

MCPAP Obsessive Compulsive Disorder (OCD) Guidelines for PCPs

PCP Visit:

- Explore OCD concern, acute or gradual onset, prior history of anxiety, or family history of anxiety
- Obsession Assessment – history and details of unwanted ideas, thoughts, images, or urges that are explained and experienced as unpleasant or unwanted
- Compulsion Assessment – history of compulsions or rituals that the child feels he/she must do to get rid of upsetting feelings or prevent bad event from happening

Consider PANDAS/PANS Work-Up:

- Pre-pubertal, abrupt onset of OCD symptoms and/or tics
- Symptoms including: extreme anxiety/emotional lability or depression, aggression, rituals/compulsions, developmental regression, deterioration in school performance, sensory integration issues, sleep disturbance, enuresis/urinary frequency and/or arthralgias, restrictive eating
- Call MCPAP to review work-up, lab studies, and treatment recommendations

Focused Assessment including clinical interview (see *OCD Clinical Pearls*)

Child Yale-Brown Obsession Compulsion (CY-BOC): Ages 6-17, Symptom Inventory and Severity Scales

Subclinical/Mild (CY-BOC Score 0-15)

- Educate parent and child and create a family plan to reduce accommodations and avoidance behaviors (see *OCD Clinical Pearls*)
- Follow-up in 4-6 weeks; refer to Cognitive Behavioral Therapy (CBT) or Exposure Response Prevention Therapy (ERP), if persistent

Moderate (CY-BOC score 16-23) to Severe/Extreme (CY-BOC score >23)

- In addition to parent and child education and family plan, referral to individual therapy (CBT/ERP)
- Consideration of medication if severe or inadequate response to therapy

Adjunctive Medication Treatment for OCD with SSRI:

FDA-approved medication treatments: **Sertraline (>6)**, **Fluvoxamine (>8)**, and **Fluoxetine (>7)**

Consider MCPAP Consultation on medication for treatment for children age <6.

Sertraline, Fluvoxamine, Fluoxetine

- Start test dose for 1 week (e.g., Sertraline 12.5mg, Fluvoxamine 25mg, Fluoxetine 5mg)
- If test dose tolerated, increase daily dose gradually (every 1-2 weeks) to target doses
 - **Sertraline** target 100 to 150mg – max dose 200mg – nighttime dosing if somnolence
 - **Fluvoxamine** target 100 to 150mg – max dose 200mg (ages 8-11), 300mg (adolescents); typical nighttime dosing, divided dosing recommended over 100mg
 - **Fluoxetine** target 20-30mg for children and 30-60mg for adolescents
- Monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; consult with MCPAP CAP as needed

Monitoring and Reassessment:

- Every 4 weeks until maintenance established - reassess with **CY-BOC** scale
- May titrate medication as tolerated towards max dosage (increments: Sertraline 12.5 mg, Fluvoxamine 25 mg, Fluoxetine 5 mg)
- Reinforce importance of CBT/ERP therapy as primary treatment (medication alone not established as effective treatment)
- Following one year of remission, consider gradual decrease every 4 weeks to initiation dose, then discontinue
- Monitor for potential exacerbation; if found, consider PANDAS