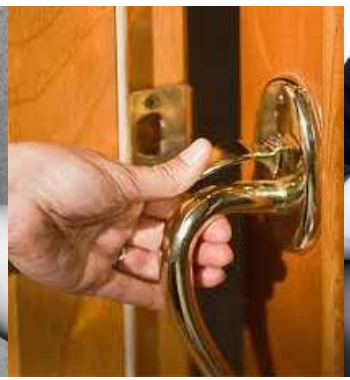
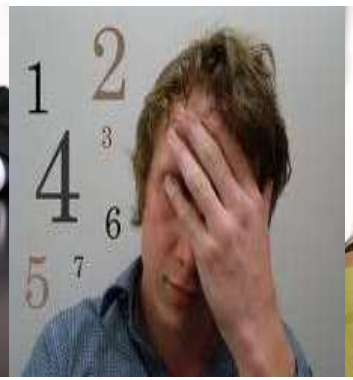
OBSESSIVE
COMPULSIVE DISORDER




Obsessive Compulsive:

> Obsessive-Compulsive Disorder (OCD) is an **anxiety disorder** where a person has recurrent and unwanted ideas or impulses (**called obsessions**) and an urge or compulsion to do something to relieve the discomfort caused by the obsession. The obsessive thoughts range from the idea of losing control, to themes surrounding religion or keeping things or parts of one's body clean all the time. Compulsions are behaviors that help reduce the anxiety surrounding the obsessions. Most people (90%) who have OCD have both obsessions and compulsions. The thoughts and behaviors a person with OCD has are senseless, repetitive, distressing, and sometimes harmful, but they are also difficult to overcome.

- OCD does not have a higher affinity for a specific gender. It can begin as early as the age of two, but most often begins in the late teens for males and the early twenties for females. Studies have placed the prevalence between one and three percent,although the prevalence of clinically recognized OCD is much lower, suggesting that many individuals with the disorder may not be diagnosed. The fact that many individuals do not seek treatment may be due in part to stigma associated with OCD

HISTORY

- From the 14th to the 16th century in Europe, it was believed that people who experienced blasphemous, sexual, or other obsessive thoughts were possessed by the Devil.Based on this reasoning, treatment involved banishing the "evil" from the "possessed" person through exorcism.In the early 1910s, Sigmund Freud attributed obsessive–compulsive behavior to unconscious conflicts that manifest as symptoms.Freud describes the clinical history of a typical case of "touching phobia" as starting in early childhood, when the person has a strong desire to touch an item. In response, the person develops an "external prohibition" against this type of touching. However, this "prohibition does not succeed in abolishing" the desire to touch; all it can do is repress the desire and "force it into the unconscious".

Obsession :

- **Obsessions** are unwanted ideas or impulses that repeatedly well up in the mind of a person with OCD. Common ideas include persistent fears that harm may come to self or a loved one, an unreasonable concern with becoming contaminated, or an excessive need to do things correctly or perfectly.
- **Ex.:*My hands may be contaminated -- I must wash them" or "I may have left the gas on" or "I am going to injure my child."***

Compulsion:

- most people with OCD resort to repetitive behaviors called **compulsions.** The most common of these are washing and checking (***e.g., making sure the gas from the oven has been turned off). Other compulsive behaviors include counting (often while performing another compulsive action such as hand washing), repeating, hoarding, and endlessly rearranging objects in an effort to keep them in precise alignment with each other.***

Most people with obsessive-compulsive disorder fall into one of the following categories:

- **Washers** are afraid of contamination. They usually have cleaning or hand-washing compulsions.
- **Checkers** repeatedly check things (oven turned off, door locked, etc.) that they associate with harm or danger.
- **Doubters and sinners** are afraid that if everything isn't perfect or done just right something terrible will happen or they will be punished.
- **Counters and arrangers** are obsessed with order and symmetry. They may have superstitions about certain numbers, colors, or arrangements.
- **Hoarders** fear that something bad will happen if they throw anything away. They compulsively hoard things that they don't need or use.

DIAGNOSIS

- Formal diagnosis may be performed by a psychologist , psychiatrist, clinical social worker, or other licensed mental health professional. To be diagnosed with OCD, a person must have obsessions, compulsions, or both, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM).

- It is helpful to quantify the severity of symptoms and impairment before and during treatment for OCD. In addition to the patient's estimate of the time spent each day harboring obsessive-compulsive thoughts or behaviors, Fenske and Schwenk in their article "Obsessive-Compulsive Disorder: Diagnosis and Management," argue that more concrete tools should be used to gauge the patient's condition (2009). This may be done with rating scales, such as the most trusted Yale–Brown Obsessive Compulsive Scale(Y-BOCS). With measurements like these, psychiatric consultation can be more appropriately determined because it has been standardized.

DIFFERENTIAL DIAGNOSIS (OCD VERSUS OCPD)

OCD
(OBSESSIVE COMPULSIVE DISODER)

- **OCD** is *ego dystonic*, meaning that the disorder is incompatible with the sufferer's self-concept. Because disorders that are ego dystonic go against a person's self-concept, they tend to cause much distress.

OCPD
(OBSESSIVE COMPULSIVE PERSONALITY DISORDER)

- **OCPD**, on the other hand, is *ego syntonic*—marked by the person's acceptance that the characteristics displayed as a result of this disorder are compatible with his or her self-image.

OCD

- People with OCD are often aware that their behavior is not rational and are unhappy about their obsessions but nevertheless feel compelled by them.

OCPD

- People with OCPD are not aware of anything abnormal about themselves; they will readily explain why their actions are rational, and it is usually impossible to convince them otherwise.

OCD

- People with OCD are ridden with anxiety.

OCPD

- People with OCPD tend to derive pleasure from their obsessions or compulsions.

Risk factors:

- **Biological factors**: Studies have revealed that individuals with OCD have an insufficient level of seretonin, one of the brain's neurotransmitters. This result is supported by the efficacy of serotonin reuptake inhibitors (SSRI's) in the treatment of OCD. Other studies also reveal that some individuals with OCD have abnormalities in dopaminergic transmission.

- **Environmental factors**: There are environmental factors that can trigger the disorder in individuals psychologically prone for OCD. Some of these symptoms include:
- Abuse
- Changes in living situations
- Illness
- Death of a loved person
- Relationship concerns
- School-related problems

Common obsessive thoughts in OCD include:

- Fear of being contaminated by germs or dirt or contaminating others
- Fear of causing harm to yourself or others
- Intrusive sexually explicit or violent thoughts and images
- Excessive focus on religious or moral ideas
- Fear of losing or not having things you might need
- Order and symmetry: the idea that everything must line up "just right."
- Superstitions; excessive attention to something considered lucky or unlucky

Common compulsive behaviors in OCD include:

- Excessive double-checking of things, such as locks, appliances, and switches.
- Repeatedly checking in on loved ones to make sure they're safe.
- Counting, tapping, repeating certain words, or doing other senseless things to reduce anxiety.
- Spending a lot of time washing or cleaning.
- Ordering, evening out, or arranging things "just so."
- Praying excessively or engaging in rituals triggered by religious fear.
- Accumulating "junk" such as old newspapers, magazines, and empty food containers, or other things you don't have a use for.

Four Steps for Conquering Obsessive Thoughts and Compulsive Urges:

- Psychiatrist Jeffrey Schwartz, author of *Brain Lock: Free Yourself from Obsessive-Compulsive Behavior*, offers the following four steps for dealing with OCD:

- **RELABEL** – Recognize that the intrusive obsessive thoughts and urges are the result of OCD.
- **REATTRIBUTE** – Realize that the intensity and intrusiveness of the thought or urge is caused by OCD; it is probably related to a biochemical imbalance in the brain.
- **REFOCUS** – Work around the OCD thoughts by focusing your attention on something else, at least for a few minutes. Do another behavior.
- **REVALUE** – Do not take the OCD thought at face value. It is not significant in itself.

MANAGEMENT:

- According to a team of Duke University-led psychiatrists, behavioral therapy (BT), cognitive behavioral therapy (CBT), and medications should be regarded as first-line treatments for OCD. Psychodynamic psychotherapy may help in managing some aspects of the disorder. The American Psychiatric Association notes a lack of controlled demonstrations that psychoanalysis or dynamic psychotherapy is effective "in dealing with the core symptoms of OCD.

BEHAVIORAL THERAPY

- The specific technique used in BT/CBT is called exposure and ritual prevention (also known as "exposure and response prevention") or ERP; this involves gradually learning to tolerate the anxiety associated with not performing the ritual behavior.
- Exposure ritual/response prevention (ERP) has a strong evidence base. It is generally considered the most effective treatment for OCD

- Ex:

  someone might touch something only very mildly "contaminated" (such as a tissue that has been touched by another tissue that has been touched by the end of a toothpick that has touched a book that came from a "contaminated" location, such as a school.) That is the "exposure". The "ritual prevention" is not washing. Another example might be leaving the house and checking the lock only once (exposure) without going back and checking again (ritual prevention). The person fairly quickly habituates to the anxiety-producing situation and discovers that their anxiety level has dropped considerably; they can then progress to touching something more "contaminated" or not checking the lock at all—again, without performing the ritual behavior of washing or checking.

MEDICATIONS

- Medications as treatment include selective serotonin reuptake inhibitors (SSRIs) such as paroxetine, sertraline, fluoxetine, escitalopram, and fluvoxamine and the tricyclic antidepressants in particular clomipramine. SSRIs prevent excess serotonin from being pumped back into the original neuron that released it. Instead, serotonin can then bind to the receptor sites of nearby neurons and send chemical messages or signals that can help regulate the excessive anxiety and obsessive thoughts. In some treatment-resistant cases, a combination of clomipramine and an SSRI has shown to be effective even when neither drug on its own has been efficacious.

- In most cases antidepressant therapy alone provides only a partial reduction in symptoms, even in cases that are not deemed treatment resistant. Much current research is devoted to the therapeutic potential of the agents that affect the release of the neurotransmitter glutamate or the binding to its receptors. These include riluzole, memantine, gabapentin, N-Acetylcysteine, and lamotrigine. MDMA, which is a powerful and illicit serotonergic drug, has also been anecdotally reported to temporarily alleviate the symptoms of OCD

- The atypical antipsychotics olanzapine, quetiapine, and risperidone have also been found to be useful as adjuncts to an SSRI in treatment-resistant OCD. However, these drugs are often poorly tolerated, and have significant metabolic side effects that limit their use.

Electroconvulsive therapy (ECT)

- (ECT) has been found effective in severe and refractory cases.
- **Electroconvulsive therapy** (**ECT**), previously known as **electroshock**, is a well-established, albeit controversial, psychiatric treatment in which seizures are electrically induced in anesthetized patients for therapeutic effect. Today, ECT is most often used as a treatment for severe major depression which has not responded to other treatment, and is also used in the treatment of mania (often in bipolar disorder), and catatonia.

PSYCHOSURGERY

- For some, neither medication, support groups nor psychological treatments are helpful in alleviating obsessive–compulsive symptoms. These patients may choose to undergo psychosurgery as a last resort. In this procedure, a surgical lesion is made in an area of the brain (the cingulate cortex). In one study, 30% of participants benefited significantly from this procedure. Deep-brain stimulation and vagus nerve stimulation are possible surgical options that do not require destruction of brain tissue. In the US, the Food and Drug Administration approved deep-brain stimulation for the treatment of OCD under a humanitarian device exemption requiring that the procedure be performed only in a hospital with specialist qualifications to do so.

- In the US, psychosurgery for OCD is a treatment of last resort and will not be performed until the patient has failed several attempts at medication (at the full dosage) with augmentation, and many months of intensive cognitive–behavioral therapy with exposure and ritual/response prevention. Likewise, in the UK, psychosurgery cannot be performed unless a course of treatment from a suitably qualified cognitive–behavioral therapist has been carried out.