

Medication for OCD

Biological explanations of OCD, BDD and OCD Spectrum disorders emphasise the role of the brain chemical serotonin. For this reason medications that have an effect on serotonin, may be used in your treatment. Medication may be used either alone or in combination with Cognitive Behavioural Therapy (CBT). Selective serotonin reuptake inhibitor (SSRI) drugs are generally the medications prescribed. These include:

- Fluoxetine (trade name 'Prozac')
- Fluvoxamine (trade name 'Faverin')
- Sertraline (trade name 'Lustral')
- Paroxetine (trade name 'Seroxat')
- Citalopram (trade name 'Cipramil')

Healthcare professionals sometimes also refer to SSRIs as “anti-depressants” as they are also often used successfully in treating depression. This can be confusing especially if you are not experiencing any depression.

All these drugs can be effective but one person may get a better response from one than another. As a result, at least three are usually tried before concluding that they have no benefit. Overall about 60% of patients improve with medication. The medication can take up to twelve weeks to work, but if you are experiencing depression you may feel the effect more quickly.

Although each has side effects, most people only experience them as short-lived, minor irritations. Side effects may include a feeling of anxiety or agitation, thinking about harming yourself or contemplating suicide. These feelings are usually worse (if experienced at all) in the first few weeks of taking the medication. At the start of your treatment you should receive written information about taking your medication and be able to discuss any concerns that you may have. Your healthcare professional should tell you that you will not crave SSRIs or need to take more of the medication in order to experience the same effect as time goes by.

Your healthcare professional should arrange to see you regularly in order to monitor side effects. This should be noted in your medical records and agreed by both you and your healthcare professional. If you are under 30 you should be seen more frequently. You should also be seen more frequently if you are depressed or having suicidal thoughts, especially in the first few weeks of taking the medication.

If the dosage is increased or reduced, this should also be monitored to check whether you have any new symptoms or are feeling worse. Because medications have the potential to interact with each other, it is important that you inform your healthcare professional about any other medications that you might be taking.

If treatment with an SSRI has helped you, you should continue to take the medication for at least twelve months because this will help your symptoms improve and help you to prevent becoming unwell again. After twelve months there should be a review in order to assess whether you should continue to take the medication. Typically this depends on how severe your symptoms were, how long you have had the condition and whether or not you still have symptoms or are experiencing other problems.

It is very important that any decisions that you make about your medication is done in discussion with your doctor. If medication is reduced without supervision, or stopped, you may experience 'withdrawal' which can include feelings of nausea, dizziness, unusual body sensations, anxiety and headaches.

Clomipramine (trade name 'Anafranil') was the first anti-obsessional drug available in the UK but this is less commonly prescribed now. Typically this would only be prescribed after you have tried the newer SSRIs or if you have used it before and it has helped you.

Some individuals do not respond to anti-obsessional drugs. In these cases, other medications may also be prescribed. These include;

- Risperidone (trade name in 'Risperidal')
- Haloperidol (trade name 'Haldol')
- Sulpiride (trade name 'Dolmatil')

There are medications that you should not be offered. These include;

- Tricyclic antidepressants (other than Clomipramine in circumstances outlined above)
- Tricyclic related antidepressants
- Serotonin and Noradrenaline Re-uptake Inhibitors (SNRIs)
- Monoamine Oxidase Inhibitors (MAOIs)
- Antipsychotics on their own

Some people feel that they do not want to take any medication, and it is your right not to do so. Others find that medication helps them to be more able to function day to day and better able to tackle their OCD with CBT.

This leaflet is part of a series that includes;

1. What is OCD?
2. Assessment and Diagnosis
3. Accessing Treatment – your rights
4. What is Cognitive Behavioural Therapy?
5. **Medication for OCD**
6. Young people and OCD
7. Supporting a person with OCD
8. Habit Disorders
9. BDD

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