

# 29 - References

## References

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1. Bandelow B, et al. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for treatment of anxiety, obsessive-compulsive and posttraumatic stress - disorders - version 3. Part II: OCD and PTSD. *World J Biol Psychiatry* 2023; 24:118-134.
2. Tao Y, et al. Comparing the efficacy of pharmacological and psychological treatment, alone and in combination, in children and adolescents with obsessive-compulsive disorder: a network meta-analysis. *J Psychiatr Res* 2022; 148:95-102.
3. Pediatric OCD Treatment Study Team (POTS). Cognitive-behavior therapy, sertraline, and their combination for children and adolescents with obsessive-compulsive disorder: the Pediatric OCD Treatment Study (POTS) randomized controlled trial. *JAMA* 2004; 292:-1969-1976.
4. Geller DA, et al. Which SSRI? A meta-analysis of pharmacotherapy trials in pediatric obsessive-compulsive disorder. *Am J Psychiatry* 2003; 160:1919-1928.
5. March JS, et al. Treatment benefit and the risk of suicidality in multicenter, randomized, controlled trials of sertraline in children and adolescents. *J Child Adolesc Psychopharmacol* 2006; 16:91-102.
6. Garland J, et al. Update on the use of SSRIs and SNRIs with children and adolescents in clinical practice. *J Can Acad Child Adolesc Psychiatry* 2016; 25:4-10.
7. National Institute for Clinical Excellence. Depression in children and young people: identification and management. NICE Guideline [NG134]. 2019 (last checked December 2023); <https://www.nice.org.uk/guidance/ng134>.
8. Boaden K, et al. Antidepressants in children and adolescents: meta-review of efficacy, tolerability and suicidality in acute treatment. *Front Psychiatry* 2020; 11:717.
9. Phillips KA, et al. Treating body dysmorphic disorder with medication: evidence, misconceptions, and a suggested approach. *Body Image* 2008; 5:13-27.
10. Weller IVD, et al. Report of the CSM expert working group on the safety of selective serotonin reuptake inhibitor antidepressants. 2005; <https://www.neuroscience.ox.ac.uk/publications/474047>.
11. Fernández de la Cruz L, et al. Suicide in obsessive-compulsive disorder: a population-based study of 36 788 Swedish patients. *Mol Psychiatry* 2017; 22:1626-1632.
12. Pellegrini L, et al. Suicidality in patients with obsessive-compulsive and related disorders (OCRDs): a meta-analysis. *Compr Psychiatry* 2021; 108:152246. Table 5.9 Treatments of OCD used in adults that may be effective in children. Treatment Comment Topiramate augmentation of SSRI Case studies suggest this may be beneficial and one RCT showed an

effect for compulsions but not obsessions.<sup>37,38</sup> Other trials have not found it to be effective.<sup>39</sup> Not to be used in female adolescents. High-dose SSRI (with ECG monitoring) Higher than licensed maximum dose SSRI associated with clinical improvement and well tolerated in a retrospective case note survey, double-blind trial and open-label study.<sup>40–42</sup> SNRIs Duloxetine shown to be as effective as sertraline in a small RCT, and an open-label trial suggested it could reduce symptoms of OCD.<sup>43,44</sup> Mirtazapine Superior to placebo in an open trial.<sup>45</sup> Pregabalin Augmentation of sertraline was more effective than augmentation with placebo.<sup>46</sup> 5HT<sub>3</sub> antagonists Ondansetron is effective as add-on treatment.<sup>47</sup> Note risk of QT prolongation Ketamine IV Case report showed rapid resolution of symptoms.<sup>48</sup> Tolcapone (catechol-Omethyltransferase inhibitor) One small trial showed benefit over placebo.<sup>49</sup> Methylphenidate Small study showed some benefit for OCD in combination with fluvoxamine.<sup>50</sup> Deep brain stimulation Could be effective treatment for resistant OCD.<sup>51</sup> Transcranial magnetic stimulation (TMS) Meta-analysis showed that TMS can reduce the severity of OCD.<sup>52</sup>

Prescribing in children and adolescents CHAPTER 5 13. National Institute for Clinical Excellence. Obsessive-compulsive disorder and body dysmorphic disorder: treatment. Clinical Guideline [CG31]. 2005 (last checked December 2023); <https://www.nice.org.uk/guidance/cg31>. 14. Fernández de la Cruz L, et al. Suicide in obsessive-compulsive disorder: a population-based study of 36 788 Swedish patients. *Mol Psychiatry* 2017; 22:1626–1632. 15. Heyman I, et al. Obsessive-compulsive disorder. *BMJ* 2006; 333:424–429. 16. Scahill L, et al. Children’s Yale-Brown Obsessive Compulsive Scale: reliability and validity. *J Am Acad Child Adolesc Psychiatry* 1997; 36:844–852. 17. Baldwin DS, et al. Evidence-based pharmacological treatment of anxiety disorders, post-traumatic stress disorder and obsessive-compulsive disorder: a revision of the 2005 guidelines from the British Association for Psychopharmacology. *J Psychopharmacol* 2014; 28:403–439. 18. Bloch MH, et al. Assessment and management of treatment-refractory obsessive-compulsive disorder in children. *J Am Acad Child Adolesc Psychiatry* 2015; 54:251–262. 19. Grados M, et al. Pharmacotherapy in children and adolescents with obsessive-compulsive disorder. *Child Adolesc Psychiatr Clin N Am* 1999; 8:617–634, x. 20. Bloch MH, et al. A systematic review: antipsychotic augmentation with treatment refractory obsessive-compulsive disorder. *Mol Psychiatry* 2006; 11:622–632. 21. Fung R, et al. Retrospective review of fluvoxamine-clomipramine combination therapy in obsessive-compulsive disorder in children and adolescents. *J Can Acad Child Adolesc Psychiatry* 2021; 30:150–155. 22. Hardy NE, et al. Clomipramine in combination with fluvoxamine: a potent medication combination for severe or refractory pediatric OCD. *J Can Acad Child Adolesc Psychiatry* 2021; 30:273–277. 23. Masi G, et al. Aripiprazole augmentation in 39 adolescents with medication-resistant obsessive-compulsive disorder. *J Clin Psychopharmacol* 2010; 30:688–693. 24. Ardic UA, et al. Successful treatment response with aripiprazole augmentation of SSRIs in refractory - obsessive-compulsive disorder in childhood. *Child Psychiatry Hum Dev* 2017; 48:699–704. 25. Simeon J, et al. A retrospective chart review of risperidone use in treatment-resistant children and adolescents with psychiatric disorders. *Prog Neuropsychopharmacol Biol Psychiatry* 2002; 26:267–275. 26. Masi G, et al. Antipsychotic augmentation of selective serotonin reuptake inhibitors in resistant tic-related obsessive-compulsive disorder in children and adolescents: a naturalistic comparative study. *J Psychiatr Res* 2013; 47:1007–1012. 27. Fineberg NA, et al. Sustained response versus relapse: the pharmacotherapeutic goal for obsessive-compulsive disorder. *Int Clin Psychopharmacol* 2007; 22:313–322. 28. Fineberg NA, et al. Pharmacotherapy of obsessive-compulsive disorder: evidence-based treatment and beyond. *Austr N Z J Psychiatry* 2013; 47:121–

141. 29. Kolevzon A, et al. Selective serotonin reuptake inhibitors in autism: a review of efficacy and tolerability. *J Clin Psychiatry* 2006; 67:407–414. 30. Ercan ES, et al. A promising preliminary study of aripiprazole for treatment-resistant childhood obsessive-compulsive disorder. *J Child Adolesc Psychopharmacol* 2015; 25:580–584. 31. Fung R, et al. Retrospective review of fluvoxamine-clomipramine combination therapy in obsessive-compulsive disorder in children and adolescents. *J Can Acad Child Adolesc Psychiatry* 2021; 30:150–155. 32. Parli GM, et al. N-acetylcysteine for obsessive-compulsive and related disorders in children and adolescents: a review. *Ann Pharmacother* 2023; 57:847–854. 33. Hosenbocus S, et al. Memantine: a review of possible uses in child and adolescent psychiatry. *J Can Acad Child Adolesc Psychiatry* 2013; 22:166–171. 34. Häge A, et al. Glutamatergic medication in the treatment of obsessive compulsive disorder (OCD) and autism spectrum disorder (ASD) – study protocol for a randomised controlled trial. *Trials* 2016; 17:141. 35. Niemeyer L, et al. Memantine as treatment for compulsivity in child and adolescent psychiatry: descriptive findings from an incompleting randomized, double-blind, placebo-controlled trial. *Contemp Clin Trials Commun* 2022; 29:100982. 36. Naguy A, et al. Lamotrigine augmentation in treatment-resistant pediatric obsessive-compulsive disorder with a 16 month follow-up. *J Child Adolesc Psychopharmacol* 2016; 26:769–772. 37. Berlin HA, et al. Double-blind, placebo-controlled trial of topiramate augmentation in treatment-resistant obsessive-compulsive disorder. *J Clin Psychiatry* 2011; 72:716–721. 38. Van Ameringen M, et al. Topiramate augmentation in treatment-resistant obsessive-compulsive disorder: a retrospective, open-label case series. *Depress Anxiety* 2006; 23:1–5. 39. Afshar H, et al. Topiramate augmentation in refractory obsessive-compulsive disorder: a randomized, double-blind, placebo-controlled trial. *J Res Med Sci* 2014; 19:976–981. 40. Pampaloni I, et al. High-dose selective serotonin reuptake inhibitors in OCD: a systematic retrospective case notes survey. *J Psychopharmacol* 2010; 24:1439–1445. 41. Ninan PT, et al. High-dose sertraline strategy for nonresponders to acute treatment for obsessive-compulsive disorder: a multicenter double-blind trial. *J Clin Psychiatry* 2006; 67:15–22. 42. Rabinowitz I, et al. High-dose escitalopram for the treatment of obsessive-compulsive disorder. *Int Clin Psychopharmacol* 2008; 23:49–53. 43. Mowla A, et al. Duloxetine augmentation in resistant obsessive-compulsive disorder: a double-blind controlled clinical trial. *J Clin Psychopharmacol* 2016; 36:720–723.

594 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 5 44. Dougherty DD, et al. Open-label study of duloxetine for the treatment of obsessive-compulsive disorder. *Int J Neuropsychopharmacol* 2015; 18:pyu062. 45. Koran LM, et al. Mirtazapine for obsessive-compulsive disorder: an open trial followed by double-blind discontinuation. *J Clin Psychiatry* 2005; 66:515–520. 46. Mowla A, et al. Pregabalin augmentation for resistant obsessive-compulsive disorder: a double-blind placebo-controlled clinical trial. *CNS Spectr* 2020; 25:552–556. 47. Eissazade N, et al. Efficacy and safety of 5-hydroxytryptamine-3 (5-HT<sub>3</sub>) receptor antagonists in augmentation with selective serotonin reuptake inhibitors (SSRIs) in the treatment of moderate to severe obsessive-compulsive disorder: a systematic review and meta-analysis of randomized clinical trials. *Sci Rep* 2023; 13:20837. 48. Rodriguez CI, et al. Rapid resolution of obsessions after an infusion of intravenous ketamine in a patient with treatment-resistant obsessive-compulsive disorder. *J Clin Psychiatry* 2011; 72:567–569. 49. Grant JE, et al. Tolcapone in obsessive-compulsive disorder: a randomized double-blind placebo-controlled crossover trial. *Int Clin Psychopharmacol* 2021; 36:225–229. 50. Zheng H, et al. Combined fluvoxamine and extended-release methylphenidate improved treatment response compared to fluvoxamine alone in patients with treatment-refractory obsessive-compulsive disorder: a randomized double-blind, placebo-controlled study. *Eur Neuropsychopharmacol* 2019; 29:397–404. 51. Abdelnaim MA, et al. Deep

brain stimulation for treatment resistant obsessive compulsive disorder; an observational study with ten patients under real-life conditions. *Front Psychiatry* 2023; 14:1242566. 52. Patel S, et al. Effectiveness of repetitive transcranial magnetic stimulation in depression, schizophrenia, and obsessive-compulsive disorder: an umbrella meta-analysis. *Prim Care Companion CNS Disord* 2023; 25:22r03423.

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