

Obsession VS Compulsion

Obsession

Fear of contamination

Recurrent worries about doing things incorrectly/incompletely

Need for symmetry

Unwanted thoughts about being immoral

Concerns about throwing away something valuable

Compulsion

Washing or cleaning rituals

Checking excessively, performing actions in a particular order

Ordering, arranging, straightening

Asking forgiveness, praying, reassurance seeking

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 of 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



By **Shelbi** (kfisher17)
cheatography.com/kfisher17/

Published 23rd February, 2020.
Last updated 23rd February, 2020.
Page 1 of 1.

Sponsored by **ApolloPad.com**
Everyone has a novel in them. Finish
Yours!
<https://apollopad.com>