Case Report: Aripiprazole for the Treatment of Resistant Obsessive Compulsive Disorder

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Submitted 10/13/2006; Accepted 1/12/2007. Peer reviewed by two reviewers.

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Acknowledgements: University of Texas College of Pharmacy at Austin and University of Texas Health Science Center in San Antonio

Introduction

Evidence for augmentation with atypical antipsychotics for treatment-resistant obsessive compulsive disorder (OCD) is limited. Published data is restricted to open label studies and few small double-blinded studies, mainly with risperidone, olanzapine and quetiapine.[1] There is one open-label study with aripiprazole in patients who were not receiving pharmacotherapy for OCD.[2] This is a report of the first known case of aripiprazole used as augmentation for treatment-resistant obsessive compulsive disorder.

Case Report:

Mr. G is a 22 year old white male with OCD, symptoms appearing at 15 years of age. He has no other medical problems or concomitant Axis I or II diagnoses. His symptoms included having an internal dialogue of doing certain things in order, picking at his face, hair pulling, and taking excessively long showers. His symptoms failed to respond adequately to paroxetine 40 mg daily, citalopram 120 mg daily, or sertraline 300mg daily as monotherapy. In addition, he was tried on atypical antipsychotic augmentation due to lack of therapeutic benefit with a single medication. He received quetiapine 25 mg daily (one month), aripiprazole 5 mg daily (3-4 doses), and risperidone 0.25 mg daily (2 doses) due to lack of tolerability.

Mr. G had been receiving sertraline 300 mg daily for 8 months with prominent residual symptoms when aripiprazole 2.5 mg daily was added to target hair pulling, face picking, and anxiety. We initiated a low dose of aripiprazole due to patient's sensitivity to side effects. After one month of aripiprazole therapy, he reported significant improvement overall and less burden of his "mind controlling him". Mr. G also reported a decrease in

obsessive behavior such as, his ability to send e-mails to friends with less intrusive thoughts and less face-picking.

To our knowledge, this is the first report of aripiprazole for treatment resistant OCD. A MEDLINE search was performed using keywords “atypical antipsychotics”, “OCD”, limited to English. One study conducted by Conner, et. al.[2] investigated aripiprazole in OCD patients who were not currently taking medications. Patients were given aripiprazole 10-30 mg in an open-label fashion for 8 weeks. Seven out of 13 patients were evaluated. The mean total change inYale-Brown-Obessessive Compulsive Scale (YBOCS) from baseline was 6.3 points (23.9 to 17.6). Three patients (42.9%) had met the criterion for response, based on a ≥ 30% reduction in YBOCS score from baseline. Patients who responded were treatment-naïve, had a partial response to an SSRI, or failed to respond to an SSRI.

Discussion

One of the limitations of this case report is that YBOCS was not performed. However, this patient was treatment-refractory and had subjective improvement in symptoms after taking aripiprazole 2.5 mg for one month. The available evidence for aripiprazole in OCD does not suggest prior exposure to medications affects response to aripiprazole. However, it was only a small open label study that did not include many refractory patients and prior medications were not provided.

Atypical antipsychotics have been evaluated in treating refractory OCD patients. The proposed mechanism of atypicals’ efficacy in OCD may be due to the dopamine – D2 blockade alone or in combination with 5HT receptor antagonism.[3] Evidence suggests that chronic use of serotonin reuptake inhibitors (SRIs) down-regulates serotonin receptors. By

adding an atypical antipsychotic, the SRIs effects may be potentiated.[3] Specifically with aripiprazole, which is a partial dopamine agonist and antagonist as well as having 5HT2a antagonism may have a beneficial effect in refractory OCD patients.[2] Risperidone has the most evidence to be effective as adjunct to a SRI in atypical antipsychotic in refractory OCD patients. McDougle, et al. conducted a double-blinded placebo-controlled augmentation 6 week study.[3] SRI refractory patients were randomized to receive risperidone (mean dose 2.2 mg/day) or placebo for 6 weeks. 50% (9/18) of the risperidone treatment group compared to 0 in the placebo group had a response. There were no differences in patients with comorbid conditions.

Aripiprazole, having a novel mechanism of action may be beneficial in patients with refractory OCD. Although dopamine's effect is not fully elucidated in OCD, researchers are currently investigating the clinical role of dopamine in the pathology of OCD. Compulsive and repetitive behavior and the reinforcement of the behavior may be related to increased dopamine in OCD patients.[5] So in this way, aripiprazole may be useful in regulating and stabilizing dopamine release, thus reducing compulsive behavior. Understanding the pathology of OCD and the neurotransmitters that are involved can better help in developing effective and safe treatments.

Overall, there is limited evidence of aripiprazole's efficacy in refractory OCD patients. According to the evidence, aripiprazole should be initiated at lower doses than the schizophrenia and bipolar doses in order to minimize adverse effects and discontinuation. Aripiprazole augmentation of SRIs in refractory OCD patients may be an important clinical tool. This can only be determined by prospective randomized double-blind-placebo-controlled augmentation studies with treatment refractory OCD patients.

References:

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