### Tier 1 | Uncomplicated OCD

Treatment of uncomplicated OCD usually begins with CBT/ERP with modifications for ASD and ID. If ineffective or significant residual symptoms occur, then HRT is tried. This may accompany SSRI monotherapy.

Perhaps the best predictor of SSRI response is high harm avoidance temperament, suggesting behavioral inhibition, increased sensitivity to negative contingencies, internalizing symptoms, intolerance of uncertainty, and high threshold for risk taking.

There are several caveats to declaring a Tier 1 treatment approach ineffective:

1. Patients with OC-RD generally require a prolonged latency of response, longer duration of treatment, and higher doses of SSRIs.
2. Most treatment strategies contribute to improvement but fewer remissions, and rarely complete recovery from OC-RDs.
3. The symptoms may wax and wane, intensify during periods of distress, loss, or trauma, and on occasion intensify after medical illnesses (Beta- Hemolytic Strep, auto-immune, inflammatory-infectious diseases).
4. Many individuals with chronic medical or neurological illness may also develop obsessions and rituals surrounding health care. These may require additional focus on the impact of the primary disorder and on the impact of chronic illnesses on psychological adaptation.
5. OC and other repetitive behaviors can occur in several forms of neurodegenerative disorders. They are generally differentiated based on the co-occurrence of positive neurodiagnostic or genetic studies, and present with perseveration, difficulties with set shifting and declining neurocognitive and executive functions.

### Tier 2 | OC-RD with Co-Occurring Tics

If standard Tier 1 treatment is ineffective or OC-RD co-occurs with tic disorders, the following should be considered:

1. ERP/CBT/HRT, SSRI’s augmented with alphagonists, SGAs and in exceptional cases clonazepam.
2. Treating OC symptoms and tics first means overcoming concerns about the adverse effects of treating psychiatric co-morbidities that can increase irritability, SIB and aggression; and increase repetitive behaviors associated with OC-RD. For example, stimulants used to treat ADHD might, in some cases, increase repetitive behaviors. Current evidence suggests that this is unlikely but there are exceptions.
3. Remain aware of drug-drug interactions when using augmentation strategies. Reassess the need for combined treatments at frequent intervals. Remember the waxing nature of both OCD and tic disorders as well as the special ecological adaptations needed for ASD and ID.
4. Clinical judgment and consultation or referral to peers and experts may be useful. These complex co-occurring conditions suggest more neuropharmacological heterogeneity. In reality, OC-RD is not a single neuro-transmitter condition and NE, DA, GABA, glutamate, and neuropeptide/opioid are players in its pathophysiology.
5. Consider the presence of genetic disorders associated with SIB (e.g. Lesch-Nyhan syndrome), neurodegenerative disorders, and cerebrovascular and TBI. Both ASD and ID are associated with behavioral phenotypes and a large array of genetic and metabolic disorders.

### Tier 3 | OC-RD with Psychiatric Comorbidities

Co-morbidities might include: ADHD, mood disorders, anxiety, TBI, impulse control disorders, trauma/PTSD, schizophrenia, substance use, and fronto-temporal dementias.

In this situation, treat the primary condition first. See other sections of this guide for treatment recommendations for these conditions.

### Tier 4 | OC-RD, ID and ASD

Research on alternative biological treatments have excluded individuals with ID/ASD in controlled studies of TMS, Direct Electrical Current, treatment for PANS or PANDAS, deep brain stimulation, or capsulotomy.

### Summary

In general, 60% respond to treatment, fewer go into remission, and some are treatment resistant. Most individuals with IDD and OCD require augmentation, or in combination with pharmacotherapy/ manualized psychotherapies. This group may also require an extensive review of previous diagnoses and treatment, especially reassessment, including associated neurological or degenerative disorders.