Obsessive Compulsive disorder (OCD) is a common disorder with a worldwide prevalence of about 2% and unique with regard to treatment response (Zohar et al., 2000). As opposed to other psychiatric disorders such as depression, panic disorder Post traumatic Stress Disorder etc in which monoadrenergic and serotonergic medications were found to be effective, it seems that OCD responds primarily to serotonergic medications (Zohar et al., 2000).

However, there are about 40% of the patients who are not responding, or who respond only partially to appropriate intervention with serotonergic medication. In those resistant patients, the possibility of adding on antipsychotic, and especially the new atypical antipsychotic is often raised (McDougle et al., 2000).

There are actually four types of situations where intervention with antipsychotics might be considered. Obsessive compulsive patients with poor insight (what was previously called ‘psychotic obsession’), schizophrenic patients with OCD, obsessive compulsive patients with tic disorder, and obsessive compulsive patients who did not respond to intervention with an adequate treatment (in terms of dose and duration) or antiobsessive medication.

The data supporting the role of antipsychotic medication in obsessive compulsives with poor insight are not convincing (Eisen et al., 2001). However, at times the
treatment dilemma (antipsychotic or antiobsessive) actually derives from diagnostic ambiguity; many of the very severe ego-syntonic obsessive compulsive patients may present themselves in such a bizarre way that they might be erroneously diagnosed as schizophrenic and treated accordingly, while careful and knowledgeable examination will discover that this is actually a severe case of OCD that should be treated with antiobsessive medication and not antipsychotic (Insel & Akiskal, 1986).

The prevalence of OCD amongst schizophrenic patients ranges from 10-25% and has a negative effect on the prognosis for those substantial proportion of schizophrenic patients (Fenton & McGlashan, 1986). Preliminary data implies that for this subset of patient (the schizo-obsessive patients) a combination of antipsychotic and antiobsessive medication might be useful (Sasson et al., 1997).

It is crucial to screen for tic disorder in patients with, OCD as this subset of patients responds (both in terms of obsession and tics) to a combination of typical antipsychotic and antiobsessive medication (McDougle et al., 2000).

Data in regard to augmentation of OCD patients who did not respond to treatment with SSRI suggest that Risperidone might have a specific therapeutic potential in this subset of patients. The role of antipsychotics with 5HT 1D properties like Ziprasidone need to be studied.

Antipsychotics in OCD are indicated in patients with OCD + tic disorder (the data there are on typical antipsychotics), and in patients with refractory OCD (current data suggest specific role for Risperidone). The ‘schizo-obsessive’ patients – a
combination of antipsychotics (probably the atypical ones) with antiobsessive medication might be preferred as opposed to antipsychotic alone, while in ‘psychotic OCD’, treatment should probably focus on adequate use of antiobsessive medication.
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