

# 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, dysmorphism, 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>
- ◆ Clinician rated:
  - ◇ MINI-Kid
  - ◇ CY-BOCS
  - ◇ Anxiety Disorders Interview Schedule – Child (ADIS-C)

Links to the measures are available at <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).

	<p><b>Level 2</b></p> <ul style="list-style-type: none"> <li>◆ <b>2a.</b> 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).</li> <li>◆ <b>2b.</b> 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.</li> </ul>
	<p><b>Level 3</b></p> <ul style="list-style-type: none"> <li>◆ <b>3a.</b> If inadequate response after 10 to 12 weeks of optimized SSRI dosing, utilize another approved SSRI or consider clomipramine monotherapy (10+ years and older).</li> <li>◆ <b>3b.</b> Consider other non-FDA approved SSRI (e.g., escitalopram).</li> </ul>
	<p><b>Level 4</b></p> <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>

## 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.

Medications for the Treatment of OCD				
Drug Name	Starting Dose (mg/day)		Max Dose (mg/day)	
	Pre-Adolescent	Adolescent	Pre-Adolescent	Adolescent
*Sertraline	12.5–25 mg/day	25–50 mg/day	150 mg/day	200 mg/day
*Fluoxetine <sup>a</sup>	2.5–5 mg/day	10–20 mg/day	20–60 mg/day (higher range for higher weight children)	80 mg/day
*Fluvoxamine	12.5–25 mg/day	25–50 mg/day	150 mg/day	300 mg/day
*Clomipramine <sup>a</sup>	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	20 mg/day
Citalopram <sup>a</sup>	2.5–10 mg/day	10–20 mg/day	40 mg/day	40 mg/day
Paroxetine <sup>b</sup>	2.5–10 mg/day	10 mg/day	40 mg/day	60 mg/day

\* 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.

<sup>a</sup>Consider EKG monitoring, especially if polypharmacy or higher doses.

<sup>b</sup>Slow 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/>
- ◆ PANDAS Network, <http://www.pandasnetwork.org/>

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

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