

P01-147 - OLANZAPINE AUGMENTATION FOR TREATMENT-RESISTANT OBSESSIVE-COMPULSIVE DISORDER

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Objective: We report the case of a patient with treatment-resistant obsessive-compulsive disorder (OCD) that had a significant reduction in obsessive-compulsive symptoms after the addition of the atypical antipsychotic to the Selective serotonin reuptake inhibitors (SSRIs)

Methods: Ms. A, a 31-year-old woman, with no family history of psychiatric disorders has been suffering from OCD for 4 years. His main obsession was contamination, and his compulsions (washing rituals) occupied 12 hours a day, rendering him unfit for work in there house or employment. Various treatments had been ineffective. His Yale-Brown Obsessive Compulsive Scale total score (Y-BOCS) at his first psychiatric interview was 38. He was taking clomipramine, sertraline, haloperidol, amisulpride, and alprazolam. Previous trials did not result in clinically meaningful responses (side effects prevented titration to higher doses), however all psychiatric drugs were discontinued except sertraline (100 mg/day) associated with olanzapine (5 mg/day).

Result: After 10 days, Ms. A reported significantly lessened anxiety and, after three months, significantly lessened obsessive-compulsive symptoms. By the fourth month, his symptoms were occurring for only few hours week (Y-BOCS total score of 16). At this point, the addition of olanzapine would appear to be a useful short- and long-term strategy for augmenting SRI effectiveness in resistant OCD patients.

Conclusion: Current options for treatment-resistant OCD include switching to an alternative selective serotonin reuptake inhibitor or augmentation with other agents. Our case suggests that olanzapine may be an option for treatment-resistant OCD, but controlled studies are needed to substantiate this observation.

Keywords: OCD refractory, SSRIs, Olanzapine