MEDICATION MANAGEMENT OF PEDIATRIC OCD AND ANXIETY DISORDERS

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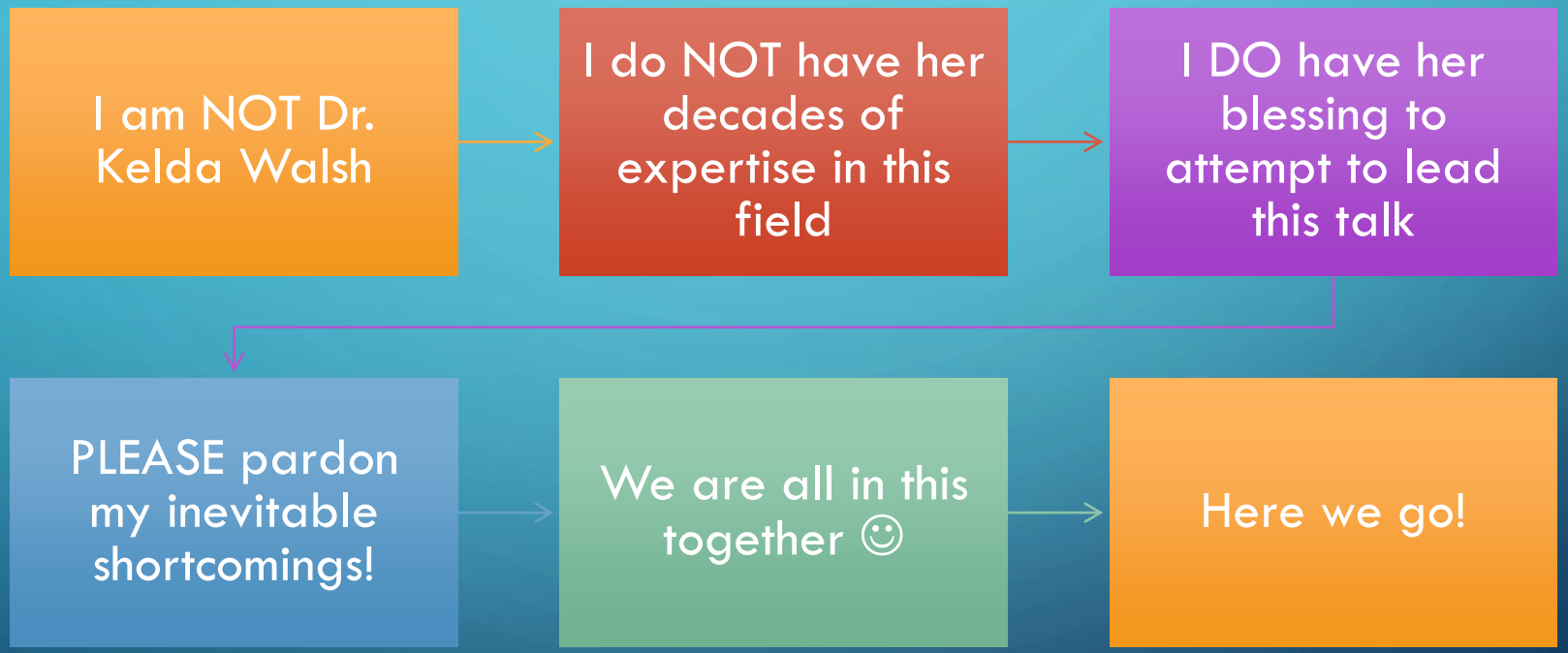
HI! I'M CLAIRE.
I'M A 5TH YEAR POST GRADUATE TRAINEE, NEAR THE END OF MY CHILD & ADOLESCENT PSYCHIATRY FELLOWSHIP



COVID-19 RELATED ANXIETY: RESOURCES

Mental Health America

Mhanational.org/covid19

- Resources on coping with COVID anxiety for children, parents and adults
- Activity book "**Coping after a disaster**" for 3-10 year olds
  - (identifies many kinds of disasters, including health disasters)
- Emphasis: keeping normal schedule, emphasizing adults are working to keep children safe, identifies helping adults.
- Minimize exposure to media; share limited information with children.

FDA-APPROVED ANXIETY MEDICATIONS

For pediatric obsessive-compulsive disorder (OCD)

- Clomipramine (Anafranil - CMI; 10 and older)
- Fluvoxamine (Luvox - FLV; 8 and older)
- Fluoxetine (Prozac - FLX; 7 and older)
- Sertraline (Zoloft - SER; 6 and older)

For generalized anxiety disorder (GAD)

- Duloxetine (Cymbalta, 7 and older)

For non-OCD pediatric "anxiety"

- Chlordiazepoxide (Tranxene)
- Hydroxyzine (Vistaril, Atarax)

OCD

FIRST STUDIED

MOST DATA

ASSESSING OCD SEVERITY

Identify the current obsessions & compulsions

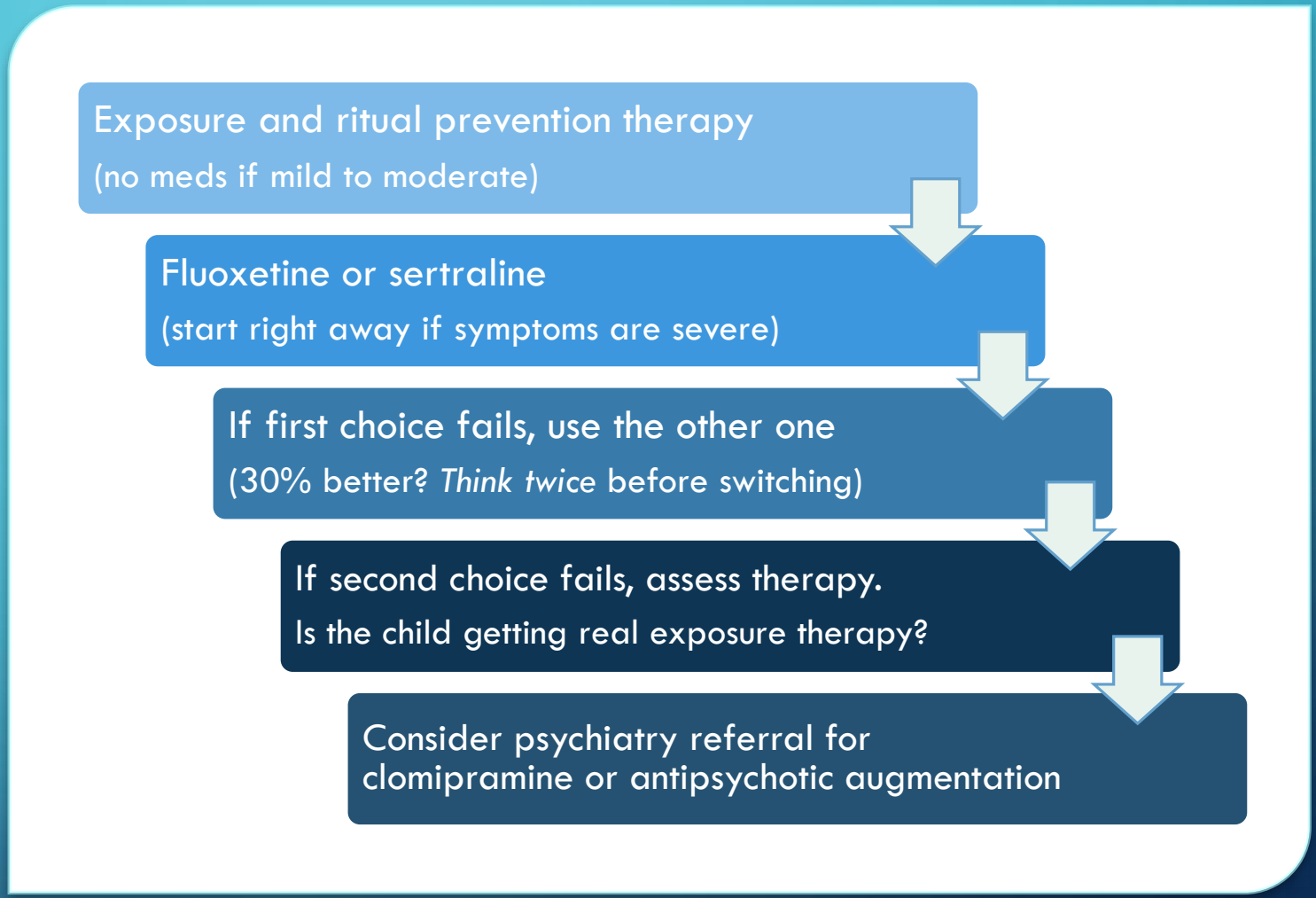
Assess severity

- Level of distress
  - Both patient & family
  - Assess level of family accommodation
- Frequency & total time spent on obsessions or compulsions. Is it increasing?
  - "How long can you go without worrying about OCD symptoms or doing rituals?"
- Assess ability to resist or delay
- Assess avoidance

WHAT IS THE MEDICATION RESPONSE?

- In pediatric OCD studies of serotonin reuptake inhibitors baseline OCD scores were reduced by 30-38% in responders
  - Studies included clomipramine plus the SSRIs
  - Child Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) is the gold standard measurement in studies
- Patients often remain symptomatic despite adequate medication doses
- Patients need therapy

MED ALGORITHM FOR OCD



WHY ISN'T ON THE ALGORITHM?

Fluvoxamine

- It wears off really quickly. More SRI discontinuation symptoms if doses missed (clomipramine has this issue too).
- It does have FDA approval, best option if you need an SSRI when sertraline/fluoxetine aren't working.

Paroxetine

- **ARGH!** Don't use it! Just don't!

Buspirone

- Data for OCD is poor.
- Data for children for any purpose is even poorer.

Escitalopram

- Approved for pediatric depression and adult depression/GAD.
- Not a lot of data for pediatric anxiety.

WHAT THE BIG PEDIATRIC OCD STUDY TELLS US:

PEDIATRIC OCD TREATMENT STUDY **(POTS)**

- **12-week, 97 completers**
  7- to 17-year-olds without Tourette disorder
- **Compared efficacy of SER, CBT, COMB, PBO**
  Time to respond, predictors of response, relapse rate
- **Mean peak dose: 133 in COMB, 170 in SER only**
- **Very precise adherence to therapy manual**
- **Multiple iterations (POTS Jr (therapy only), etc.)**

POTS OUTCOME

Remission (CY-BOCS ≤ 10)

- COMB (54%) > E/RP (39%) > SER (21%) >PBO (4%)
- SER effect size 0.66
- 2 children with over-activity
- No suicidal ideation, hypomania, mania

Comorbid tics reduced likelihood that SER would work, although E/RP was still effective

- COMB > E/RP > SER = PBO
- *Therapy is EXTRA important for patients with OCD + tics*

OTHER OUTCOMES

Poorer Outcomes:

- More externalizing symptoms
- High family accommodation of OCD
- More aggression/ODD (to medication-only treatment)
- More severely ill kids were less likely to go into remission

With a family history of OCD, all treatment conditions were equally effective

- (i.e. E/RP didn't seem to work as well; were parents having trouble coaching?)

OCD psychoed (not E/RP) was not highly effective in follow-up study

NON-OCD ANXIETY DISORDERS

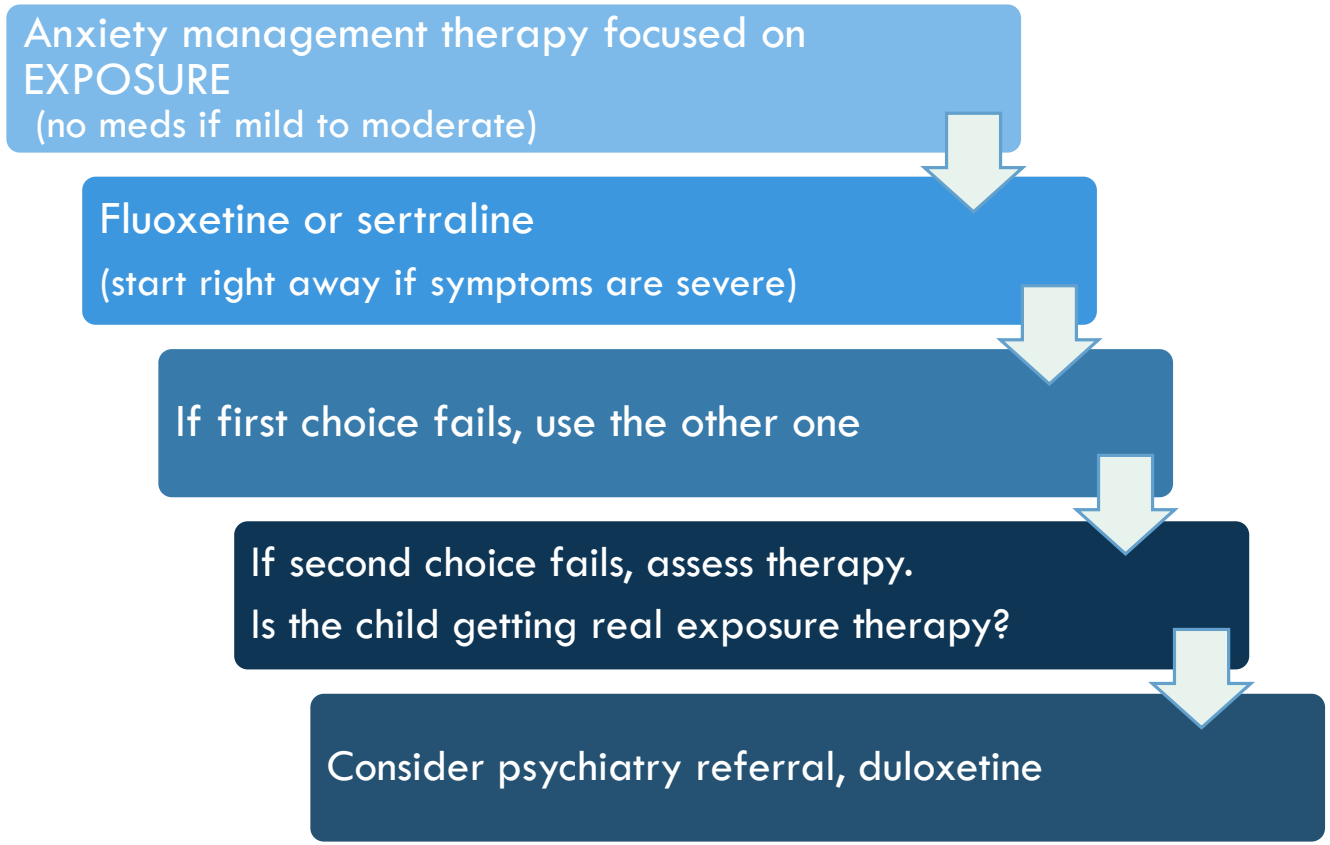
"TRIAD" ANXIETY DISORDERS:

SEPARATION ANXIETY DISORDER (SEP),

SOCIAL ANXIETY DISORDER (SOC),

GENERALIZED ANXIETY DISORDER (GAD)

MED ALGORITHM FOR ANXIETY DISORDERS



CHILD-ADOLESCENT ANXIETY MULTIMODAL STUDY

(CAMS)

- **442 completers 7- to 17-year-olds, mean age 10.7**
- **SEP, SOC, and/or GAD** (78% had GAD)
- **SER, CBT, PBO, COMB, x 12 weeks**
- **CBT: "Coping Cat" based**
- **Mean final dose:**
  133.7+/-59.8 mg in COMB, 146+/-60.8 in SER groups

CAMS RESULTS

COMB > SER = CBT > PBO

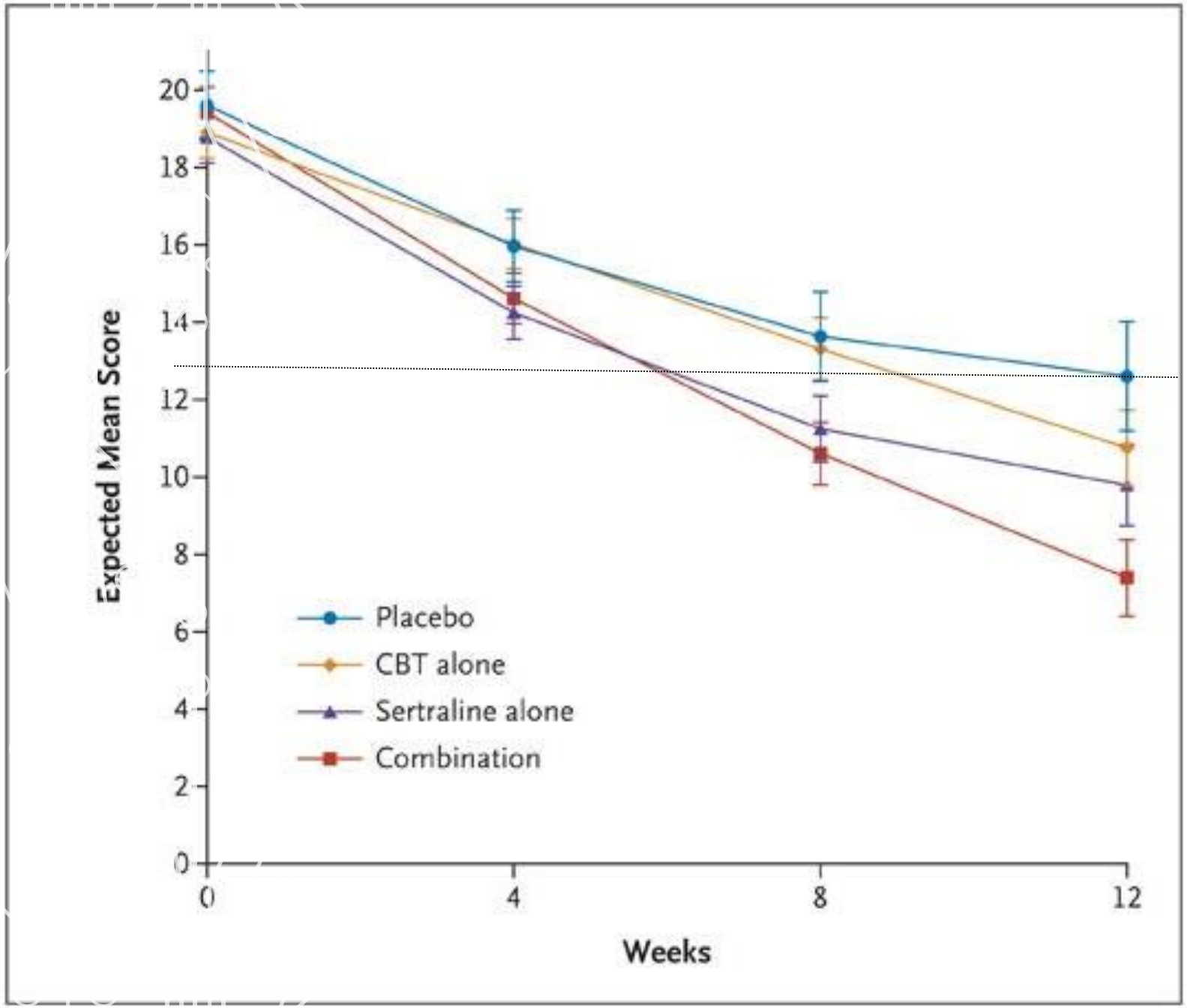
Effect sizes: 0.86 > 0.45 = 0.31 (statistically insignificant difference)

NNT: 1.7 > 3.2 = 2.8

1 episode of non-suicidal self-harm and homicidal ideation

PARS (score >13 c/w mod anxiety disorder) (next slide)

(PARS = Pediatric Anxiety Rating Scale,
gold standard developed for studies/research, not usually clinically)



PARS SCORE >13 CONSISTENT WITH MODERATE ANXIETY DISORDER

(WALKUP JT ET AL., 2008)

CHILD/ ADOLESCENT ANXIETY MULTIMODAL EXTENDED LONG-TERM STUDY

(CAMELS)

2014

CAMS follow-up a mean of 6 years post study.

288/488 pts completed follow-up, Avg age 17

CAMS treatment condition not associated with remission, anxiety severity, or global function at follow-up

CAMS initial responders much more likely to be in remission at follow-up (OR 1.83)

Remission rate at follow-up:

- 48.8% (combination)

- 51.9% (medication)

- 45.8% (CBT)

CAMELS REMISSION PREDICTORS

Male gender

Higher family functioning at baseline

- Clear rules, more trust
- Higher-quality interactions by parent report

MEDICATION ADVERSE EFFECTS

SSRIS

CLOMIPRAMINE (CMI)

DULOXETINE (DUL)

SSRI ADVERSE EFFECTS

Sedation, insomnia, GI distress, rare diarrhea, tremor (especially sertraline)

Suicidal thinking likely more common in depressed teens than anxious children

Activation in some, particularly young children

Reduced platelet aggregation via SER platelet receptors

- More nosebleeds, bruises, rare GI bleed
- Recommend patients be cautious with NSAIDs and ASA

CMI ADVERSE EFFECTS

A tricyclic (SER and NE reuptake inhibitor)

- Anticholinergic (dry mouth, constipation, urinary retention)
- Antihistaminergic (weight gain, somnolence)

Primarily metabolized by CYP 2D6 (FLV increases level)

High blood levels are toxic

Prolongs QTc → torsades des pointes

CMI MONITORING

BASELINE EKG

KEEP QTC BELOW 440 MSEC

AT LEAST ANNUAL EKGS

STARTING DOSE 1 MG/KG/DAY OR LESS

MAX 3 MG/KG/DAY

FOLLOW BLOOD LEVELS FOR TOXICITY

DUL ADVERSE EFFECTS

SNRI (like venlafaxine)

- More noradrenergic at high doses
- More serotonergic at low doses

Headache
Abdominal pain, constipation
Somnolence
Loss of appetite
Sweating
Perhaps mild increase in BP

Typically started in 20-30 mg range
Peak dose usually 60-90

THAT'S ALL FOR NOW! BE SAFE OUT THERE!
HAPPY ST. PATRICK'S DAY
FROM OUR SOCIAL DISTANCING CENTER TO YOURS!