVED
Paroxetine	↔ FDA APPROVED
Sertraline	↔ FDA APPROVED

SSRI maximum doses in OCD are typically higher than max doses in anxiety and depression

Duration of Therapy

Continue Tx for at least 1 to 2 years

- 0 to 3 months: monitor Q wk to QOW
- 3 to 6 months: monitor Q month
- 6 to 24 months: monitor Q 1 to 2 months

Lifelong treatment recommended when:

- ≥ 2 severe relapses **or** ≥ 3 mild relapses
- Unable to achieve remission

Discontinuation or treatment

- Evaluate risks vs benefit

Duration of Therapy (cont)

- taper slowly
- encourage non-pharmacologic tx

DSM 5 Diagnostic Criterion

- Presence of obsessions, compulsions, or both
- Must be time consuming (> 1 hour) **OR** Cause clinically significant distress in any area of life
- Not attributed to a medical diagnosis or substance induced
- Not better explained by another mental disorder

Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)

- Most commonly used scale
- 40 point, 10-item clinician rated scale
- Measures overall severity of obsessions and compulsions
- Response: ≥ 25% reduction in score
- Remission: score ≤ 8
- Useful in monitoring

Treatment Considerations

- Pharmacotherapy ± CBT
- Appropriate when:
 - an insufficient response to monotherapy (either drug or CBT)
 - Patient prefers short duration
 - Comorbid psychiatric conditions with no response to pharmacotherapy alone

Pharm | SECOND LINE

CLOMIPRAMINE

- TCA with strong 5-HT reuptake inhibition
- Active metabolite inhibits NE reuptake
- Studies showed it was more effective than SSRIs, but use is limited due to ADRs
- True medication trial is at **least 12 weeks** at maintenance dosage
- *Note:* In PTSD, 8 to 12 weeks was a true medication trial