

Obsessive Compulsive Disorder (OCD) in Children and Adolescents Ages 6 to 17 Years Old

Level 0

Comprehensive assessment that includes screening for OCD symptoms and medical causes.

A comprehensive assessment before initiating treatment includes:

- ◆ Duration, type of course (e.g. episodic), and severity
- ◆ Family history (for OCD, tics, autoimmunity)
- ◆ Physical examination: Movements (tics or chorea), red hands, dysmorphology, inflamed throat
- ◆ If new and sudden onset, examine for clinical and subclinical infections, especially group A streptococcus and mycoplasma pneumonia and treat
- ◆ Review for most common comorbid presentations: ADHD, tics, separation anxiety, and ASD
- ◆ Specialty referral as appropriate, e.g., child psychiatry or for cognitive behavioral therapy (CBT)

Associated conditions:

- ◆ Health status: Infections, endocrine disorder, autoimmune
- ◆ Genetic disorder: Velocardiofacial Syndrome (VCFS), Wilson's, CNV's associated with OCD/tics
- ◆ Secondary to a medication or substance: Stimulants, atypical antipsychotics, montelukast, lamotrigine, etc.
- ◆ Trauma: physical, emotional, and sexual



Level 1

- ◆ **1a.** If mild to moderate OCD, start with CBT plus exposure response prevention (ERP) with qualified therapist.
- ◆ **1b.** If moderate to severe OCD, start with combination of behavioral therapy (CBT + ERP) and approved SSRI such as sertraline, fluoxetine or fluvoxamine.



Level 2

If inadequate response to CBT alone (at least 15 sessions) and mild to moderate OCD, add an approved SSRI (sertraline, fluoxetine, or fluvoxamine). If inadequate response to combination therapy after 10 to 12 weeks of optimized SSRI dosing and moderate to severe OCD, switch to another approved SSRI.



Level 3

- ◆ **3a.** If inadequate response after 10 to 12 weeks of optimized SSRI dosing, utilize another approved SSRI or consider clomipramine.
- ◆ **3b.** Consider other non-FDA approved SSRI (e.g., escitalopram).



Level 4

If treatment resistant to behavior therapy and/or SSRI, augment with low dose aripiprazole (0.5 to 3 mg/day) or clomipramine (10 to 50 mg/day).

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Table 13.

Medications for the Treatment of OCD				
Drug Name	Starting Dose (mg/day)		Max Dose (mg/day)	
	Pre-Adolescent	Adolescent	Pre-Adolescent	Adolescent
Fluoxetine ^a	2.5–5 mg/day	10–20 mg/day	40 mg/day	80 mg/day
Sertraline	12.5–25 mg/day	25–50 mg/day	150 mg/day	200 mg/day
Fluvoxamine	12.5–25 mg/day	25–50 mg/day	150 mg/day	300 mg/day
Clomipramine ^a	6.25–12.5 mg/day	25 mg/day	150 mg/day	200 mg/day
*Escitalopram	2.5–5 mg/day	5–10 mg/day	20 mg/day	30 mg/day
**Citalopram ^a	2.5–10 mg/day	10–20 mg/day	40 mg/day	60 mg/day
**Paroxetine ^b	2.5–10 mg/day	10 mg/day	40 mg/day	60 mg/day

^aNo FDA approval for OCD in children.

^{**}No FDA approval for children.

^cConsider EKG monitoring especially if polypharmacy or higher doses.

^bSlow taper upon discontinuation.

OCD TREATMENT CONSIDERATIONS:

- A standard course of CBT with ERP is 10 to 15 sessions, 20 sessions if treatment refractory.
- OCD medication — time to full effect may be long (8-12 weeks) and incomplete (50% response).
- SSRI efficacy much less when in the context of comorbid conditions (especially tics and oppositional defiant disorder).

SSRIs AND DOPAMINE-2 BLOCKERS IN PATIENTS WITH TICS AND OCD:

- In many patients with tics and OCD, combination pharmacotherapy is required (e.g., D2 blockers and SSRIs).
- There are almost no combination therapy trials in children with OCD/tics.
- Most data exist for risperidone and aripiprazole (low doses, i.e., much lower than those used in psychotic or bipolar disorders).

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RESOURCES

■ Children/adolescents

- ◆ Obsessive-Compulsive Disorder: The Ultimate Teen Guide (Rompella, 2009)
- ◆ Breaking Free from OCD: A CBT Guide for Young People and Their Families (Derisley, et al., 2008)

■ Parents/caregivers

- ◆ Talking Back to OCD: The Program that Helps Kids and Teens Say “No Way” and Parents Say “Way to Go” (March, 2007)
- ◆ What To Do When Your Child Has Obsessive Compulsive Disorder: Strategies and Solutions (Wagner, 2002)
- ◆ Freeing Your Child from Obsessive Compulsive Disorder (Chansky, 2001)

■ Clinicians

- ◆ Family-Based Treatment for Young Children with OCD: Therapist Guide (Freeman and Marrs Garcia, 2008)
- ◆ Obsessive-Compulsive Disorder and Its Spectrum: A Life-Span Approach (Storch and McKay, 2008)

■ Relevant websites

- ◆ International OCD Foundation, <https://kids.iocdf.org/>
- ◆ Association for Behavioral and Cognitive Therapies, <http://www.abct.org>
- ◆ PANDAS Network, <http://www.pandasnetwork.org/>
- ◆ Beyond OCD, <http://beyondocd.org/>
- ◆ Developmental-Behavioral Pediatrics, www.dbpeds.org
- ◆ Teaching the Tiger – A Handbook for Educators, <http://www.hopepress.com>

Note: Above resources and website links were updated at the time of publication.

For a full list of references, visit <http://medicaidmentalhealth.org/>.