

Medication for OCD

Many people find medication to be a very helpful part of OCD recovery. It can be taken on its own or used alongside the recommended therapy. Different types of medication have been researched in relation to treating OCD or related conditions, and a few of these have been found to reliably reduce the symptoms for most people who try them.

Anti-Obsessional Medication

The recommended medication to start with is a group of tablets called Selective Serotonin Reuptake Inhibitors (SSRIs). These allow the brain to make better use of its serotonin, which is a chemical involved in lots of different processes. They can also help to a lesser degree with low moods and depression, so you might hear them referred to as anti-depressants as well as anti-obsessional.

They include:

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

All 6 of these have been found to successfully treat OCD, so no one tablet is generally better than the

others to try first. For BDD, Fluoxetine is on average more helpful so should be tried first, but if it doesn't work one of the others still might. These medications have also been used occasionally to treat BFRB like skin picking or hair pulling, and some people find them beneficial, especially if they also have OCD or BDD.

A 7th tablet option is also available for people who can't take or have responded poorly to SSRIs:

- Clomipramine (trade name 'Anafranil')

This tablet is older than SSRIs and, on average, is more likely to bring on side effects. Because of this, the recommendation is that someone try at least one SSRI before trying Clomipramine.

Positive effects

Most people describe the effect of their medication as a softening of their symptoms, or as their OCD feeling less 'sticky'. The person might still experience intrusive thoughts that worry them, but they will find it much easier to step away from obsessing over the thought or to hold back from doing a compulsion.

Negative / Side effects

As the body adjusts to the new chemical balance, some people experience upsetting or irritating side effects. These should mainly be experienced as short-lived or minor irritations, so if they feel unbearable or last more than a few weeks, a different tablet might be a better match. Side effects can be physical, like changes in appetite or sleep. They can also be mental effects such as increased anxiety, depression, or a change in intrusive thoughts.

Every person will react differently to each of these tablets, so it might take more than one attempt to find the right fit. The first tablet someone tries might not have enough positive effects or could cause distressing side effects.

“ Medication options for BFRB like skin picking and hair pulling are more complex and can depend on what other condition the person is experiencing, if any. The TLC Foundation for BFRB have published [Expert Consensus Treatment Guidelines](#) that go through this in more detail. ”

SSRI timeline

For the first few weeks, your brain and body will be adjusting to the new balance of chemicals, so you might experience worse side effects to start with

A few weeks in, some anti-depressant effects may kick in. Whether you are experiencing depression or not, you might notice your moods improving and your anxiety feeling less sharp

Anti-obsessional effects can take up to 12 weeks to kick in, so you will need to have some patience around this. When these kick in, your obsessions should feel easier to step back from

If you find that the medication helps, you should continue to take it regularly for a year so that, alongside your symptoms improving, the effects can 'sink in' and leave you less likely to relapse.

Augmentation (for OCD and BDD)

Sometimes, a person might not respond very much to anti-obsessional medication, even at the highest dose. In these cases, sometimes adding a different tablet can help. This is called augmentation, which just means 'adding on'. The extra medication taken in this case does not help the OCD or BDD by itself, but rather boosts the effect of the main medication that the person is taking (SSRI or Clomipramine).

Augmentation should be considered if the person has tried two different anti-obsessional tablets, at maximum dose, but hasn't found them helpful. It usually takes 4 weeks to find out whether the augmentation will benefit.

Augmentation for OCD

For OCD, small doses of certain tablets called 'Dopamine blockers' have been found to boost the effect of anti-obsessional medication. By themselves, these are often used to treat psychosis, so you might also hear them called 'anti-psychotics', but they are actually used for lots of conditions including depression or gut problems, so it does not mean that your OCD has anything to do with psychosis.

Not all dopamine blockers have been found to work. The options are:

- Risperidone (trade name 'Risperidal')
- Aripiprazole (trade name 'Abilify')
- These tend to be less effective: Quetiapine (trade name 'Seroquel') and Olanzapine (trade name 'Zyprexa')

Combining Clomipramine with Citalopram can also be explored for OCD if neither of the tablets have been successful on their own.

Augmentation for BDD

For BDD, there is an anti-anxiety tablet that can be added on if the person hasn't responded well to anti-obsessional medication on its own, and this tends to help in about a third of cases:

- Buspirone (trade name 'Buspar')

Anti-anxiety medication (anxiolytics)

Because OCD causes so much intense anxiety, professionals and patients alike might turn to anti-anxiety medication to help manage day to day life. Yet, anti-anxiety medication is not recommended for treating OCD, which can be confusing.

It can help to remember that OCD is not the intrusive thoughts you experience, nor is it the anxiety these bring. What defines OCD is how stuck on these worries you get (obsessions) and that you perform repetitive safety-seeking behaviours (compulsions). The anxiety is a result of these things. Anti-obsessional medication acts directly on the 'stickiness' of obsessions and compulsions, which reduces how much time and energy you are spending on them.

Anti-anxiety medication, on the other hand, keeps the body from getting into too heightened a state of anxiety, so will keep you more relaxed. This includes reducing physical symptoms of anxiety like heart palpitations and relaxing the muscles. What it won't do is take away the obsessions and compulsions. While anti-obsessional medication is taken every day to create a new chemical balance and maintain it, anti-anxiety medication is only taken in a moment of high anxiety or panic. Some people refer to it as 'emergency medication'.

Because anti-anxiety medication can be very addictive, it is not recommended for you to use it to try to manage or reduce your symptoms. Instead anti-obsessional medication should be used. If you've just started taking anti-obsessional medication and are struggling while waiting for it to kick in, it might be helpful to use anti-anxiety medication, carefully, just to help you through those first few weeks.