**Treatment of adolescents with refractory OCD – olanzapine addition in serotonin reuptake inhibitor**

D. Dronjak¹, A. Kesic², A. Lakic², D. Stupar²

¹Health Center Krusevac, Psychiatry, Krusevac, Serbia
²Clinic for Neurology and Psychiatry for Children and Youth, Psychiatry, Belgrade, Serbia

**Introduction:** Obsessive-compulsive disorder was once considered rare in childhood, but recent advances in diagnosis and treatment have led to recognition that the disorder is a common cause of distress for children and adolescents. Because the obsessive-compulsive thoughts and rituals are usually recognized by the children and adolescents as nonsensical, they are often kept hidden for as long as possible – from both parents and practitioners. This disorder has been shown to affect 2 to 3.5% of people during their lifetimes. Among adolescents with OCD, the literature indicates that very few receive an appropriate and correct diagnosis, and even fewer receive proper treatment. According to the literature, this disorder is treated using cognitive-behavioral therapy (CBT) and appropriate pharmacotherapy. Inadequate response occurs in 40% to 60% of people that are prescribed first line pharmaceutical treatments (selective serotonin reuptake inhibitors SSRI). The aim of this study was to evaluate the efficacy of olanzapine addition to SSRIs in treatment of adolescent in refractory obsessive compulsive disorder.

**Methods:** We examined a group of 11 adolescents (average intellectual ability). Our group included 7 males and 4 females, aged between 12 and 16 years who were diagnosed like obsessive compulsive disorder. They were outpatients from the Clinic of Neurology and Psychiatry for Children and Youth in Belgrade, Serbia. The diagnosis was made according to DSM IV criteria. Our patients had repetitive and persistent thoughts, also they had behaviors such as washing, counting and touching the objects. In the first place they are treated with SSRI monotherapy in appropriate dosages for at least 6 months. However, the treatment had failed to respond. All our patients also received cognitive behavioral therapy (CBT), once a week. Olanzapine was added and the dosage was titrated up to 5 mg daily over 16 weeks. Behavioral ratings, including the Children’s Yale Brown Obsessive-Compulsive Scale, were obtained at baseline and throughout the trial. We also used physical examination and laboratory tests.

**Results:** After 16 weeks of augmenting treatment, all patients had shown a reduction in OCD symptoms. They were reporting that they feel better and we recorded decrease in the Children’s Yale Brown Obsessive-Compulsive Scale (CY-BOCS), total score. Seven patient had moderate improvement (25% and more reduction in CY-BOCS scores), all girls and 3 boys. The other patients had reduction of 10–25% in CY-BOCS. We have noted the side effects in terms of occasional sleepiness on two boys and a weight gain of one girl.

**Conclusion:** Our findings, after several month long study, suggest that augmentation with olanzapine gives better results than monotherapy (SSRI) in treatment adolescents with refractory obsessive–compulsive disorder. The observed adverse effects of combined therapy did not differ in percentage from those stated in declaration of applied psychotropic drugs.

**References:**

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