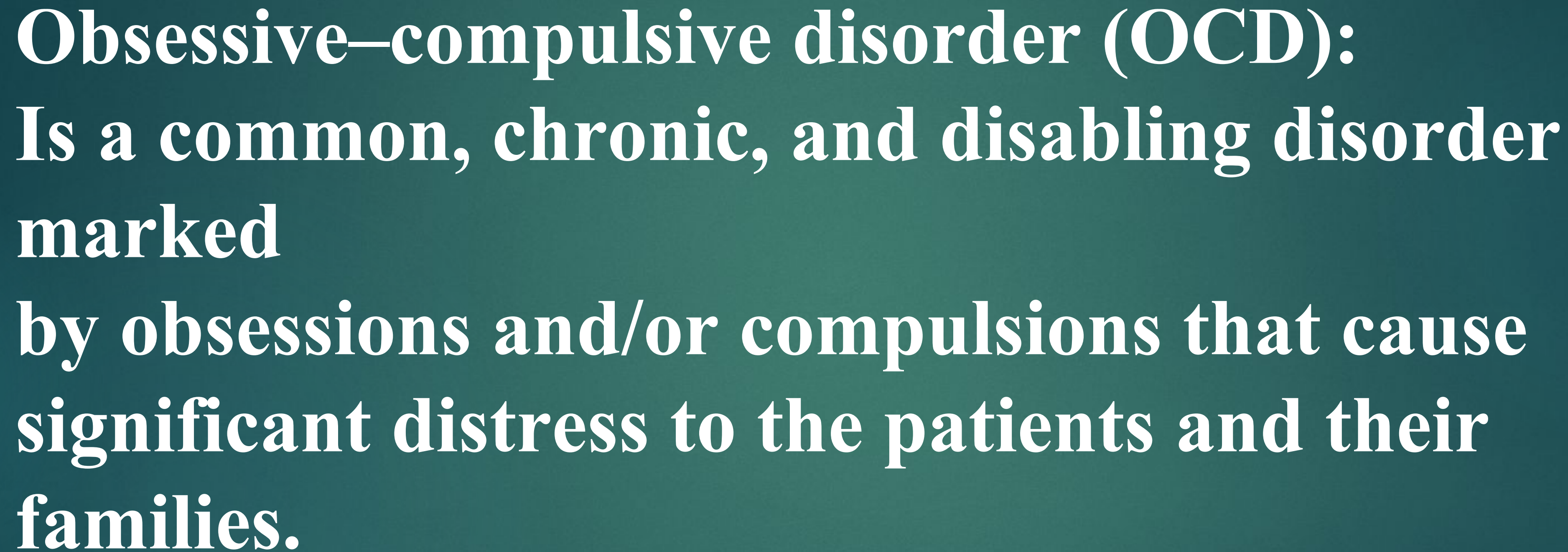
OCD


Obsessive–compulsive disorder (OCD):
Is a common, chronic, and disabling disorder
marked
by obsessions and/or compulsions that cause
significant distress to the patients and their
families.

OCD is characterized by the following:

1. Thought, impulse or image which intrudes into the conscious awareness repeatedly.

2. It is recognized as one's own thought, impulse or image but is perceived as ego alien (foreign to one's personality). They recognizes that the obsessional thoughts , impulses ,or images are a product of his/her own mind (not imposed from without).

3. It is recognized as irrational and absurd (insight is present).

4. Patients try to resist against it but is unable to.

5. Failure to resist leads to marked distress.

A compulsion: Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession. It is characterized by the following:

1. A form of behavior which usually follows obsession.

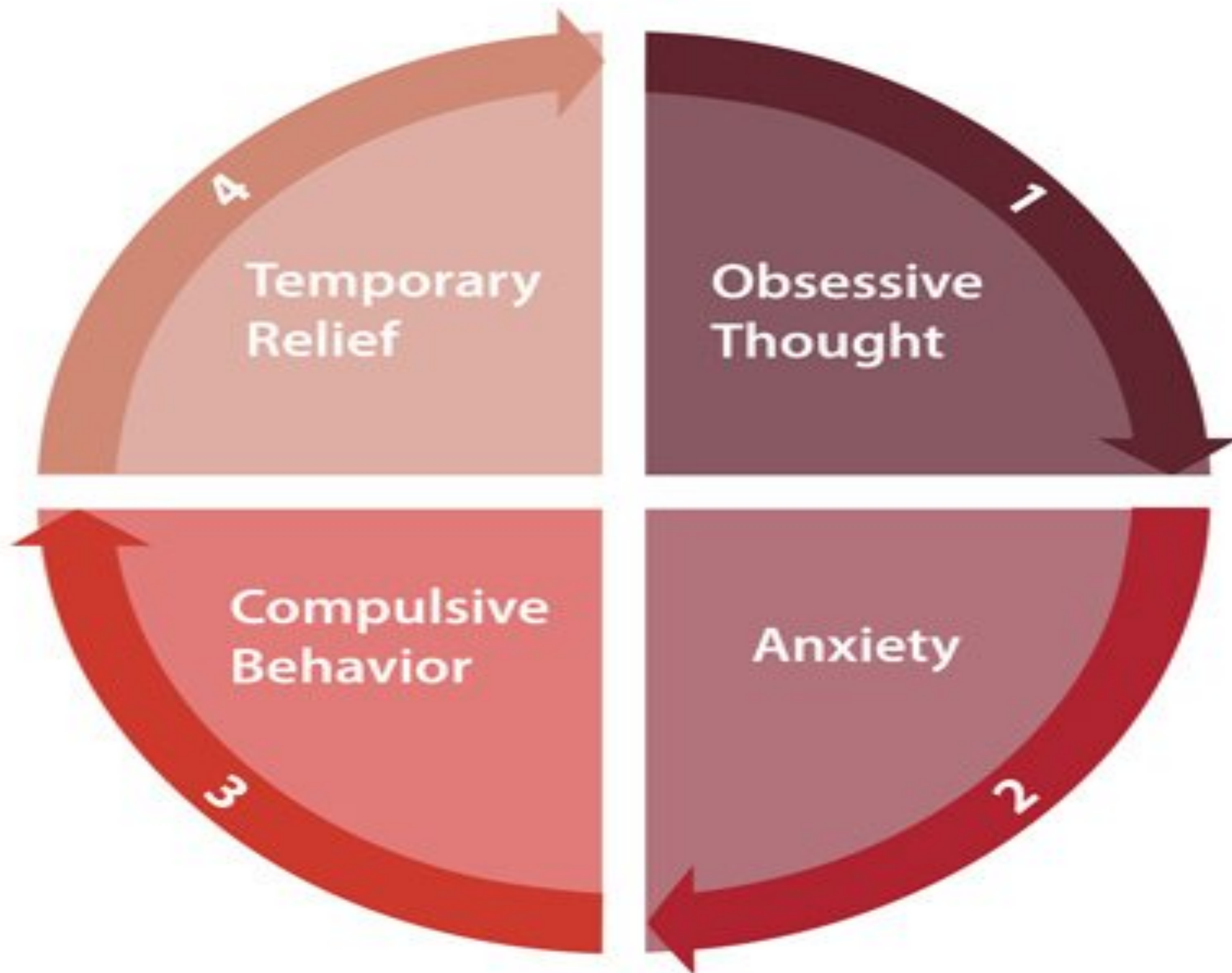
2. It is aimed at either preventing or neutralizing the distress or fear arising out of obsession.

3. The behavior is not realistic and is either irrational or excessive.

4. Insight is present, so the patient realizes the irrationality of compulsion.

5. The behavior is performed with a sense of subjective compulsion (urge or impulse to act).

Compulsion may diminish the anxiety associated with obsession.


The Vicious Cycle of OCD
1
Obsessive Thought
2
Anxiety
3
Compulsive Behavior
4
Temporary Relief

Epidemiology, course, and outcome:

The lifetime prevalence in the general population estimated at 2 - 3 %.

These figures make OCD the fourth most common psychiatric diagnosis after phobias, substance-related disorders, and major depressive disorders

There is similar epidemiology among diverse cultures.

In adults, male and female prevalence is the same. In children and adolescents, males are more likely than females to be affected

The mean age of onset is about 20 years. OCD is more common in unmarried persons.

The disorder is commoner in persons from upper social status and with high intelligence.

Prognosis is worse when:

1. Personality is obsessional

2. Symptoms are severe.

3. There are continuing stressful events in the patient's life

4. Yielding (rather than resisting) to compulsions.

5. A childhood onset.

6. A coexisting major depressive disorder

7.The presence of personality disorder

1. Good social and occupational adjustment.

2. The presence of a precipitating event.

3. Symptoms of episodic nature

Common obsessions

Dirt and contamination, Need for symmetry, Hoarding, Sexual content, Scrupulosity, Aggressive content, Superstitious fears

Diagnosis:

The diagnosis of OCD is based on the presence of either obsessions or compulsions, which cause marked distress, are time consuming (more than an hour per day), and significantly interfere with the person's normal routine and social and occupational activities.

1. Predominantly obsessive thoughts or ruminations.

2. Predominantly compulsive acts (compulsive rituals)

3. Mixed obsessional thoughts and acts.

Depression is very commonly associated with OCD.

Obsessional or anankastic personality(OCPD):

Pervasive pattern of preoccupation with orderliness, perfectionism, and mental control at the expense of flexibility and efficiency

Preoccupation with details, rules

Perfectionism that interferes with task completion

Excessively devoted to work so that leisure activities and friendships suffer

OCPD are ego syntonic, OCD is ego dystonic.

OCPD lacks true obsessions or compulsions.

Effect of OCD:

-Getting 'stuck' in one area and not being able to move on

-Continuous worries can lead to difficulties concentrating or listening

-May seem distracted

-Can lead to getting behind in reading, taking longer in examinations.

-Need for long daily rituals can impact on being late for lectures and other appointments

-Sharing accommodation at university may trigger cleaning rituals and cause stress

Etiology:

Several causative factors have been explored in the past but no clear
1-genetics.

2-Evidence of brain damage.

3- abnormal serotonergic function .

4- early experience may play a role in the causation of OCD.

Differential diagnosis:

1. GAD. 2. Panic disorder. 3. Phobic disorder. 4. Depressive disorder.

5. Schizophrenia

Treatment:

1. Psychotherapy.
2. Social and environmental adjustment.

3. Behavior therapy (Exposure and Response Prevention)

4. Physical treatment: A. anxiolytic drugs. B. antidepressant drugs:

*SSRI's: First line (Sertraline; Fluoxetine; Paroxetine) 10-12 weeks.

* Tricyclic antidepressant: Clomipramine.

C. Augmentation with atypical antipsychotics, e.g. risperidone, olanzapine

5. Convulsive therapy for depressive symptoms in obsession.

6. Psycho-surgery (prefrontal leucotomy) for patients who have failed medications.