**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 exam: Movements (tics or chorea), red hands, dysmorphology, inflamed throat
- If new and sudden onset, examine for subclinical infections, especially group A streptococcus and treat
- Review for most common comorbid presentations: ADHD, tics, separation anxiety, and ASD
- Specialty referral as appropriate—child psychiatry or for CBT

*Medical causes:*
- Health status: Infections, endocrine disorder, autoimmune
- Genetic disorder: VCFS, Wilson’s, CNV’s associated with OCD/tics
- Secondary to a medication: Stimulants, atypicals, montelukast, lamotrigine

<table>
<thead>
<tr>
<th>Level 1</th>
<th>If mild to moderate OCD, cognitive behavioral therapy (CBT) with qualified therapist.</th>
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<tbody>
<tr>
<td>Level 2</td>
<td>If inadequate response to CBT or OCD is severe, consider monotherapy with sertraline, fluoxetine, or fluvoxamine.</td>
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<tr>
<td>Level 3</td>
<td>If inadequate response after 10 to 12 weeks of optimized dosing, utilize another of approved SSRIs or consider clomipramine.</td>
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<td>Level 4</td>
<td>If treatment resistant to behavior therapy and/or SSRI, augment with low-dose aripiprazole, respiredone, or clomipramine.</td>
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</table>
Obsessive Compulsive Disorder (OCD) in Children and Adolescents Ages 6 to 17 Years Old (continued)

Medication Used in the Treatment of OCD

<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>Fluoxetine</td>
<td>2.5 – 5</td>
<td>10 – 20</td>
</tr>
<tr>
<td>Sertraline</td>
<td>12.5 – 25</td>
<td>25 – 50</td>
</tr>
<tr>
<td>Fluvoxamine</td>
<td>12.5 – 25</td>
<td>25 – 50</td>
</tr>
<tr>
<td>Clomipramine</td>
<td>6.25 – 12.5</td>
<td>25</td>
</tr>
<tr>
<td>*Escitalopram</td>
<td>2.5 – 5</td>
<td>5 – 10</td>
</tr>
<tr>
<td>**Citalopram</td>
<td>2.5 – 10</td>
<td>10 – 20</td>
</tr>
<tr>
<td>**Paroxetine</td>
<td>2.5 – 10</td>
<td>10</td>
</tr>
</tbody>
</table>

*aConsider EKG monitoring especially if polypharmacy  
**No FDA approval for children  
*No FDA approval for OCD in children  
**Slow taper upon discontinuation

OCD TREATMENT PEARLS:
- OCD medication – time to effect may be long
- SSRI efficacy much less when in the context of comorbid conditions

SSRIs and Dopamine-2 Blockers in Patients with Tics and OCD:
- In many patients with tics and OCD, combination pharmacotherapy is required. D2 blockers and SSRIs
- Almost no combination therapy trials in children with OCD/tics
- Most data: risperidone, aripiprazole (low doses, i.e., much lower than those used in psychotic or bipolar disorders)

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, 2006)
  - Freeing your Child from Obsessive Compulsive Disorder (Chansky, 2001)
  - What To Do When Your Child Has Obsessive Compulsive Disorder: Strategies and Solutions (Pinto Wagner, 2002)
Obsessive Compulsive Disorder (OCD) in Children and Adolescents Ages 6 to 17 Years Old (continued)

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

- FDA, [www.fda.gov/Drugs/ResourcesforYou/Healthprofessionals](http://www.fda.gov/Drugs/ResourcesforYou/Healthprofessionals)
- International OCD Foundation, [www.ocdfoundation.org](http://www.ocdfoundation.org)
- Association for Behavioral and Cognitive Therapies, [www.abct.org](http://www.abct.org)
- PANDAS Network, [www.pandasnetwork.org](http://www.pandasnetwork.org)
- Beyond OCD, [www.beyondocd.org](http://www.beyondocd.org)
- Developmental-Behavioral Peds, [www.dbpeds.org](http://www.dbpeds.org)
- Teaching the Tiger – A Handbook for Educators, [www.hopepress.com](http://www.hopepress.com)

References
