OCD Clinical Guidelines for PCPs

I. Primary Care Provider 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

II. Consider PANDAS/PANs Work-Ups

- 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

III. 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

See Reverse Side for Medications and Dosing

Disclaimer: Thanks to the Massachusetts Child Psychiatry Access Program supported by the Massachusetts Department of Mental Health for creating the original material that the Youth Access to Psychiatry Program (YAP-P) has adapted for South Carolina. These guidelines are maintained by YAP-P in the Department of Behavioral Health and Developmental Disabilities (BHDD). This guide should not be used as an exclusive basis for decision-making. Use of these clinical guidelines is strictly voluntary and at the user's sole risk.

Acknowledgement: YAP-P is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $445,000 with 20% financed by BHDD Office of Mental Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

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III. FDA Approved Medications

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.			

IV. Dosing: Initiation, Titration, & Maintenance

- 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

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