

# Obsessive compulsive disorder and related disorders

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# OCD and related disorders

- Obsessive compulsive disorder
- Body dysmorphic disorder
- Hoarding disorder
- Trichotillomania
- Excoriation
- Substance/ medication induced OCD
- OCD and related disorder due to another medical condition
- Other specified OCD and related disorder
- Unspecified OCD and related disorder

# Obsessive compulsive disorder

- An obsession is a recurrent and intrusive thought, feeling, idea or sensation.
- Compulsion is a conscious, standardized recurrent thought or behavior such as counting, checking or avoiding.

# Obsessive and compulsion

- Obsessions increase a person's anxiety whereas carrying out compulsions reduces a person's anxiety.
- A person with OCD generally realizes the irrationality of the obsession
- and experiences both the obsession and compulsion as ego dystonic.

# Epidemiology

- Prevalence 2-3% of general population adults
- equally affects female and male.
- For adolescents more common in boys than in girls.
- Mean age of onset is 20 years, although have a slightly earlier age at 19 years and women at 22yrs

# Epidemiology

- overall 2/3 have onset before age 25yrs
- < 15% of patients have onset after 35yrs of age
- Common in singles
- Common in white than blacks
- Co morbidity is common esp. major depression alcohol disorders, phobia, panic disorder.

# Etiology of OCD

- **Biological theory**

- This hypothesis postulates that there is faulty dysregulation of serotonin.
- Postulates that there is increased activity e.g. metabolism and blood flow in the frontal lobes, basal ganglia and cingulum of patients with OCD.

- **Genetic theory**

- 35% of first-degree relatives of OCD patients are afflicted with the disorder.

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# Etiology

- **Behavioral factors**
- Obsessions are conditioned stimuli- a relatively neutral stimulus becomes associated with fear and anxiety through a process of respondent conditioning by being paired with events that are by nature noxious or anxiety provoking.
- Thus previously neutral objects and thoughts become conditioned stimuli capable of provoking anxiety or discomfort.
- Compulsion comes about to reduce the anxiety attached to an obsessional thought.



# Psychosocial factors

- 15-35% of obsessive-compulsive disorders have had premorbid obsessional traits.
- Psychodynamic factors
- Sigmund Freud described 3 major psychological defense mechanisms that determine the form & quality of OCD.
- Isolation, undoing, reaction formation.
- Isolation- affect & impulse separated from the ideation and put in to subconscious.
- Undoing – compulsive act that is performed to prevent the thought or impulse.

## Common Features of obsessions and compulsions

- An idea or an impulse intrudes itself insistently and persistently into a person conscious awareness.
- A feeling of conscious dread accompanies the central manifestation and the person takes counter measures against the initial idea or impulse
- The obsession or compulsion is experienced as being foreign.

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- The person recognizes the obsession or compulsion to be absurd and irrational.
- The person form obsessions or compulsion & usually feels a strong desire to resist them.
- 80% of all patients believe that the compulsion is irrational.

# Major symptom patterns of OCD

## 1. Obsession with contamination

- followed by washing or accompanied
- by compulsive avoidance of the presumably contaminated object.
- Often had to avoid e.g. urine, faeces, dust germs) patient may injure their skin while washing their skin
- or are unable to leave their homes because of fear of germs.
- They fear that germs can be easily spread (the most common).

## 2. Obsession of doubts

- This is followed by compulsion of checking
- is the 2<sup>nd</sup> most common pattern.
- The obsession often implies danger or violence (such as forgetting to turn off the stove or not locking the door).
- The checking may involve many trips back into the house.
- The patient has an obsessional self-doubt as they always feel guilty for having forgotten or committed something.

### 3. Intrusive obsessional thoughts

- Intrusive obsessional thoughts without a compulsion
- such obsessions are usually repetitious thoughts of some sexual or aggressive act that is reprehensible to the patient.

### 3. Need for symmetry or precision.

- This can lead to a compulsion of slowness.

- OCD can be disabling disorder, time consuming can interfere significantly with persons normal routine, occupational functioning, usual social activities or relationship with friends and families.



# Body dysmorphic disorder

Characterized by:

- Preoccupation with one or more perceived defects or flaws in physical appearance
- The flaws are not observable by others
- Repetitive behaviors- mirror checking, excessive grooming, reassurance seeking

# Hoarding disorder

Characterized by

- Persistent Difficulty in discarding or parting with possessions
- May be valueless but there is a strong perceived need to save the items
- Excessive collecting
- Buying
- Stealing of items that are not needed
- There room space becomes congested

# Trichotillomania

This is a hair pulling disorder characterized by:

- Recurrent pulling of hair resulting to hair loss
- Repeated attempts to decrease or stop hair pulling
- Feelings of anxiety or boredom
- May be preceded by feeling of tension
- May lead to gratification, pleasure or sense of relief
- Automatic behavior

# Excoriation disorder

This is a skin picking disorder characterized by:

- Recurrent picking of ones skin
- Skin lesions as a result of picking
- Repeated attempts to decrease the pricking
- Feelings of anxiety or boredom

## Substance / medication induced OCD & related disorder

- This may result from:
- Substance intoxication
- Substance withdrawal
- Medication use

# General overview Management

Management includes:

- Pharmacotherapy
- Psychotherapy (behavior therapy, supportive therapy, insight oriented psychotherapy etc)