

## Obsessive-Compulsive Disorder Treatment Guide Summary

CONDITION	OPTIONS
If OCD mild or pregnant patient	Start with CBT alone
If OCD more severe in adolescent or adult	Start with first-line medication alone (see Table 8.2 on p. 112) Start with CBT + first-line medication
If CBT alone, allow 12–15 weeks to assess response.	
If using medication, titrate to typical average effective dose (target dose) or lowest effective dose. Onset of clinical response is commonly delayed up to 8 weeks. Wait this time, assessing every 2 weeks. If no response or partial response, titrate every 1–2 weeks until maximum dose is reached.	
<b>Note:</b> An adequate medication trial for OCD is 10–12 weeks or longer depending on individual circumstances (with minimum 4 weeks on maximum tolerated dose).	
If no response or partial response to CBT alone	Add a first-line medication
If no response or partial response to first-line medication alone	Add CBT
If no response or partial response to combined CBT and first-line medication	Switch to another first-line medication Augment with another medication
If no response to first-line medication plus add-on, or to second first-line medication, with or without psychotherapy	Consider referral Switch to a second-line medication (see Table 8.2 on p. 112)
If no response or partial response to 3 therapies total, with or without CBT	Referral
If response	Continue treatment for 1–3 years, depending on severity

### Medication Guidelines

**Fluvoxamine is widely considered the treatment of choice.** Give first-line medication a 6–10 week trial at the average target or lowest effective dose to assess response, and usually a 12–15-week trial (total). OCD requires higher mean doses than other anxiety disorders.

Clomipramine is as effective but is considered second-line due to tolerability and safety issues.

### Referral Guidelines

Consider referral if you feel uncomfortable with any part of this suggested management (e.g., substance use disorder comorbidity, augmentation).