Bridging Perspectives: Navigating Tourette Syndrome and Obsessive-Compulsive Disorder (November 15, 2025)

Pharmacotherapy for OCD: Case-Based Learning (Physician Track)

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Disclosures

Dr. Daniel Gorman has no actual or potential conflict of interest in relation to the content of this presentation

Learning Objectives

1. To describe the evidence regarding pharmacotherapy for OCD, with reference to both efficacy and side effects

2. To explain an evidence-based approach to the pharmacological management of OCD

3. To apply the evidence on pharmacotherapy for OCD to a clinical case

Outline

- Brief review of pharmacotherapy for OCD
- Case-based discussion focusing on pharmacological management of a patient with severe OCD
- Take-home points

Pharmacotherapy for OCD

- SSRIs
  - Most sources recommend trying at least 2 SSRIs before moving on to clomipramine
- Clomipramine
- Antipsychotics for augmentation
- Other augmentation agents

Based on adult studies only

Efficacy of SRIs for Pediatric vs. Adult OCD: Evidence from Meta-Analyses

	Children & Adolescents	Adults
Effect Size	0.4-0.5	0.3-0.4
Number Needed to Treat	5-6	6-7
Response Rate	50% (twice the rate for placebo)	33% (twice the rate for placebo)
Remission Rate	25-50% (twice the rate for placebo)	?
Differences between SSRIs	None	None
SSRIs vs. Clomipramine (CMI)	CMI may be superior, but studies are few and generally of poor quality	Small number of studies show a trend towards superiority of CMI, but it's not statistically significant
SRI vs. CBT	CBT+SRI ≥ CBT ≥ SRI	CBT+SRI ≥ CBT ≥ SRI

Pediatric: *Geller et al., 2003; Bridge et al., 2007; Watson & Rees, 2008; Ipser et al., 2010* (Cochrane Review); *McGuire et al., 2015; Ivarsson et al., 2015; Öst et al., 2016; Locher et al., 2017; Cervin et al., 2024*

Adults: *Soomro et al., 2008* (Cochrane Review); *Skapinakis et al., 2016; Cohen et al., 2025*

SRI Dosing & Duration

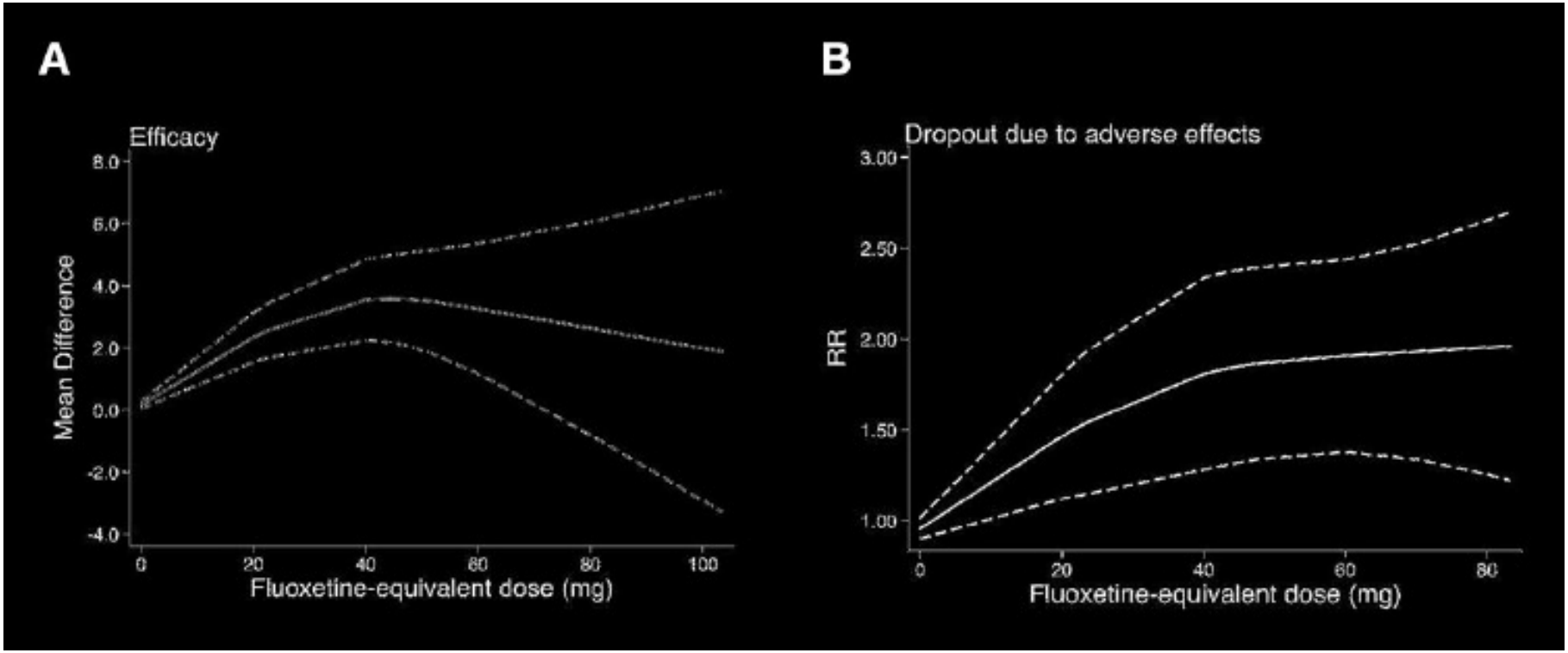
- Conventional wisdom is that an optimal SRI trial for OCD typically requires…
  a) High dosing (at, near, or even above the maximum approved dose)
  b) Long duration (10-12 weeks at a given dose for it to bring about its full benefit)

- However, the literature does not clearly support this conventional wisdom

SRI Dosing & Duration (cont.)

- Pediatric literature:
  - A meta-analysis found minimal additional improvement after week 6 of treatment, and no significant effect of maximum SSRI dosing on response; however, the analyses had limited power to detect effects (*Varigonda et al., 2016*)

- Adult literature:
  - Meta-analyses provide mixed evidence regarding the benefits of higher dose (*Bloch et al., 2010; Xu et al., 2021*) and longer duration (*Bloch et al., 2006; Issari et al., 2016*)
  - Any additional benefit of higher doses is somewhat counterbalanced by the greater side effect burden (*Bloch et al., 2010; Xu et al., 2021*)



"[T]he optimal dose for efficacy was about 40 mg fluoxetine equivalent. Tolerability decreased with increased doses … Therefore, the optimal dose of SRIs needs to consider effectiveness and tolerability."

Xu et al., 2021 (meta-analysis in adults)

SRI Efficacy for Tic-Related OCD

- On the question of whether SRIs are as efficacious for tic-related OCD as they are for OCD without tics, data are very limited

- However, the limited data suggest that SRIs may be less efficacious for tic-related OCD compared to OCD without tics:
  - *McDougle et al., 1993:* retrospective case-controlled analysis of adults treated with fluvoxamine
  - *Geller et al., 2004:* moderator analysis of an RCT in children and adolescents treated with paroxetine
  - *March et al., 2007:* moderator analysis of *POTS, 2004* (children and adolescents treated with sertraline)

Antipsychotic Augmentation

- At least 14 placebo-controlled RCTs in adults, but none in children/adolescents
- Overall, meta-analyses have found antipsychotic augmentation to be superior to placebo:
  - Effect size = 0.6 (*Dold et al., 2015*)
  - Response rate = 30% vs. 12.5% with placebo (*Dold et al., 2015*)
  - Number needed to treat = 4.5 (*Bloch et al., 2006*)
- Doses are typically low to moderate (*Dold et al., 2015*), and response is typically seen by 4 weeks of treatment (*Bloch et al., 2006*)

Antipsychotic Augmentation (cont.)

- Some analyses found no significant difference in efficacy between antipsychotic agents (*Zhou et al., 2019)*, whereas other analyses found that only risperidone, aripiprazole, and haloperidol were superior to placebo (*Dold et al., 2015)*

- There are also conflicting analyses on whether patients with tic-related OCD respond better (*Bloch et al., 2006)* or worse (*Skapinakis et al., 2007; Zhou et al., 2019)* to antipsychotic augmentation compared to patients without tics

- Potential benefits of antipsychotics need to be weighed against their considerable side effects

Other Augmentation Options with Evidence in Adults

Moderate Quality of Evidence

- Memantine
- Lamotrigine
- Ondansetron
- Granisetron

Low Quality of Evidence

- Pregabalin
- Aripiprazole
- Topiramate
- Risperidone

Note: Agents are listed in order from most to least effective based on reduction of YBOCS score compared to placebo

Maiti et al., 2023 (meta-analysis)

Case-Based Discussion

Take-Home Points

- First-line treatment for OCD is generally CBT/ERP, which is at least as efficacious as SRI and possibly more efficacious in both children/adolescents and adults
- SSRIs are first-line medication for OCD in both children/adolescents and adults, but efficacy is generally partial in terms of effect size, response rate, and remission rate
- Despite widely held clinical wisdom that high SSRI doses and long trials are needed for OCD, evidence to support this is limited in children/adolescents and mixed in adults, and there's evidence to support the use of moderate doses in adults

Take-Home Points (cont.)

- Evidence supporting the superiority of clomipramine over SSRIs is limited in both children/adolescents and adults
- In children/adolescents, there are no placebo-controlled studies of medications to augment an SRI
- In adults, evidence supports the efficacy of antipsychotics and several other agents for augmentation of an SRI, but the benefits need to be weighed against the side effects
- OCD treatment is a journey – be patient and persistent!