

The treatment of obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD) for adults, children and young people

The paragraphs in the draft are numbered for the purposes of consultation. The final version will not contain numbered paragraphs.

Understanding NICE guidance – information for people with OCD or BDD, their families and carers, and the public

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About this information

1. This information describes the guidance that the National Institute for Health and Clinical Excellence (called NICE for short) has issued to the NHS on obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD). It is based on ‘Obsessive-compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder’ (NICE Clinical Guideline No. [XX]), which is a clinical guideline produced by NICE for doctors, nurses and others working in the NHS in England and Wales (called healthcare professionals in this booklet).
2. Although this information has been written mainly for people with OCD or BDD (adults and children) it may also be useful for family members, those who care for people with OCD or BDD and anyone interested in OCD or BDD or in healthcare in general.
3. There is a section on the specific treatment and care for children (aged 8 upwards) on pages XX-XX of this booklet.

Clinical guidelines

4. Clinical guidelines are recommendations for good practice. The recommendations in NICE guidelines are prepared by groups of health professionals, people representing the views of those who have or care for someone with the condition, and scientists. The groups look at the evidence available on the best way of treating or managing the condition and make recommendations based on this evidence.

What the recommendations cover

5. NICE clinical guidelines can look at different areas of diagnosis, treatment, care, self-help or a combination of these. The areas that a guideline covers depend on the topic. They are laid out in a document called the scope at the start of guideline development.

6. The recommendations in ‘Obsessive-compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder’ (NICE Clinical Guideline No. [XX]) cover:
 - the care you can expect to receive from your GP or other healthcare professional
 - what treatment you can expect to be offered, including psychological therapies and medication
 - the services that may help you with OCD or BDD, including specialist mental health services
 - how families and carers may be able to support you.
7. This booklet tells you about the NICE guideline on OCD and BDD. It doesn’t attempt to explain OCD or BDD or their treatments in detail, but there is a brief explanation of the condition in ‘What is obsessive-compulsive disorder?’ on pages X-X and ‘What is body dysmorphic disorder?’ on pages X-X. For suggestions of starting points to find out more, see page [XX].
8. If you have questions about the specific treatments and options covered, talk to your doctor or nurse, or another healthcare professional. There are examples of questions you could ask throughout this booklet.

How guidelines are used in the NHS

9. In general, healthcare professionals in the NHS are expected to follow NICE’s clinical guidelines. But there will be times when the recommendations won’t be suitable for someone because of his or her specific medical condition, general health, wishes or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described on the pages that follow, you should talk to your doctor, nurse or other healthcare professional involved in your treatment.

10. You have the right to be fully informed and to share in making decisions about your healthcare, and the care you receive should take account of your individual needs.

What is obsessive-compulsive disorder (OCD)?

11. Obsessive-compulsive disorder (or OCD for short) is the name given to a condition in which a person has obsessions or compulsions, but usually both.

12. An 'obsession' is a thought, image or impulse that keeps coming into a person's mind and is difficult to get rid of. There are lots of different obsessions but here are a few examples:

- being afraid of contamination by dirt and germs
- worrying that something is not safe, such as an electric appliance
- thoughts and fears of harming someone else
- wanting to have things in a particular order or arrangement (such as in a symmetrical fashion).

13. A 'compulsion' is the feeling that a person must repeat physical actions or mental acts; usually people do this in response to an obsessive thought (for example if a person is worried about dirt they might clean something repeatedly). Compulsions usually help to 'neutralise' the obsessive thought. There are lots of different compulsions (sometimes called 'rituals'), but here are a few examples:

- excessive washing and cleaning
- checking things repeatedly (for example that a door is locked or that an electrical appliance is switched off)
- keeping objects that other people might throw away (called 'hoarding')
- repeating acts
- repeating words or numbers in a pattern.

14. Almost everyone, from time to time, has a disturbing thought or checks more than once they have locked the door. For most people these

thoughts and actions can be forgotten about. But if a person has OCD, the thoughts and feelings of discomfort can take over and they will feel anxious until they have done something to help them to deal with the thought. People with OCD may realise that their thoughts and actions are irrational or excessive but will not be able to help themselves from thinking the obsessive thoughts and carrying out compulsions.

15. OCD can affect people in different ways. Some people may spend much of their day carrying out various compulsions and be unable to get out of the house or manage normal activities. Others may appear to be coping with day to day life while still suffering a huge amount of distress from obsessive thoughts. Some people with OCD may carry out their rituals and compulsions in secret or make excuses as to why they are doing something. Most people with OCD are unlikely to realise that repeated thoughts, such as a fear of harming other people, are common symptoms of OCD and do not mean that they will carry out these thoughts.
16. How distressing the symptoms are and how much a person's life is affected are some of the factors that will help the healthcare professional decide whether a person has mild OCD or a more severe form of OCD and work out what treatment will suit that person.
17. It is thought that about 2–3% of the population in the UK may have OCD and it can affect people of any age, from young children to older adults.

What is body dysmorphic disorder (BDD)?

18. Body dysmorphic disorder (BDD) is the name given to a condition in which a person spends a lot of time concerned about their appearance; they may compare their looks with other people's, worry that they are physically flawed and spend a long time in front of a mirror concealing what they believe is a defect.

19. Almost everybody at some time or another feels unhappy about the way they look, but these thoughts usually come and go and can be forgotten about. However, for a person with BDD, the thought that one has a flaw is very distressing and does not go away, even though other people may think that there is nothing wrong with the way that person looks.
20. Although BDD is not exactly the same as OCD (see above), there are similarities. For instance, a person with BDD may feel that they have to repeat certain acts. These are a few examples:
- checking how they look
 - repeatedly combing their hair or applying make up
 - picking their skin to make it 'smooth'
 - dieting and exercising all the time.
21. A person with BDD may feel that they cannot go out in public unless they have hidden the problem area in some way, through clothing or make-up. This can seriously affect the person's daily life. People with BDD are also often depressed.
22. How distressing the symptoms are and how much a person's life is affected are some of the factors that will help the healthcare professional decide whether a person has mild OCD or a more severe form of OCD and what treatment will suit that person.
23. The treatments for BDD are very similar to those for OCD and are explained in the sections on treatment for OCD.
24. It is not known how many people in the UK have BDD because people who have it often hide it from others, but the condition can affect both adults and young people.

What happens when I first see a healthcare professional?

25. When you first see a healthcare professional about your symptoms, he or she will want to make sure that you have OCD or BDD, so he or she may ask you the following questions (this is called an assessment):

For OCD

- Do you wash or clean a lot?
- Do you check things a lot?
- Is there any thought that keeps bothering you that you'd like to get rid of but can't?
- Do your activities take a long time to finish?
- Are you concerned about putting things in a special order or are you very upset by mess?
- Do these problems trouble you?

For BDD

- Do you worry a lot about the way you look and wish you could think about it less?
- What specific concerns do you have about your appearance?
- On a typical day, how many hours a day is it on your mind?
- What effect does it have on your life?
- Does it make it hard to do your work or be with friends?

26. If you have OCD or BDD your healthcare professional may ask you if you have harmed yourself or have had thoughts about suicide, and if you have any other problems or conditions.

27. You may find it very difficult to talk about your symptoms, but all healthcare professionals should be understanding about your problems.

28. If you have OCD and have very unpleasant or disturbing thoughts, healthcare professionals should talk to you about these and explain how they are connected to the condition.
29. Your healthcare professional should give you full and clear information about OCD or BDD and the treatments offered. This information, and any treatments or care that you receive, should be suitable for you if you have additional needs, for example if you have a learning difficulty, a disability or if your first language is not English.
30. Your healthcare professional should discuss the treatment options with you so you can decide if you want to have a particular treatment or not, and which treatment you might prefer. Your own preference for a particular treatment is important and your healthcare professional should support your choice where possible.
31. Your healthcare professional should tell you about self-help and support groups for OCD and BDD in your area.
32. If you need to see more than one healthcare professional about your OCD or BDD, the healthcare professionals involved should make sure that there is an agreement about who is responsible for various aspects of your care. This agreement should be written down and should be discussed with you and, if appropriate, your family or carer.
33. OCD and BDD can be successfully treated, but the symptoms can come back again and for some people the conditions can last a long time. If your symptoms do come back, you should be able to carry on with your care with the same professional(s), without having to see many different professionals before receiving treatment.

OCD, religious and cultural practices

34. If you have OCD and you have obsessions connected to your religion, or that are specific to your culture, healthcare professionals may ask for advice and support from local religious and community leaders in order to assess what is reasonable for your religion/culture. This can help the treatment process.

Will my family or carer be involved in my treatment?

35. This depends on your age and whether you would like your family or carer to be involved.

36. When you have an assessment (see page X), your healthcare professional may find it helpful to talk to your family or carer.

37. If you live with a family member or carer, it can help if they are involved in your treatment, but this does depend on your individual circumstances and wishes. A family member or carer may be able to help and support you by doing some of the psychological treatment exercises with you (see page XX).

Questions you may want to ask healthcare professionals

38. Many people can feel anxious when talking to a healthcare professional, and although they should try to explain things clearly to you, you may need something explaining to you again or in more detail. In the box below and throughout this booklet are examples of questions you could ask. It might be helpful to take this booklet with you when you go to see someone.

Questions you may want to ask healthcare professionals about OCD or BDD

- What makes you think that I have OCD (or BDD)?
- Is OCD (or BDD) common?
- Are all of my symptoms caused by OCD (or BDD)?

Questions you may want to ask healthcare professionals about treatment

- What treatment will I need?
- What choices do I have about treatment?
- How long will I need treatment for?
- How will having treatment for OCD (or BDD) affect my daily life/work, etc?
- Can you provide any information for my family?

What treatments are helpful for adults with OCD and BDD?

39. There are a number of treatments for adults with OCD and BDD that are helpful, including psychological therapies and medication. These are outlined below.

Psychological treatments

40. The main psychological treatment for OCD and BDD is:

- Cognitive behavioural therapy (CBT) including exposure and response prevention (ERP)

But another therapy called cognitive therapy (CT), adapted for people with OCD, may also be used.

Cognitive behavioural therapy (CBT) including exposure and response prevention (ERP)

41. CBT is a psychological therapy based on the idea that the way we feel is affected by our thoughts (or ‘cognitions’) and beliefs, and by how we behave. If we have a negative thought, for example, this can lead to negative behaviour which can affect the way we feel. CBT helps people to reassess the meaning of their thoughts and actions.

42. ERP helps people deal with situations or things that make them anxious or frightened. With the support of the therapist, the patient is ‘exposed’ to whatever makes them frightened or anxious (for example, dirt or germs). Rather than avoiding the situation or repeating a compulsion, the patient is taught other ways of coping with the anxiety or fear. This process is repeated until the patient no longer feels as anxious or afraid.

43. If you have obsessive thoughts but do not have any obvious compulsions, you can still have CBT but the ERP will focus on mental rituals and any methods you may use to ‘neutralise’ a situation.

Cognitive therapy (CT) for OCD

44. Most psychological treatment for OCD consists of CBT including ERP, but if you do not feel comfortable starting ERP, then your healthcare professional may offer you cognitive therapy that has been specially designed for people with OCD.

45. If you are having ERP, your healthcare professional may consider offering you cognitive therapy in addition to your current treatment because this can help you to stay well in the future.

General information about psychological treatments

46. If you agree, your family or carer can help you with some of the treatment exercises in ERP.
47. Towards the end of psychological treatment, healthcare professionals should advise you about how you can continue to apply the principles you have learnt if symptoms come back.
48. After treatment is finished, your healthcare professional should offer you a couple more sessions of treatment if this would help.

Are there any other psychological treatments than can help me?

49. You should be advised by your healthcare professional that other than the treatments described above, there is no persuasive evidence that other psychological treatments have an important effect on your OCD. This includes psychoanalysis, transactional analysis, hypnosis and marital or couple therapy.

Where can I have psychological treatment?

50. Most meetings with therapists take place at a clinic or hospital or sometimes at your local GP's practice. You should be offered support for travel if you have difficulty getting to and from the meetings. You may be able to receive treatment in your home if your symptoms prevent you from leaving your house, if you would find it very difficult being in a clinic, or if you have severe problems with hoarding. You may be able to have CBT over the phone if you are unable to leave your house and you feel unable to have other people in your home.

Medication

51. Research has shown that medication used for treating depression (called 'antidepressants') can also help people with OCD and BDD. Antidepressants work by increasing the activity and amount of certain chemicals in the brain that affect mood (such as one called serotonin).

There are different types of antidepressants, but ones called selective serotonin reuptake inhibitors (or SSRIs for short) can work best for people with OCD and BDD.

52. See page XX for important information about SSRIs.

What treatments are best for me?

53. **If you have OCD and your symptoms are mild** you should first be offered a psychological treatment involving exposure and response prevention (ERP). This may be one of the following:

- Up to 10 sessions of CBT (including ERP) using self-help materials, such as a book
- Up to 10 sessions of CBT (including ERP) by telephone with a professional
- Approx 10 sessions of CBT (including ERP) in a group with other people.
- Following a computer programme based on ERP with support from a trained professional

54. If these treatments do not help or do not suit you, you should be offered the choice of either:

- an SSRI
- more than 10 sessions of CBT (including ERP).

55. **If you have OCD and your symptoms are more severe**, you should be offered the choice of either:

- an SSRI
- more than 10 sessions of CBT (including ERP)

56. **If you have BDD and your symptoms are mild**, you should be offered 10 sessions of CBT, including ERP to address the symptoms of BDD,

either on your own or in a group with other people with BDD depending on your preference.

57. If you have BDD and your symptoms are more severe, you should be given a choice of:

- an SSRI
- more than 10 sessions of CBT (including ERP to address the symptoms of BDD) on your own or in a group as suits your needs

58. If you have OCD or BDD and your symptoms are very severe you should be offered combined treatment of CBT with an SSRI.

59. See page XX for further information about treatments for children and young people.

Questions you could ask about psychological therapies

If you are offered a particular psychological treatment, you might want to know more about it, so you could ask one or more of these questions:

- Can you tell me in more detail what the treatment will involve?
- Can you tell me why you have decided to offer me this type of treatment?
- How long will the treatment last?
- Who will do this treatment with me?

What should I know about SSRIs?

Starting the treatment

60. Your healthcare professional should tell you, and should give you written information, about concerns people may have about taking medication. You should be informed about the following:

- you will not crave antidepressants or need to take more of the medication to feel the same effect as time goes on
- people can sometimes have unpleasant symptoms (called ‘side effects’) to antidepressants, which can include feeling very anxious or agitated, thinking about harming themselves or about suicide, especially in the first few weeks of taking the medication
- people can also have side effects if they stop the medication, forget to take it, or reduce the medication. These symptoms are called discontinuation (or withdrawal) symptoms, and they can include dizziness, feeling nauseous, unusual body sensations, anxiety and headaches. These symptoms are usually mild, but can sometimes be severe, especially if the antidepressant is stopped abruptly.
- the medication may take up to 12 weeks to work (but if you are depressed, your depression may get better more quickly)
- taking antidepressants does not mean that you are a weak person.

Making sure you are OK

61. Your healthcare professional should arrange to see you regularly so that he or she can check whether you are having any side effects to the medication. This arrangement should be written in your medical notes. Your healthcare professional should check whether you are very anxious and agitated or feel restless and like you can't sit or stand still (called ‘akathisia’); they should also ask you if you have any thoughts about suicide. He or she should tell you to seek help immediately if you are at all distressed.

62. However, if you are a young adult (under 30) you should be seen more often. If you are depressed and have had thoughts about suicide, you should also be seen frequently, especially in the first few weeks of

starting an SSRI, and you should have access to a healthcare professional over the phone. If it is appropriate, your healthcare professional may ask you if you would like a carer to help in watching out for any side effects. This should also be written in your patient notes.

63. If your healthcare professional changes the dose of your medication, he or she should also check to see whether you have any new symptoms or are feeling worse.

Choice of SSRIs

64. If you are an adult with OCD you should be first offered one of the following SSRIs:

- fluoxetine
- fluvoxamine
- paroxetine
- sertraline
- citalopram

65. If you are an adult with BDD you should first be offered fluoxetine, because research has shown that this works better for people with BDD than other SSRIs.

66. Your healthcare professional should ask you about any other medication that you are taking. If you have side effects while taking an SSRI your healthcare professional may offer you a different SSRI.

67. If the first dose of an SSRI has not helped you after 4 to 6 weeks and you have not experienced a lot of side effects, your healthcare professional may increase your dose. He or she should tell you about possible side effects and should check for these when the dose is increased.

68. If treatment with an SSRI has not helped you at all, your healthcare professional should make sure that you took the medication regularly, that you took the correct amount; and if any alcohol or other drugs you were taking at the time affected your treatment.
69. If treatment with an SSRI has helped you, you should continue to take the medication for at least 12 months because this will help to prevent your symptoms getting worse again. Your healthcare professional should see you again after the 12 months to see whether you should continue to take the medication (this usually depends on how severe your OCD or BDD symptoms were, how long you had the condition and whether you still have any symptoms). If you continue to take antidepressants, your healthcare professional should arrange to see you regularly; this arrangement should be written in your notes.
70. When reducing your dose or stopping the medication altogether, your healthcare professional should make sure that this is done gradually over several weeks and to suit your needs.
71. You should be told that if you have severe symptoms when stopping treatment that you should seek help immediately.

Is there any medication I should not be offered?

72. The following antidepressants should not normally be offered to you if you have OCD or BDD because there is little evidence that they can help:
- Tricyclic antidepressants (other than clomipramine, see page XX), such as amitriptyline, nortriptyline and desipramine
 - Tricyclic-related antidepressants, such as trazodone
 - Serotonin and noradrenaline reuptake inhibitors (SNRIs), including venlafaxine
 - Monoamine oxidase inhibitors (MAOIs), such as phenelzine

- Anxiolytics (except very occasionally for some people taking an SSRI), such as buspirone and clonazepam
- Antipsychotics, such as haloperidol and sulpiride.

73. See page XX for information about treatments for children and young people.

Questions you could ask about medication

If you are offered medication, you might want to know more about it, so you could ask one or more of these questions:

- How will the medication help me?
- How long will it take before I start to feel better?
- How long will I have to take it for?
- Will it be easy to stop taking it?
- Is there a leaflet or other written material about the medication that I can have?

You should be informed about the side effects associated with antidepressants. If you are unsure, you might consider asking the following questions:

- Does this medication have any side effects?
- Will the side effects affect my daily life, or physical or psychological health?
- What should I do if I get any of these side effects?
- How long do these side effects last?
- Are there any long-term side effects of taking this medication?

What happens if I try the treatments and they do not help me?

74. If you have OCD or BDD and have taken an SSRI for about 12 weeks or psychological therapy for more than 10 hours and these have not helped, you should be seen by a group of healthcare professionals who will look at all the treatment you have had so far and reassess your symptoms. You should then be offered an SSRI while having CBT (including ERP).
75. If you continue this treatment for 12 weeks and you don't feel any better, you should be offered a different SSRI or another antidepressant called clomipramine (see page X for important information about this medication).
76. If these further treatments have not helped you then your healthcare professional should suggest that you see a range of other healthcare professionals who are experts in OCD or BDD. This group of healthcare professionals will look at all the treatment you have had so far. You may be offered further treatment, such as additional psychological therapy and additional medication. You will usually have this treatment in a clinic or in hospital by a specialist mental health professional.

Questions you could ask if you do not feel better after having treatment

- I had expected to feel differently from how I am feeling now. Can we discuss how I am getting on?
- Do we need to look at different types of treatment or do we need to extend the period of treatment?

What should I know about clomipramine?

77. You may be offered another type of antidepressant called a tricyclic if the treatment described above has not helped you; there are different tricyclics, but only one is recommended for people with OCD (called clomipramine). This should only be offered to you after you have tried an SSRI or if you have tried clomipramine before and it has helped you.
78. Before you start clomipramine, your healthcare professional should take your blood pressure and check your heart with an electrocardiograph (ECG) if you are at risk of heart disease. Once you start taking it, your healthcare professional should see you regularly if you have had thoughts about suicide.
79. If initial treatment with clomipramine has not helped you, and you have not had severe side effects, your healthcare professional may increase your dose. If the treatment has helped you, you should continue taking the medication for 12 months because there may be further improvement.
80. When you stop taking clomipramine, your healthcare professional should reduce the dose gradually.

Will I need to stay in hospital for treatment?

81. Most people with OCD or BDD do not have to stay in hospital for treatment. But if your symptoms of OCD or BDD are very severe, and/or you cannot look after yourself properly or have had thoughts about suicide, your healthcare professional may think that you will benefit by staying in hospital for treatment (this is called inpatient treatment). Inpatient treatment may also be suitable for you if you are not able to get to a clinic during the day time.
82. Your healthcare professional may also consider inpatient treatment if you have had OCD or BDD for a long time and lots of different treatments have not made you feel any better.

83. Inpatient treatment may sometimes help if you have other problems or conditions such as an eating disorder, depression or schizophrenia.

84. In hospital you should be able to receive treatments that are more in depth and you will be treated by experts in OCD or BDD.

85. If you have had OCD or BDD for a very long time and have difficulty living on your own, you should be helped to find suitable accommodation with people who can help you become more independent.

What happens when the treatment is completed?

86. Once you feel better, a mental healthcare professional should see you regularly for the next year to see how you are getting on. The healthcare professional should agree with you in advance how often this should be.

What happens if my OCD or BDD comes back?

87. If you have been treated successfully for OCD or BDD but your symptoms come back, you should be seen as soon as possible by a healthcare professional rather than having to wait for a long time to receive treatment.

Treatments for children and young people with OCD or BDD

What treatments can help me?

88. Treatments for children and young people are very similar to those for adults, but there are some special things that healthcare professionals need to think about when offering treatments to you.
89. Treatments for children and young people should involve your family or the people who care for you, and sometimes other people such as teachers.
90. If you have other illnesses or problems, you should also be able to get help for these while getting help for OCD or BDD.

Psychological treatments

91. The main treatments for children and young people include talking to someone and getting help if you are feeling anxious or nervous because of your thoughts or your actions (called psychological treatment or therapy). If you have OCD or BDD you should be offered a specific type of therapy called cognitive behavioural therapy (including exposure and response prevention) (see the explanation of this on page X).
92. If you have OCD and your symptoms are mild, healthcare professionals may first give you a book to read to help you with your symptoms; your healthcare professional should help you to follow some of the exercises in the book. Your family should be given information about OCD and the treatments you can have. If this does not help you should be offered cognitive behavioural therapy that includes exposure and response prevention.
93. When you have therapy, your healthcare professional should be understanding and should support you. He or she should talk to you

about what the treatment will involve; he or she should also talk to your family about your treatment.

94. If you have OCD you can meet with a therapist on your own with your family, or you can meet as part of group of other people with OCD and their families.
95. After finishing therapy, your healthcare professional may offer you one or two more therapy sessions if you need them.
96. If therapy has not helped you, your healthcare professional should suggest that you see a group of other healthcare professionals who are experts in OCD or BDD. This group of healthcare professionals will look at all the treatment you have had so far.

Medication

97. Medication can also help children and young people with OCD or BDD, but you should be offered therapy before you are offered medication.
98. Medication called selective serotonin reuptake inhibitors (or SSRIs for short) can work best for people with OCD and BDD. These medicines are also used for people with depression and are therefore called antidepressants.
99. You should only be offered medication after you have seen a psychiatrist, and usually only while you are also having cognitive behavioural therapy. If for some reason you are not having therapy, your healthcare professional should take extra care while you are taking medication on its own. Whether you are offered medication also depends on your age and how you are feeling. Young children (aged 8 to 11) are rarely offered medication.
100. If cognitive behavioural therapy and medication have not helped you, your healthcare professional may offer you another type of SSRI or other medication, but this may depend on your age.

What should I know about medication?

101. If you start taking an SSRI your healthcare professional should arrange with you and your family to see you regularly so that he or she can check to see how you are feeling.
102. If you have OCD and have been offered medication it should be one of the following SSRI antidepressants, called:
- sertraline
 - fluvoxamine.
103. If you have OCD and you are also depressed, you should be offered an antidepressant called fluoxetine, which is also an SSRI antidepressant. You should also be given help for depression (your healthcare professional should follow the NICE guideline on depression in children and young people).
104. If you have BDD you should be offered fluoxetine.
105. If you are offered medication, your healthcare professional should tell you and your family the following:
- about why you have been offered medication
 - that the antidepressant may take some time to work
 - how long the treatment should take
 - about any possible unpleasant reactions (called side effects) to the medication
 - that you must follow the instructions in the packet about taking the medication.
106. You should also be given written information about the medication you are taking.
107. The amount of medication you are given (the dose) should be low, but this can be increased slowly if you are not feeling any better.

108. If you start taking an antidepressant your healthcare professional should check regularly to see whether you are having serious side effects (for example feeling very anxious or angry, or are hurting yourself or having thoughts about suicide). You should be told to get in contact with your healthcare professional if you start to feel like this.
109. If you feel better after taking an antidepressant, keep taking the medication for at least 6 months **after** you get better because this can help you to stay well in the future.
110. If you do not feel better after taking the medication, or you feel worse, your healthcare professional may think about offering you a different antidepressant called clomipramine. You should be told, however, that clomipramine can also have side effects (for example, if you take too many tablets by accident it can be very dangerous).
111. If you are offered clomipramine your healthcare professional should check your heart by using a machine called an electrocardiograph (ECG).
112. If clomipramine is not helping you to feel any better, and you have not had any unpleasant side effects, your healthcare professional may give you a bit more of the medication gradually.
113. If clomipramine has helped you to feel better, you should carry on taking the medication for at least 6 months **after** you get well because this can help you to stay well in the future.
114. You and your family should be told that there can be some unpleasant symptoms when you stop taking an antidepressant or start taking less of it. You should be told to get in touch with your healthcare professional if you think you may have these symptoms. Your healthcare professional should give you less of the medication slowly over several weeks so that these symptoms are not too bad.

115. While you are stopping taking an antidepressant you should also have therapy because this can help you to stay well in the future.
116. The following medication should **not** be offered to you:
- a group of antidepressants called tricyclics (other than clomipramine)
 - groups of antidepressants called monoamine oxidase inhibitors (MAOIs) and serotonin and noradrenaline reuptake inhibitors (SNRIs)
117. Medication called an antipsychotic should not usually be offered to you on its own. If it is offered you should take it while taking an antidepressant.

Will I need to stay in hospital for treatment?

118. Most people with OCD or BDD do not have to stay in hospital for treatment. But if your symptoms of OCD or BDD are causing you a lot of worry and are stopping you from going to school or doing other activities, and treatments have not helped you so far, your healthcare professional may think that staying in hospital for treatment will help you.
119. Your healthcare professional may also think staying in hospital will help you, if you have had thoughts about suicide.
120. In hospital you will be able to receive treatments that are more in depth and you will be treated by experts in OCD or BDD.

What happens when the treatment is completed?

121. Once you feel better, a mental healthcare professional should see you regularly for the next year to see how you are getting on. The healthcare professional should agree with you in advance how often this should be.

What happens if my OCD or BDD comes back?

122. If you have been treated successfully for OCD or BDD but your symptoms come back, you should be seen as soon as possible by a healthcare professional rather than having to wait for a long time to receive treatment.
123. When you reach the age of 18 you may need help and treatment from another group of healthcare professionals who treat adults. If this happens your healthcare professional should make sure that you receive all the help and support you need after you turn 18.

Information for families and carers

How can I support a family member with OCD or BDD?

124. Some families may not even know that their relative or friend has OCD or BDD because sometimes people with these conditions can keep their obsessions to themselves, and carry out their compulsions in private. However some people with OCD or BDD may carry out their compulsions more openly, which can be alarming for other people in the family, especially if they do not understand what is happening.
125. Where possible and suitable, it can be helpful for everyone, if healthcare professionals work with both the person with OCD or BDD and their family and carers.
126. As a family member or carer you can have an important role in giving practical and emotional support to someone with OCD or BDD. Healthcare professionals should tell you about OCD or BDD, how it develops and about the treatments that can help.
127. When your relative or friend with OCD or BDD first sees a healthcare professional, the healthcare professional will ask them questions about their condition (this is called an assessment). If the healthcare professional thinks it will help, they should involve family members and carers in the assessment to find out family members are dealing with the patient's OCD or BDD. You may feel, for instance, that you have to take part in your relative or friend's compulsions or rituals, even though you may not want to. If this is the case, it is important to tell healthcare professionals about this so that they can help you not take part in the rituals, while still continuing to support the person with OCD or BDD.
128. If it is appropriate, and the person with OCD or BDD consents, you may also be involved in certain aspects of your relative or friend's assessment and treatment plan. For instance some psychological

treatments for children include families (see page X) and family members can help the person with OCD confront their fears as part of ERP treatment (see page X for explanation of this treatment), and can continue to offer support after treatment has ended to help the person stay well.

How can I find support for myself and my family?

129. Supporting a person with OCD or BDD can be distressing and demanding. Healthcare professionals may be able to tell you about any support groups aimed at carers that exist in your area. As part of the assessment of your relative or friend, especially if they have severe OCD or BDD or have had the condition for a long time, healthcare professionals should offer you an assessment of your circumstances, needs and health.

130. If children are thought to be seriously affected by a parent's OCD or BDD, healthcare professionals should arrange for them to be assessed for any emotional or psychological problems. Parents should be kept fully informed of what happens at this assessment.

Questions for families and carers to ask

Families and carers need to be well informed and supported. If, as a family member or carer, you are unsure about your role in helping and supporting a person with OCD or BDD, consider asking one or more of the following questions:

- What can I/we do to help and support the person with OCD/BDD?
- Is there any additional support which I/we, as carers, might benefit from?

Where you can find more information

131. If you need further information about any aspects of OCD or BDD or the care that you are receiving, ask your doctor, nurse or other member of your healthcare team. You can talk to them about the NICE guideline on OCD or BDD, or information in this booklet.

If you want to read the other versions of this guideline

132. **[Note: the information in this paragraph and the next one will apply when the guideline is published]** There are four versions of this guideline:

- this one
- the full guideline, which contains all the recommendations on OCD and BDD, details of how they were developed, and summaries of the evidence on which they were based
- a version called the NICE guideline, which lists all the recommendations on OCD and BDD
- the quick reference guide, which is a summary of the NICE guideline for health professionals.

133. All versions of the guideline are available from the NICE website (www.nice.org.uk/CGXXX). Printed copies of this booklet and the quick reference guide are also available. Phone the NHS Response Line on 0870 1555 455 and quote N0XXX (quick reference guide), N0XXX (information for the public).

If you want more information about OCD or BDD

134. NHS Direct may be a good starting point for finding out more about OCD or BDD. You can call NHS Direct on 0845 46 47 or visit the website (www.nhsdirect.nhs.uk).

135. There may be support groups for people with OCD or BDD in your area and your doctor or nurse may be able to give you details of

these. Information about local groups may also be available from NHS Direct or your local library or Citizens Advice Bureau.

If you want to know more about NICE

136. There is more about NICE and the way that the NICE guidelines are developed on the NICE website (www.nice.org.uk). You can download the booklet 'The guideline development process – an overview for stakeholders, the public and the NHS' from the website, or you can order a copy by phoning the NHS Response Line on 0870 1555 455 (quote reference number N0472).
137. These can also be ordered from the NHS Response Line on 0870 1555 455). [Smart numbers to be added]