OCD — Diagnosis & Treatment

ERP plus high-dose SSRIs together outperform either alone

CLINICAL PATHWAY

ERP combined with an SSRI outperforms either alone. Higher-than-antidepressant SSRI doses are usually needed, and response is slower than for depression — counsel patience over 8–12 weeks.

DIAGNOSTIC FEATURES

- Obsessions (intrusive, distressing thoughts, images or impulses) plus compulsions (repetitive behaviours to reduce the distress) — ranked among the most disabling conditions globally
- Often mistaken for anxiety alone, or kept secret for years through embarrassment — ask directly about checking, contamination, symmetry or intrusive thoughts if suspected

TREATMENT APPROACH

- **ERP (exposure and response prevention):** specialised CBT, the best-evidenced psychotherapy — graded exposure with the compulsive response prevented
- **Combine where possible:** ERP plus an SSRI is more effective than either alone, particularly for moderate–severe symptoms
- **Continue successful treatment ≥12 months** — relapse rates exceed 50% within weeks of early discontinuation; taper slowly with specialist input

SSRI DOSING

- Higher doses than for depression are usually needed — e.g. fluoxetine up to 80mg, sertraline up to 200mg; increase roughly every 2 weeks as tolerated
- Full effect may take up to 12 weeks at the therapeutic dose — counsel patience before concluding a trial has failed
- ECG is recommended following dose escalation with a high-dose SSRI or clomipramine — both can prolong the QT interval
- Clomipramine is an option after 2 failed SSRI trials, usually with specialist input given its tolerability profile

PRACTICAL RESOURCES & SHARE-CARE

Annual physical health review — cardiometabolic risk is higher in chronic mental illness. Coordinate care under a mental health treatment plan; confirm current item numbers at mbsonline.gov.au. Resources: Phoenix Australia (phoenixaustralia.org), Open Arms 1800 011 046 (veterans), SANE Australia (sane.org), Black Dog Institute (blackdoginstitute.org.au), mood-charting apps (DBSA, eMoods).

SAFETY

- ECG before and after dose escalation with a high-dose SSRI or clomipramine — both can prolong the QT interval
- Warn about serotonin syndrome with St John's wort or tramadol alongside a high-dose SSRI
- Don't withdraw a successful SSRI abruptly — taper slowly; relapse rates exceed 50% within weeks of early discontinuation

RED FLAGS / REFER

- Severe or treatment-resistant OCD (failed 2 SSRI trials at maximum tolerated dose) → psychiatry referral; consider clomipramine or augmentation
- ERP unavailable locally or inaccessible → consider an internet-based ERP/CBT program as an interim option
- Diagnostic uncertainty, or a comorbid severe mental health condition → specialist co-assessment