Journal of Obsessive-Compulsive and Related Disorders 6 (2015) 7–26

Contents lists available at ScienceDirect

Journal of Obsessive-Compulsive and Related Disorders

journal homepage: www.elsevier.com/locate/jocrd

Review

Biological treatments for obsessive-compulsive and related disorders

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ARTICLE INFO

Article history:
Received 9 February 2015
Accepted 21 March 2015
Available online 31 March 2015

Keywords:
Obsessive compulsive disorder
SSRI
Pharmacotherapy

ABSTRACT

The availability of evidence based treatments for OCD is a fairly recent development. While this emerging field is an exciting time for those seeking to help individuals with OCD, some aspects of treating OCD can be challenging for today's psychiatrist. Often SSRI's are used at higher dosages in OCD than in the treatment of other psychiatric illnesses. This often leads to pharmacists, medical review committees and insurance companies to question the therapy, requiring time to advocate for the best treatment. As with any field in which treatment options are evolving, understanding which patients may benefit from emerging medication options, communicating these choices to the patients and families may consume more and more time for the effective psychiatrist. The goal of this review is to guide the reader through the currently available literature for obsessive compulsive and related disorders in order to provide them with the tools to appropriately tailor their pharmacotherapy and, when necessary, advocate for their patients.

Contents

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http://dx.doi.org/10.1016/j.jocrd.2015.03.003
2211-3649/

1. Introduction

The availability of evidence based treatments for OCD is a fairly recent development. At the time of this writing, there are many psychiatrists still in practice who were trained during a time in which a diagnosis of OCD offered little hope to the effected individual. The first medication treatment studies which were able to demonstrate an improvement in OCD symptoms were conducted in 1980 (Montgomery, 2003; Marks, Stern, Mawson, Cobb, & McDonald, 1980). The first medication that was approved in the United States for the treatment of OCD was clomipramine, and was granted approval by the FDA in 1987. As a result, the use of medication treatment and other biologically based therapies is a relatively new occurrence in the field of psychiatry. Since that time, the efficacy of serotonin selective reuptake inhibitors (SSRIs) has been demonstrated as well, leading to a number of medications that are approved for the treatment of OCD with evidence based effectiveness. Along with clomipramine, SSRIs are considered to be the first line of medication treatment for OCD. Recent work has focused on additional classes of medication to expand the treatment options currently available.

While this emerging field is an exciting time for those seeking to help individuals with OCD, some aspects of treating OCD can be challenging for today's psychiatrist. Often SSRI's are used at higher dosages in OCD than in the treatment of other psychiatric illnesses. This often leads to pharmacists, medical review committees and insurance companies to question the therapy, requiring time to advocate for the best treatment. As with any field in which treatment options are evolving, understanding which patients may benefit from emerging medication options, communicating these choices to the patients and families may consume more and more time for the effective psychiatrist. The goal of this review is to guide the reader through the currently available literature for obsessive compulsive and related disorders in order to provide them with the tools to appropriately tailor their pharmacotherapy and, when necessary, advocate for their patients.

2. Medication treatment with ERP vs. ERP alone

Exposure Response Prevention (ERP) is a highly effective evidence-based behavioral treatment for OCD in adult and pediatric populations. ERP, which has an exceedingly low risk to benefit ratio, should be considered a first line treatment and where available should be provided independently or concurrently with first-line pharmacotherapy prior to the exploration of any other treatment modalities. In adults, a recent head to head trial of risperidone vs. ERP augmentation of Serotonin Reuptake Inhibitors (SRI) is consistent with this recommendation, showing significant superiority of ERP over the antipsychotic (Simpson et al., 2013). In pediatric OCD, the POTS study showed the combination of SRI and ERP is significantly more effective than SRI alone, with nearly half of those receiving dual therapy experiencing remission of symptoms (Pediatric OCD Treatment Study, 2004). Unfortunately, ERP providers remain rare in many parts of the country although this is improving. In the event that the patient is unable or unwilling to participate in ERP, medications can be a reasonable alternative. Pharmacotherapy may also be necessary to augment ERP or decrease symptoms enough to allow for ERP participation in patients with moderate to severe OCD (see Fig. 1).

3. First-line OCD treatment

Potential treatments for OCD are generally assessed based on their efficacy in reducing OCD symptoms rather than inducing remission. Treatment response in most recent clinical trials has