

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, hair pulling disorder
- ◆ 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, copy number variations (CNVs) 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 behavioral therapy (cognitive behavioral therapy/exposure with response prevention, CBT+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

- ◆ **2a.** If mild to moderate OCD with an inadequate response to CBT alone (at least 15 sessions) , add an approved SSRI (sertraline, fluoxetine, or fluvoxamine).
- ◆ **2b.** If moderate to severe OCD with an inadequate response to combination therapy after 10 to 12 weeks of optimized SSRI dosing, switch to another approved SSRI.

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	Level 3 <ul style="list-style-type: none">◆ 3a. If inadequate response after 10 to 12 weeks of optimized SSRI dosing, utilize another approved SSRI or consider clomipramine monotherapy.◆ 3b. Consider other non-FDA approved SSRI (e.g., escitalopram).
	Level 4 <p>Re-assess diagnosis and refer to specialist. 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).</p>

Please visit our website to view:

- Electronic versions of our adult and child/adolescent guidelines (available in full or in part)
- News and announcements
- Webinars
- Staff publications
- Alerts of recent publications and related literature
- Resources and tools



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Florida Medicaid Drug Therapy
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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 is much less when in the context of comorbid conditions (especially tics and oppositional defiant disorder).
- In many patients with OCD and a comorbid tic disorder, combination pharmacotherapy may be necessary (e.g., SSR+alpha-2 agonist/D2 blockers). Refer to tic guidelines available at <http://www.medicaidmentalhealth.org/>.

Table 12.

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.

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

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/>.