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)

Screening tools/rating scales

✦ Self-Report measures (adult scales, none in children)
  ✧ Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS)
  ✧ Obsessive Compulsive Inventory – Revised (OCI-R)
  ✧ Florida Obsessive-Compulsive Inventory
  ✧ Dimensional Obsessive-Compulsive scale
✦ The Anxiety and Depression Association of America has a screening tool available: [https://adaa.org/screening-obsessive-compulsive-disorder-ocd](https://adaa.org/screening-obsessive-compulsive-disorder-ocd)

✦ Clinician rated:
  ✧ MINI-Kid
  ✧ CY-BOCS
  ✧ Anxiety Disorders Interview Schedule – Child (ADIS-C)

Links to the measures are available at [https://floridabhcenter.org/](https://floridabhcenter.org/).

Note: The MINI-Kid, CY-BOCS, and ADIS-C are not available in the public domain.

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 (ERP), CBT+ERP) with qualified therapist.
✦ 1b. If moderate to severe OCD, start with combination of behavioral therapy (CBT + ERP) and an FDA approved monotherapy with an SSRI such as sertraline (6+ years and older), fluoxetine (7+ years and older) or fluvoxamine (8+ years and older).
Level 2
✦ 2a. If mild to moderate OCD with an inadequate response to CBT alone (at least 15 sessions), add monotherapy with an FDA 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 monotherapy with another FDA approved SSRI.

Level 3
✦ 3a. If inadequate response after 10 to 12 weeks of optimized SSRI dosing, utilize another approved SSRI or consider clomipramine monotherapy (10+ years and older).
✦ 3b. Consider other non-FDA approved SSRI (e.g., escitalopram).

Level 4
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).

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., SSRI+alpha-2 agonist/D2 blockers). Refer to tic guidelines available at https://floridabhcenter.org/.

Table 13.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Starting Dose (mg/day)</th>
<th>Max Dose (mg/day)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Adolescent</td>
<td>Adolescent</td>
</tr>
<tr>
<td>*Sertraline</td>
<td>12.5–25 mg/day</td>
<td>25–50 mg/day</td>
</tr>
<tr>
<td>*Fluoxetine</td>
<td>2.5–5 mg/day</td>
<td>10–20 mg/day</td>
</tr>
<tr>
<td></td>
<td>(higher range for</td>
<td></td>
</tr>
<tr>
<td></td>
<td>higher weight</td>
<td></td>
</tr>
<tr>
<td></td>
<td>children)</td>
<td></td>
</tr>
<tr>
<td>*Fluvoxamine</td>
<td>12.5–25 mg/day</td>
<td>25–50 mg/day</td>
</tr>
<tr>
<td>*Clomipramine</td>
<td>6.25–12.5 mg/day</td>
<td>25 mg/day</td>
</tr>
<tr>
<td>Escitalopram</td>
<td>2.5–5 mg/day</td>
<td>5–10 mg/day</td>
</tr>
<tr>
<td>Citalopram</td>
<td>2.5–10 mg/day</td>
<td>10–20 mg/day</td>
</tr>
<tr>
<td>Paroxetine</td>
<td>2.5–10 mg/day</td>
<td>10 mg/day</td>
</tr>
</tbody>
</table>

* FDA approved for OCD in children—sertraline: 6 years and older; fluoxetine: 7 years and older; fluvoxamine: 8 years and older; clomipramine: 10 years and older. Escitalopram, citalopram, and paroxetine are not currently FDA approved for treatment of OCD in children.
*aConsider EKG monitoring, especially if polypharmacy or higher doses.
*bSlow taper upon discontinuation.
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)
✦ Overcoming Unwanted Intrusive Thoughts: A CBT Based Guide to Getting Over Frightening, Obsessive or Disturbing Thoughts (Winston, 2017)

■ 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
✦ Beyond OCD, http://beyondocd.org/

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

For a full list of references, visit https://floridabhcenter.org/.