

PCP Visit:

- Explore OCD concern, acute or gradual onset, prior history of anxiety, or family history of anxiety
- Obsession Assessment – history and details of unwanted ideas, thoughts, images, or urges that are explained and experienced as unpleasant or unwanted
- Compulsion Assessment – history of compulsions or rituals that the child feels he/she must do to get rid of upsetting feelings or prevent a bad event from happening

Consider PANDAS/PANS Work-Up:

- Pre-pubertal, abrupt onset of OCD symptoms and/or tics
- Symptoms including extreme anxiety/emotional lability or depression, aggression, rituals/compulsions, developmental regression, deterioration in school performance, sensory integration issues, sleep disturbance, enuresis/urinary frequency and/or arthralgias, restrictive eating
- Schedule a YAP-P consultation to review work-up, lab studies, and treatment recommendations

Focused Assessment including clinical interview (see *OCD Clinical Pearls*)

Child Yale-Brown Obsession Compulsion (CY-BOC): Ages 6-17, Symptom Inventory and Severity Scales

Subclinical/Mild (CY-BOC Score 0-15)

- Educate parent and child and create a family plan to reduce accommodations and avoidance behaviors (see *OCD Clinical Pearls*)
- Follow up in 4-6 weeks, refer to Cognitive Behavioral Therapy (CBT) or Exposure Response Prevention Therapy (ERP), if persistent

Moderate (CY-BOC Score 16-23) to Severe/Extreme (CY-BOC Score >23)

- In addition to parent and child education and family plan, provide referral to individual therapy (CBT/ERP)
- Consideration of medication if severe or inadequate response to therapy

FDA Approved Medications for OCD

Generic name	Fluoxetine	Fluvoxamine	Sertraline
Age approved	>7 years	>8 years	>6 years
Starting dose	5mg	25mg	12.5mg
Target dose	20-30mg (children) 30-60mg (adolescents)	100-150mg	100-150mg
Dose increment	5mg	25mg	12.5mg
Max dose		8-11 years: 200mg >11 years: 300mg	200mg
Dosing tips		• Typically given at night • Divide dosing if dose > 100mg	• Administer at night if somnolence

For all antidepressants, monitor more frequently during the 1st month of treatment for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer for emergency mental health assessment.

Monitoring and Reassessment:

- Every 4-6 weeks until maintenance dose established - reassess with **CY-BOC** scale
- If starting dose tolerated, increase daily dose gradually (every 1-4 weeks) as tolerated to target dose
- Reinforce importance of CBT/ERP therapy as primary treatment (medication alone is not established as effective treatment)
- Following 1 year of remission, consider gradual decrease in dose every 4 weeks to initial dose, then discontinue
- Monitor for potential exacerbation; if found, consider PANDAS/PANS