Recent advances in the treatment of resistant obsessive-compulsive disorder patients

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Obsessive-compulsive disorder is a complex and often chronic disorder, yet responds well to a number of specific treatment interventions. Obsessive-compulsive disorder (OCD) is a common and at times disabling mental disorder. This presentation discussed update on the range of treatments available and outcomes achievable.

Clomipramine and fluvoxamine are still having greater therapeutic efficacy than other antidepressants. Other selective serotonin reuptake inhibitors such as paroxetine, sertraline, fluoxetine, citalopram and SNRI like venlafaxine are also effective in the treatment of mild to moderate cases of OCD. Mirtazapines can also be used as an addition for anorexic and insomnic OCD patients. Serotonin 1aagonist (buspirone) can improve some resistant cases of OCD when used cautiously (to avoid serotonin syndrome) as a combination with a serotonin reuptake inhibitor. Benzodiazepines can also be used in very anxious OCD patients. New antiepileptic like gabapentin , lamotrigine and topiramate can also be used as adjuvants in some cases. The newer atypical antipsychotics like quetiapine (seroquel) and risperidone (risperdal) have also been found to be useful as adjuncts in the treatment of OCD. Recent research has found increasing evidence that opioids may significantly reduce OCD symptoms. Hallucinogens, such as psilocybin, LSD and some stimulants have also shown promise reducing symptoms for up to several months after ingestion in some people. Transcranial magnetic, vagal nerve, deep brain stimulation, and electro-convulsive therapy and psychosurgery are sometimes used in resistant cases.

Medications can help in making the treatment go faster and easier, but most experts regard BT/CBT as clearly the best choice. Medications generally do not produce as much symptom control as BT/CBT, and symptoms invariably return if the medication is ever stopped.