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Therapeutic potential of serotonergic psychedelic substances in the treatment of Obsessive Compulsive Disorder

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Introduction: Obsessive Compulsive Disorder (OCD) is a psychiatric disorder associated with suffering and disability. The serotonergic system is implicated in the neurobiological processes of OCD and serotonin reuptake inhibitors (SRIs) are the first-line treatment. However, clinical improvement after starting SRIs can take long and patients may not fully recover. Meanwhile, recent data suggests that activation of 5-HT receptors may exert a therapeutic action in obsessional symptoms. Some psychedelics are strong 5-HT₂ receptor agonists and there is a growing research interest as they can be a promising therapeutic approach to OCD. **Objectives:** We aim to provide an overview on the current evidence on the therapeutic potential of serotonergic psychoactive substances in the treatment of OCD.

Methods: Non-systematic review. Literature search in the PubMed database using the terms psychedelics and obsessive-compulsive disorder.

Results: Although research is currently limited to a few small studies, the ones conducted so far showed clinically meaningful acute reduction of OCD symptoms after treatment with serotonergic psychoactive drugs, as well as possible longer-lasting benefits, particularly with psilocybin and lysergic acid diethylamide (LSD). Furthermore, substance-assisted psychotherapy with psychedelics has been showing promising results, being suitable for OCD treatment. It is important to add that, to date, studies have indicated relatively good tolerability to these drugs.

Conclusions: These promising early findings highlight the role of psychedelics in OCD treatment and the need for further research into efficacy, therapeutic mechanisms and safety, in order to determine whether these drugs may be worthy options for OCD treatment in the future.

Disclosure: No significant relationships.

Keywords: obsessive compulsive disorder; serotonergic psychedelics; 5-HT₂ receptor agonism

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Obsessive-Compulsive Disorder and suicide: what do we know up until now?

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Introduction: Obsessive-Compulsive Disorder (OCD) was recently (in 2015) associated with suicidal risk, regardless of depression or other mental disorders, but it is a disorder with great heterogeneity, and the subtypes involved in this risk have not yet been clarified.

Objectives: To verify which patterns of OCD symptoms are more associated with suicidal risk, other possible risk factors and better treatment options evidenced in the literature.

Methods: Literature review with predefined search criteria and keywords in electronic databases (Pubmed, Virtual Health Library and Cochrane) between 2015 and 2020. Identification, analysis, calculation and synthesis of the results were carried out in a descriptive and qualitative manner.

Results: Twenty five articles were included. Obsessions of unacceptable thoughts pattern, perfectionism traits and alexithymia are important predictors of suicidal risk. Compulsions were not associated with suicide. Depression is the comorbidity with the greatest impact on suicidal ideation. Better socioeconomic status, education, and female gender are protective factors for mortality. The method chosen for attempts is preferably non-violent (drug intoxication). Treatments derived from cognitive behavioral therapy are currently being investigated further, and in addition to the evidence for the use of selective serotonin reuptake inhibitors, antipsychotics have been used as an adjuvant.

Conclusions: Unacceptable thoughts play an important role in suicide resulting from OCD, and the absence of compulsive behavior may be correlated to suicide risk. Treatment directed at cognitions seems relevant. Further studies are needed to clarify the appropriate approach in this subtype of the disease.

Disclosure: No significant relationships.

Keywords: Suicide; obsessive-compulsive disorder; suicidal behavior; suicidal ideation

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Compulsion or perseveration? A case report.

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Introduction: 54-year-old female patient who came to hospital due to psychopathological decompensation of her Obsessive-Compulsive Disorder (OCD), after 35 years under follow-up. Parkinson's disease. Psychopharmacological treatment: sertraline 100 mg (1-0-0); lorazepam 2 mg (1-1-1); Levodopa/carbidopa 100/25 mg (1-1-1). Distressed at first examination. She described increase in rituals, important intake restriction, weight impact and difficulties in home management with functional repercussions. Psychopathological exploration: conscious, oriented, and approachable. Circumstantial speech with no obsessive ideas. Increased frequency of repetitive behaviours led to a functional deterioration, becoming dependent for activities of daily living. Elevated anxiety. No major mood disorder. No psychotic symptoms. Bradykinesia. Hypophagia without anorexia. Admission is carried out. Good evolution: improvement in motor symptoms and intake restoration. No changes in repetitive behaviours.

Objectives: To discuss the differential diagnosis between OCD and Frontotemporal Dementia.

Methods: Repetitive behaviours were initially understood as rituals typical of OCD. However, the absence of both a fixed pattern of