

# Anxiety Disorders- OCD

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# Anxiety Disorders - Epidemiology

- Anxiety disorders are the most common class of mental disorders
- Estimated lifetime prevalence rates for experiencing any anxiety disorder ranging from 10.4% to 28.8%.
- The 12-month prevalence rates for specific anxiety disorders range from about 1% for OCD to 8.7% for specific phobia.
- Overall, about 1 in 5 to 1 in 12 patients presenting to primary care will have symptoms of an anxiety disorder.



# Obsessive-Compulsive Disorder

# OCD Fact Sheet

- Prevalence 2-3%
- Mean age of onset 22-36 years of age
- Men have an earlier onset, but overall men=women
- Poorly recognized condition → on average 17 years before receiving proper treatment
- Concordance in monozygotic twins (80-87%) greater than dizygotic twins (47-50%)
- Orbitofrontal cortex and striatal dysfunction implicated

# Diagnosis of OCD

1. **Obsessions** *or*
2. **Compulsions**
3. Recognition, by the affected person (unless a child), at some point during the disorder that the above are excessive or unreasonable
4. Above cause marked distress, are time consuming or interfere with functioning

# Characteristics of Obsessions

1. Recurrent or persistent thoughts, impulses, or images that are experienced as intrusive and inappropriate and cause marked distress
2. Thoughts, impulses or images are not simply excessive worries about real-life problems
3. Attempts are made to neutralize them with another thought or action
4. Recognition that the obsessional thoughts, impulses or images are a product of their own mind rather than imposed from without

# Characteristics of Compulsions

1. Repetitive activities (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the person feels compelled to perform in response to an obsession or according to rules that must be applied rigidly
2. Behaviour or mental acts aimed at preventing or reducing distress or preventing some dreaded event or situation, are either clearly excessive or not connected in a realistic way with what they are designed to neutralize or prevent

# Course of OCD

- On average, people with OCD spend more than nine years seeking treatment before they receive a correct diagnosis.
- It takes an average of 17 years from the onset of OCD to obtain appropriate treatment.
- OCD is typically a chronic disorder with a waxing and waning course.
- With effective treatment, the severity of symptoms can be reduced, but typically some symptoms remain i.e. a symptom-free state is not commonly achieved.
- Very low placebo response rate (<5%)

# Pharmacological Treatments for Anxiety

# Choose a Treatment Modality

- Psychotherapy vs. Medication
- Some factors to consider
  - Patient History (eg. previous tx)
  - Patient/MD choice
  - Availability of alternate options
  - Severity of illness
  - Comorbidity

# Medications Approved by Health Canada for the Treatment of Anxiety Disorders

	Anxiety disorders	PD	SAD	OCD	GAD	PTSD
Antidepressants						
SSRIs						
Fluoxetine (Prozac)				X		
Fluvoxamine (Luvox)				X		
Paroxetine (Paxil)		X	X	X	X	X
Paroxetine CR (Paxil CR)		X	X		X	
Sertraline (Zoloft)		X		X		
Other antidepressants						
Venlafaxine XR (Effexor XR)		X	X		X	
Azapirones						
Buspirone (BuSpar, Buspirex)					X	
Benzodiazepines <sup>a</sup>	X					

# Antidepressants

- SSRIs
  - SNRIs
  - Tricyclics
  - Others
- 
- Mechanism: enhanced serotonergic and/or noradrenergic activity

# SSRIs

- Same basic mechanism but may have slightly variations
- May have different indications – but equally efficacious
- 1<sup>st</sup> line pharmacotherapy option for **all anxiety disorders**
- Advantages
  - Well-tolerated\*
  - Good safety profile
  - Generics now available

# SSRIs

- Disadvantages
  - Commonest side-effects include:
    - GI upset (nausea, diarrhea/constipation) or change in appetite
    - Sleep disturbance (insomnia/somnolence, vivid dreams)
    - Dizziness, headaches, fatigue, bruxism
  - \*sexual dysfunction – big reason for non-compliance
  - Initial side-effects mimic worsening anxiety
  - Possible discontinuation symptoms
  - Takes 3-4 weeks for full therapeutic effect

# SNRIs

- Venlafaxine (Effexor)
  - Evidence supports 2<sup>nd</sup> line for OCD
  - Probs: HTN, discontinuation sx\*
- Duloxetine (Cymbalta)
  - Health Canada approval for GAD
  - No evidence for OCD
  - Lacks DBPCT for other anxiety disorders

# Tricyclic Antidepressants

- “Out of vogue” → toxicity, ACh side-effects
- Not helpful for SAD, specific phobias, or OCD\*\*
- **Clomipramine** → gold standard for OCD (esp. TR-OCD), but still 2<sup>nd</sup> line because of tolerability issues

# Other Antidepressants

- Mirtazapine (Remeron)
  - 5-HT<sub>2A</sub>/2C and alpha-2 adrenergic receptor blockade → enhances 5-HT/NE neurotransmission
  - Also potent H<sub>1</sub> receptor antagonist
    - S/E: weight gain, sedation
  - Few trials in anxiety
  - May be helpful adjunct → for insomnia

# Special Considerations

- Individuals with anxiety disorders may be more sensitive to side-effects especially early in treatment - **START LOW AND GO SLOW**
- May require larger doses and longer duration of treatment with antidepressants e.g. OCD
- Modifications required for the elderly children or those who are medically compromised



"And that one's for the relief of anxiety"

# Atypical Antipsychotics

- Typicals' use limited by EPS, TD
- Atypicals – DA and 5-HT activity
  - Lower risk of TD/EPS/akathisia
  - High risk of weight gain, sedation, metabolic issues
- Currently evidence mainly supports use as adjunct in AD-resistant populations, and mainly in PTSD, OCD
- Widespread clinical practice but few trials to back it up

# Combining Meds and Psychotherapy

- Combo of psychotherapy and meds not well studied  
→ inconsistent results

# Quiz 1

■ TCAs are not generally prescribed for treatment of OCD symptoms. There is one specific TCA however that is supported through clinical trials to help with OCD. Which one?

A. Amitriptyline

B. Nortriptyline

C. Desipramine

D. Clomipramine

Bonus Marks- Why does it work?

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Bonus Marks- Clomipramine is the most serotonergic of the TCAs

# Quiz 2

- Which of the following is true for OCD epidemiology?
  - A. It affects male more than females
  - B. The prevalence is 5%
  - C. The OCD symptoms occur earlier in men compared to females
  - D. Mean age of onset of OCD symptoms is 17

# Quiz 2

- Which of the following is true for OCD epidemiology?
- A. It affects male more than females (  $M=F$  )
  - B. The prevalence is 5% ( the prevalence is 2-3% )
  - C. The OCD symptoms occur earlier in men compared to females ( true )
  - D. Mean age of onset of OCD symptoms is 17 ( 22-36 )

# Quiz 3

■ This is a hard question:

Name the 2 areas in the brain that are implicated in OCD?

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Orbitofrontal cortex and striatal dysfunction have been associated with OCD symptoms

# Reflection

- What are 3 facts I learned from this session that are important and might help me in my future clinical practice?