

# OBSESSIVE COMPULSIVE DISORDER

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# Tom and Tina came in for advice

re the impending divorce that Tina was threatening. They had been married three years, and Tom continually hand washed. He would spend hrs cleaning the bathroom after he finished his bath, using a small bottle of dettol each time. He felt that the cleaning would go faster if Tina did the washing up...so she was forced to do the “dettol ritual” instead. She got angrier and angrier at this and wanted out of the marriage

# Rohan felt he had to pray in a certain

manner whenever he passed a temple or a statue of a god...even in the house. This meant that he either restricted himself to a room without a deity, or spent hrs bowing down before the idol. Walking outdoors was a nightmare...it often took him hrs to cross a stretch of road as there were always some statues of the gods on it.

# Rita had to do things in sets of four.

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She walked with a skip every four steps, counted money in sets of four, kept things in her cupboard in sets of four, insisted on four sets of similar coloured clothes, always carried four pens, etc. She had started putting the light switches on and off four times, flapped clothes four times to get rid of the dust, and even had started serving herself four spoons of food!!

# Obsessions

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These are recurrent and persistent thoughts, impulses or images

They are intrusive

They cause marked anxiety and distress

The person attempts to ignore, suppress or neutralize them

He is aware that they are a product of his own mind

# These obsessions cause

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the person to feel anxious, disgusted with self, and guilt-ridden.

the person knows that the thought is not a true representation of her true personality.....and then feels the need to perform some kind of ritual that is either covert or overt in nature

# Compulsions

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Repetitive behaviours or mental acts that the person feels driven to perform in response to an obsession

These are directed towards preventing or reducing distress or a dreaded event or situation

These behaviours may not always be associated with the content of the obsessional theme

# The specific content of the obs /comp

might vary amongst individuals.

Common ones are:

# Cleaning/contamination

# Symmetry

# Forbidden or taboo thoughts

# Harm

There is also a tic specifier and an insight specifier



# There is a range of affective responses

when confronted with situations that trigger obsessions and compulsions. These include marked anxiety, panic attacks, feelings of disgust, sense of “incompleteness”, and an avoidance of people, places and things that trigger these.

# Development and course

- Mean age of onset: 19.5 yrs
- 25% start by age 14 years
- Onset after 35 years is unusual
- Males have an earlier age of onset...25% of males have an onset before 10 years
- Onset is typically gradual, and often has waxing and waning symptoms

# Risk and prognostic factors:

- Behavioural inhibition in kids with high internalization
- Physical and sexual abuse in childhood
- Post-infectious auto immune syndrome
- Rate among first degree relatives of adults with ocd is about two times that among first degree relatives of those without the disorder

# Men

- Earlier age of onset
- More comorbid tic disorders
- More symptoms of forbidden thoughts and symmetry dimensions

# Suicide risk:

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Suicidal thoughts occur at some point in as many as half the individuals with OCD.

Suicide attempts are reported in  $\frac{1}{4}$  of individuals with OCD

Presence of comorbid depression increases this risk

# OCDs

- Can affect the quality of home, school or work life
- Are time consuming and impact daily functioning
- Can deplete energy
- The individuals are often considered strange and eccentric
- They may conduct the ritual in private, limiting socialization

# DSM IV category to DSM V

DSM IV category of Anxiety Disorders became three separate categories in DSM V

1. Anxiety Disorders:  
Separation Anxiety Disorder, Selective mutism, Specific phobia, Social phobia, panic disorder, agoraphobia and generalized anxiety disorder

## 2. Obsessive Compulsive Disorders:

Obsessive compulsive disorder, body dysmorphic disorder, hoarding disorder, trichotillomania, and excoriation disorder



### 3. Trauma and stress related disorders:

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Reactive attachment disorder, disinhibited social engagement disorder, PTSD, acute stress disorder, adjustment disorder

# Changes to the anxiety disorders

- Removal of OCD and PTSD into separate categories
- Selective mutism and Separation anxiety which were formerly childhood disorders is now part of the anxiety disorders group
- Agoraphobia and panic disorders have been decoupled and form two separate disorders
- Panic attack can be added to any diagnostic category: depressive disorder with panic attacks PTSD with panic attacks

# New category of OCRDs

The Obsessive Compulsive and related Disorders(OCD Spectrum)

The ocds, Hoarding Disorder and Excoriation(skin picking )Disorder.

Body Dysmorphic Disorder(previously Somatoform Disorder) and Trichotillomania (hair pulling...previously classified as Impulse Control Disorder not otherwise classified)

# D/D

- Anxiety disorders
- Major Depressive Disorder
- OCDs
- Eating disorders ...specifically anorexia nervosa
- Tic disorder/Stereotyped movements e.g. Head banging
- Psychotic disorders

# OCPD:

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OCPD is not characterised by intrusive ideas, thoughts and images or by repetitive behaviours in response.

It involves an enduring and pervasive maladaptive pattern of excessive perfectionism and rigid control

# Comorbidity:

- Anxiety disorders(76%)
- Major Depressive disorder(41%)
- OCPD(23-32%)
- Tic disorder(30%)
- ODD
- Schizophrenia (12%)
- Also elevated in eating disorders and bipolar

# Neuro-transmitters:

- Everyone talks of serotonin and dopamine as being responsible for ocd...however 1/3 people with ocd do not show response with the SSRIs . Again, even if response occurs...recovery may not be complete.
- Over the last eight years, there has been a substantial interest in Glutamate...one of the most excitatory neurotransmitters in the brain . Abnormal levels of this might contribute to ocd

# Recently...two groups from

the University of Toronto and the Johns Hopkins University have found a protein that carries glutamate is linked to ocd in some cases. Problems with these glutamate transporters can increase the amount of glutamate found outside the neurons, explaining the increased glutamate seen in the brain, and possibly lead to ocd symptoms



# Radiology in ocd:

- Greater cortical atrophy
- Corpus callosal and white matter abnormalities  
...heightened differences observed in individuals with more severe ocd symptoms
- Diffuse-tensor MRI showed abnormal increased fractional anisotropy (FA) in the genu and body of the cc , and in the white matter of the (r) superior frontal gyrus
- Orbital cortex is hyperactive

# Also

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SPECT scans of pts with OCD showed decreased blood flow in the temporal region as well as cortical perfusion abnormalities in the frontal lobes

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# Is OCD inherited?

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It does run in families. Genes do play an important role in the development of the disorder.

Likely to be a combination of genetic susceptibility as well as environmental influences.

# Can OCD be brought on by stress?

- ❑ No..stress does not cause ocd
- ❑ A stressful event, like being involved or witnessing a RTA, may trigger its onset
- ❑ If left untreated, everyday anxiety and stress in persons lives will worsen symptoms in ocds

# The commonest rating scale for OCD

is the Yale Brown Obsessive Compulsive Scale. It rates the severity and types of symptoms.

## **Obsessions checklist:**

Aggressive : 9 items      Contamination: 8

Sexual : 4      Hoarding/saving: 1

Religious:2      Need for symmetry: 1

Misc: 10

# Treatment for the OCDs

- Might not cure...but control
- Might need treatment for the rest of their lives
- Usually a combination of psychotherapy and medication is more effective than any one of them alone

# Compulsions Checklist

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Cleaning/washing: 4 items

Checking: 6

Repeating: 2

Counting: 1

Ordering /arranging: 1



How is OCD treated?

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# Psychotherapy: Exposure and Response Prevention(ERP)

This involves gradually exposing you to a feared object or obsession , e.g. Dirt and having you cope with the anxiety in healthy ways

It may take place in individual, family or group sessions

# Medications

TCA... Clomipramine (5-HT and NE)

SSRI..... Fluvoxamine

Fluoxetine

Paroxetine

Sertaline

Escitalopam

Topiramate... Glutamate

# Also:

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Antipsychotics.....Risperidone

Quetiapine

Olanzapine

Ziprasidone

Benzodiazepines..Clonazepam

Alprazolam

Lorazepam

Venlafaxine/Buspirone/ Inositol

# Psycho surgery

- Anterior cingulotomy ....anterior cingulate cortex
- Anterior capsulotomy ....anterior limb of the internal capsule
- Gamma knife
- DBS ....implantation of a device to stimulate the subthalamic nucleus

# Also:

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- ECT
- TMS

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Thank you

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