

Obsessive-Compulsive Disorder

Clinical Practice Guideline Summary for Primary Care

CLINICAL ASSESSMENT AND DIAGNOSIS (ADULTS)

Obsessive-Compulsive Disorder (OCD) is categorized by recurrent obsessions, compulsions or both. Obsessions are defined as recurrent and persistent thoughts or urges that are experienced as intrusive and unwanted, and in most patients cause marked anxiety or distress. Compulsions are defined as repetitive behaviors such as hand washing, ordering and/or checking or mental acts such as praying, counting, and/or repeating words silently. The repetitive behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation. These behaviors or mental acts are generally excessive and time consuming and significantly interfere with the patient's daily routine, functioning, social activities and/or relationships.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history and should include the following elements:

- History and severity of current symptoms
- Baseline functioning and level of impairment due to presence of obsessions and/or compulsions
- Mental status examination
- Assessment of risk to self or others
- Psychiatric history including current and past treatments (i.e. behavioral health therapy and pharmacotherapy) and responses to treatment
- General medical history and physical examination to rule out medical reason for reported symptoms
- Substance use history and treatment for substance use disorders
- Personal history including psychological development, major life events, and response to life transitions
- Social and occupational history
- Family medical and psychiatric history
- Review of patient's prescriptions and use of over-the-counter medication

One way to improve diagnostic efficiency in detecting Obsessive-Compulsive Disorder is the use of the following patient self-report screening instruments:

- Yale Brown Obsessive Compulsive Scale Revised (Y-BOCS-R)
- Obsessive-Compulsive Inventory-Revised (OCI-R)

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- Florida Obsessive-Compulsive Inventory (FOCI)
- Saving Inventory-Revised (SI-R)
- Hoarding Rating Scale (HRS-SR)

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH OBSESSIVE COMPULSIVE DISORDER

- Any significant or sudden change in a patient's mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrant consultation with a behavioral health specialist and may require urgent or emergent treatment including hospitalization.
- Patients presenting with co-morbid depressive disorders, with a risk of harm to self or others require hospitalization; patients presenting with co-morbid alcohol and/or substance use disorders may require detoxification.

EFFECTIVE TREATMENT

Treatment options for Obsessive Compulsive Disorder are generally determined by the patient's clinical presentation and severity of symptoms. Treatment modalities include pharmacotherapy, psychotherapy, and a combination of both.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Evaluate and monitor the patient's functional impairments and quality of life in domains such as family and social relationships, work, school, leisure activities and maintenance of health and hygiene
- Collaboration with the patient to develop a treatment plan and help with decision making; attend to the patient's preferences and concerns
- Establish the appropriate treatment setting based on the patient's clinical condition, symptoms and safety concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is critical
- Ongoing monitoring of patient's symptoms and response to treatment
- Coordinate the patient's care with other treating clinicians to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, medication side effects, logistical, economic or cultural barriers to treatment
- Provide education to patient/family regarding illness, risk of relapse, and the need for treatment compliance
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition, decreased use of tobacco, alcohol and other potentially addictive substances

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Medication

The initial selection of medication for Obsessive Compulsive Disorder is determined by the patient's clinical presentation, severity of symptoms, presence of co-occurring psychiatric or medical disorders, psychosocial stressors, prior treatment experience, potential side effects, cost, and patient preference. The first line pharmacotherapy treatment for Obsessive Compulsive Disorder is serotonin reuptake inhibitors (SSRIs) due to safety, tolerability and anticipated side effects. SSRIs include Citalopram, Escitalopram Fluoxetine, Paroxetine, Paroxetine extended release, and Sertraline. All SSRIs appear to be equally effective in treating Obsessive Compulsive Disorder; however some patients may respond more favorably to one SSRI vs. another.

It is important to carefully monitor the patient's response to SSRIs especially in the early phase of treatment and after dose increases, considering potential side effects and safety concerns as there is an increased suicide risk for some patients.

Most patients will not experience substantial improvement from SSRIs for 4-6 weeks; some patients may require 10-12 weeks for improved response. Prescribing clinicians should educate patients during all phases of treatment regarding the importance of taking medication as prescribed. It is also important that patients understand the need to consult with their prescribing clinician prior to discontinuing an antidepressant or other psychiatric medication.

Therapy

Patients with Obsessive Compulsive Disorder can benefit from psychotherapy or a combination of psychotherapy and pharmacotherapy. Cognitive Behavioral Therapy (CBT) is recommended as the first line psychotherapeutic treatment for Obsessive Compulsive Disorder. Exposure Response Prevention Therapy, Psychodynamic Psychotherapy and Motivational Interviewing are additional psychotherapeutic treatments/interventions which may be beneficial to some patients.

Outpatient treatment such as individual or group therapy is generally sufficient for most patients. However some patients may require more intensive treatment interventions such as hospitalization, residential, partial hospitalization program, or intensive outpatient services due to potential suicide risk, co-occurring psychiatric disorders, inadequate self-care or need for monitoring/intervention due to severity of symptoms and level of functional impairment.

SPECIAL CONSIDERATIONS FOR THE ASSESSMENT AND TREATMENT OF CHILDREN AND ADOLESCENTS

Obsessive Compulsive Disorder (OCD) is a relatively common psychiatric disorder affecting children and adolescents and may cause significant disability.

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Clinical Presentation

Children with OCD may display compulsions without well-defined obsessions and rituals other than the typical washing or checking. Symptoms of OCD are frequently hidden or poorly articulated, especially in younger children. Children's obsessions often center on a fear of a catastrophic family event such as the death of a parent. Contamination, sexual and somatic obsessions, and excessive scruples/guilt are the most commonly reported obsessions; whereas washing, checking, and repeating are the most commonly reported compulsions.

Psychiatric Co-Morbidity and Differential Diagnosis

OCD in youth is usually accompanied by a co-occurring psychiatric disorder that may complicate the assessment and treatment of affected children. An early age onset of OCD is predictive for the increased risk of Attention Deficit Hyperactivity Disorder, Separation Anxiety Disorder, specific Phobias, Agoraphobia, and multiple Anxiety Disorders. Mood and Psychotic Disorders are associated with increasing chronologic age.

The most difficult differential diagnoses occur in the context of Autism Spectrum Disorder (previously classified as Pervasive Development Disorder). The core symptoms of Autism Spectrum Disorder include stereotypic and repetitive behaviors, a restricted and narrow range of interests and activities that may be confused with OCD, especially in young children.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history. The American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment and Treatment of Children and Adolescents with Obsessive Compulsive Disorder includes the following evaluation and treatment recommendations:

Diagnostic Evaluation

- Routine screening for the presence of obsessions and/or compulsions or repetitive behaviors for all children and adolescents regardless of presenting complaint
- Rating scales such as the Children's Yale-Brown Obsessive Compulsive Scale (CU-BOCS), Leyton Obsessional Inventory (LOI) and DSM-V criteria are useful tools to improve diagnostic efficiency of Obsessive Compulsive Disorder
- Psychiatric assessment including mental status exam and history/presence of commonly occurring comorbid psychiatric disorders
- Assessment of risk to self or others
- Medical history and developmental milestones
- Review of patient's prescriptions and use of over-the-counter medication
- Family history; include questions regarding frequency/pattern of OCD symptoms in the home, impact on family relationships and parental accommodation efforts to relieve the child/adolescent's anxiety

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- School and educational history
- Peer and school supports

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- Patients presenting with co-morbid depressive disorders, with a risk of harm to self or others require hospitalization; patients presenting with co-morbid alcohol and/or substance use disorders may require detoxification.

EFFECTIVE TREATMENT

Treatment options for children and adolescents with Obsessive Compulsive Disorder are generally determined by the patient's clinical presentation and severity of symptoms. Treatment modalities include pharmacotherapy, psychotherapy, and a combination of both.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Evaluate and monitor the patient's functional impairments and quality of life in domains such as family and social relationships, school, leisure activities and maintenance of health and hygiene
- Collaboration with the patient/parent to develop a treatment plan and help with decision making; attend to the patient/parent's preferences and concerns
- Establish the appropriate treatment setting based on the patient's clinical condition, symptoms and safety concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is critical
- Ongoing monitoring of patient's symptoms and response to treatment
- Coordinate the patient's care with other treating clinicians and school supports to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized
- Assess potential barriers to treatment adherence including lack of motivation, medication side effects, logistical, economic or cultural barriers to treatment
- Provide education to patient/parents regarding illness and the need for treatment compliance
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition

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Therapy

Cognitive Behavioral Therapy (CPT) is recommended as the first line treatment for mild to moderate cases of Obsessive Compulsive Disorder in children and adolescents.

Medication

Medication is indicated in addition to Cognitive Behavioral Therapy (CBT) for children and adolescents presenting with moderate to severe Obsessive Compulsive Disorder.

The initial selection of medication for children and adolescents with Obsessive Compulsive Disorder is determined by the patient's clinical presentation, severity of symptoms, presence of co-occurring mental health or medical disorders, psychosocial stressors, prior treatment experience, potential side effects, cost, and patient/parent preference. The first line pharmacotherapy treatment for Obsessive Compulsive Disorder is serotonin reuptake inhibitors (SSRIs) due to safety, tolerability and anticipated side effects. SSRIs include Citalopram, Escitalopram Fluoxetine, Paroxetine, Paroxetine extended release, and Sertraline.

It is important to carefully monitor the patient's response to SSRIs especially in the early phase of treatment and after dose increases, considering potential side effects and safety concerns as there is an increased suicide risk for some patients. Titration schedules should be conservative, with modest increases from the initial dose every 3 weeks to allow for an improvement to manifest before aggressively increasing the dose. Treatment is generally continued for 6-12 months after stabilization. Clinicians should be aware of behavioral side effects that are more likely in younger children and may be late-onset adverse effects appearing in parallel with a decrease in anxiety.

Prescribing clinicians should educate patient/parent during all phases of treatment regarding the importance of taking medication as prescribed. It is also important that patient/parent understands the need to consult with prescribing clinician prior to discontinuing an antidepressant or other psychiatric medication.

Family therapy in combination with CBT and medication may potentially lead to better outcomes especially when instances of patient/family conflict and/or dysfunction may impede treatment.

RESOURCES

For further information, see the complete version of the American Psychiatric Association's *Practice Guideline for the Treatment of Patients with Obsessive-Compulsive Disorder* available at <http://psychiatryonline.org/guidelines> and the American Academy of Child and Adolescent Psychiatry, *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Obsessive Compulsive Disorder*, available at www.aacap.org. You can also call the Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with a psychiatrist or contact Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.

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