Primary Care Networks
EDMONTON AND AREA

Evidence-based treatment options for Obsessive-Compulsive Disorder (OCD)

Guidance for Psychiatrists, Family Physicians, and Nurse Practitioners

Developed by:

MANOR CLINIC

Evidence-based treatment options for Obsessive-Compulsive Disorder (OCD)

Guidance for Psychiatrists, Family Physicians, and Nurse Practitioners

According to the Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders (2014), the following psychological and pharmacological approaches could be beneficial for individuals with Obsessive-Compulsive Disorder (OCD):

A. Psychological treatment:

Cognitive Behavioral Therapy (CBT), generally including exposure with response prevention (ERP), has good effectiveness in treating OCD symptoms. According to these guidelines, CBT is equivalent or superior to pharmacotherapy. A treatment specifically designed to address fear of contamination with infectious substances, using a cognitive intervention that includes no direct exposure ("danger ideation reduction therapy, DIRT"), has been found to be more efficacious than ERP. Other techniques that may be useful include acceptance and commitment therapy (ACT), modular cognitive therapy (CT) addressing OCD beliefs, CT addressing obsessional doubt, organizational training, and mindfulness training. While EMDR was more effective than an SSRI in a RCT, data are limited, and this technique is not generally recommended for patients with OCD. Data suggest that therapist-guided exposure is better than self-exposure. While both treatment conditions showed significant symptom reduction, therapist-administered ERP was superior to self-administered ERP in improving OCD symptoms and self-reported functional impairment.

B. Pharmacological treatment:

1. **First line:**
   SSRIs are recommended first-line pharmacological interventions for OCD, while SNRIs, clomipramine, and other antidepressants are recommended second and third-line treatments. First-line recommended medications are escitalopram, fluoxetine, fluvoxamine, paroxetine and sertraline.

2. **Second-line:**
   Citalopram, clomipramine, mirtazapine, venlafaxine XR

3. **Third-line:**
   Intravenous citalopram, intravenous clomipramine, duloxetine, phenelzine, tramadol, tranylcypromine. Intravenous citalopram and intravenous clomipramine are not widely used due to practical problems.

4. **Adjunctive therapy:**
   a. First-line: aripiprazole, risperidone
   b. Second-line: memantine, quetiapine, topiramate
   c. Third-line: amisulpride, celecoxib, citalopram, granisetron, haloperidol, IV ketamine, mirtazapine, N-acetylcysteine, olanzapine, ondansetron, pindolol, pregabalin, riluzole, ziprasidone