

NATIONAL CLINICAL GUIDELINE FOR THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER (OCD)

Quick guide

Psychotherapy for children, adolescents and adults	
√	It is good practice to offer cognitive behavioural therapy to children, adolescents and adults with mild OCD, since there is documentation of a possible effect and there are no known undesirable consequences of the treatment (⊕○○○).
↓	Third wave cognitive therapy should only be used instead of standard cognitive behavioural therapy for the treatment of children, adolescents and adults with OCD upon due consideration, since the effect is uncertain (⊕○○○).
√	It is good practice to consider offering another course of cognitive behavioural therapy to children, adolescents and adults who continue to suffer from moderate to severe OCD following a course of cognitive behavioural therapy.
Psychotherapy for children and adolescents	
↑	Manualised family-based cognitive behavioural therapy and manualised cognitive behavioural therapy may both be considered for the treatment of children and adolescents with OCD. There is no documented difference in the effect between the two types of treatment (⊕○○○).
√	It is good practice to be cautious about offering group-based cognitive behavioural therapy to children and adolescents with OCD due to the lack of evidence and Danish manuals for it.
Psychotherapy for adults	
↑	Consider offering either individual or group-based cognitive behavioural therapy to adults with OCD. There is no documentation of clinically relevant differences (⊕○○○).
Pharmacological treatment for children	
↓↓	Selective serotonin reuptake inhibitors (SSRIs) should not be used as an add-on to cognitive behavioural therapy as first-line treatment for children and adolescents with moderate to severe OCD, since there is no documentation of a beneficial effect and due to the known adverse reactions associated with SSRIs (⊕⊕○○).

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Pharmacological treatment for adults

↓	Selective serotonin reuptake inhibitors (SSRIs) should only be used as an add-on to cognitive behavioural therapy as first-line treatment for adults with moderate to severe OCD upon due consideration, since there is no documentation of a beneficial effect and due to the known adverse reactions associated with SSRIs (⊕○○○).
↓	Atypical antipsychotic should only be used as an add-on treatment for to adults with severe OCD who have not responded to treatment with cognitive behavioural therapy and antidepressants (SSRIs) upon due consideration, since there is no documentation of a clinically relevant effect and due to the risk of adverse reactions (⊕○○○).

Pharmacological treatment for children, adolescents and adults

↑	Consider discontinuing antidepressants 6 months after stabilisation of the symptoms rather than after 12 months in the treatment of children, adolescents and adults with OCD (⊕○○○).
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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the treatment of obsessive-compulsive disorder (OCD). The guideline was prepared by the DHA.

The national clinical guideline focuses on the treatment of children, adolescents and adults with OCD. However, some of the guideline recommendations only apply to adults, whereas others only apply to children and adolescents. It is specified in a recommendation when it does not apply to all age groups.

Thus, the guideline contains recommendations for selected parts of the field only and therefore must be seen alongside the other guidelines, process descriptions etc. in this field.

The recommendations are preceded by the following indications of their strength:

↑↑ = a strong recommendation for
↓↓ = a strong recommendation against
↑ = a weak/conditional recommendation for
↓ = a weak/conditional recommendation against

The symbol (√) stands for good practice. This symbol is used in case of lack of evidence, when the working group wants to emphasise particular aspects of the established clinical practice.

The recommendations are followed by the following symbols which indicate the strength of the underlying evidence – from high to very low:

(⊕⊕⊕⊕) = high
(⊕⊕⊕○) = moderate
(⊕⊕○○) = low
(⊕○○○) = very low

In case of lack of evidence, a recommendation is not followed by a symbol. This applies to the good practice recommendations.

Further information at sundhedsstyrelsen.dk

At sundhedsstyrelsen.dk, a full-length version of the national clinical guideline is available, including a detailed review of the underlying evidence for the recommendations.

About the national clinical guidelines

The national clinical guideline is one of the 47 national clinical guidelines to be prepared by the DHA during the period 2013-2016.

Further information about the choice of subjects, method and process is available at sundhedsstyrelsen.dk.
