

OCD (obsessive-compulsive disorder)

A handy chart to help you compare the medicines to help the symptoms of OCD

Please note: You are unique and this is only a **guide!**

This guide will be about right for most people, but not everyone. Some people may get better but some may stay the same. Some may improve quicker than other people. Some may get all the side effects in the book, others none at all. What happens to you will depend on your unique brain and your genes. However, this guide should help you to start to be able to choose between the many medicines. There are many other ways you can be helped e.g. talking therapies, help with coping with the symptoms, relaxation, and self-help.

No guide can be 100% unbiased, but we have tried hard to stick to the facts about medicines. We hope you take this guide in the way in which it is intended i.e. an honest attempt to inform, educate and help.

What the sections in the table mean:

Medicine – these are the main medicines to help treat the symptoms of **OCD**, and a few others that are sometimes used.

- These medicines are in no special order, although the SSRIs are usually the first choice
- We have listed them as their “generic name” (the name of the actual drug)
- This is only a short guide. Please see the rest of our website for more details
- Not all these medicines work as well as each other. Your clinician may be able to help you choose which one (or ones) might be best for you.

Usual dose per day – this will depend on how well you do and what side effects you get. Some people need higher, some need lower doses. It is usually best to start a medicine slowly; it's kinder to your brain.

How we think it might work – this is how we think the medicine works in the brain. There is more on this on our website. Taking two medicines with the same way of working doesn't often help much. Serotonin is one of the brain's chemical messengers. It helps control mood, emotions, feeding and sleep, but lack can cause obsessive thoughts.

How long it takes to work – this is just a guide as some people may get better quicker or slower. But don't give up too early.

Some of the main side effects – these are just a few of the main side effects. Many are worse at higher doses, but most wear off after a few weeks.

- = Most people will get this side effect
- = Quite a few will get this side effect
- = Only a few people will get this side effect
- o = This is very rare or not known

The side effects here are:

- **Drowsiness** – feeling sleepy or doped up
- **Weight gain** – feeling more hungry and putting on weight
- **Nausea** – feeling sick, but not usually being sick
- **Dry mouth etc** – plus blurred vision, constipation, poor memory, difficulty passing urine (sometimes called “anticholinergic side effects”)
- **Sexual problems** – lack of desire, performance or pleasure

There are many other possible side effects.

Please see our website for more details of each of the medicines and side effects.

How long you could or should take it for - how long you take any medicine for will be up to you. Taking a medicine means remembering every day and may be also getting some side effects. It also often means you get well and stay well. You will need to decide what helps you best and what helps you get on with your life.

How to stop it – most of these medicines should be stopped slowly. It is best to try to stop all medicines slowly – it's kinder to your brain.

Tips on how to get the best out of medication:

- Read our website to make sure you know what the medicine is for, when and how to take it and for how long to take it
- Try to get the best out of one medicine before trying another. Get the right dose for you, try taking it at different times, and try to cope with any side effects
- Take it regularly every day, unless it is meant to be taken only when required (*find ways to remember e.g. leave the pack by your bed, in the kitchen, next to your toothbrush, in your car if you have one, next to the TV or computer, but don't forget to keep them out of the sight and reach of children*)
- Although medicines can help most people's OCD symptoms, they are not always the only answer. Please see our website for ideas for self-help, and help from others

A handy chart to help you compare the medicines to help the symptoms of obsessive-compulsive disorder

Medicine	Usual dose	How we think it might work (probably)	How long it takes to work	Some of the main side effects *					How long you could or should take it for	How to stop it
				Drowsiness	Weight gain	Nausea	Dry mouth etc	Sexual problems		
Main medicines										
SSRIs e.g. citalopram, escitalopram, fluvoxamine, paroxetine, sertraline, fluoxetine	Citalopram 20-40mg a day. Fluoxetine and paroxetine 20-60mg a day. Sertraline 50-200mg a day. Escitalopram 10-20mg a day.	Boost serotonin	Take about 10-12 weeks for full effect. Some symptoms may begin to improve after a few weeks	●	●	●●●	●	●●●	If the medicine has helped, it seems that if you keep taking it for at least 1-2 years it will reduce the chances of the symptoms coming back	These should best be stopped slowly over at least 4 weeks, especially with higher doses. Paroxetine should be stopped gradually over at least 4 weeks or more
Clomipramine <i>(other tricyclics do not work)</i>	May need higher doses e.g. 150-300mg a day	Boosts serotonin		●●●	●●	●●	●●●	●●		Should be slowly over at least 4 weeks
Venlafaxine	Usually 75-225mg a day or possibly higher	Boosts the amount of serotonin and noradrenaline	Takes about 10-12 weeks for full effect. Some symptoms may begin to improve after a few weeks	●	●	●●●	●●	●●●	If the medicine has helped, it seems that keeping taking it for at least 1-2 years will reduce the chances of the symptoms coming back	Should be slowly over at least 4 weeks, possibly longer
Other medicines (usually only where the main medicines have not worked, or as an add-on)										
Antipsychotics e.g. risperidone used with SSRIs	Risperidone up to about 1-4mg a day	Partly sedation and partly calming the mind	Within a few days, but takes a bit longer for the full effect to kick in	●●	●	0	●	●●	Often for a few months just to help the worst symptoms, but can be longer.	Should be no problems but over a few weeks is a good idea
Antipsychotics e.g. olanzapine used with SSRIs	Olanzapine up to about 10mg a day			●●●	●●●	0	●	0		