OBSESSIVE-COMPULSIVE DISORDER

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OBSESSIVE COMPULSIVE DISORDER

- Represented by a diverse group of symptoms that include intrusive thoughts, rituals, preoccupations, and compulsions.
- A patient with OCD may have an obsession, a compulsion, or both.

OBSESSIONS

Obsessions are intrusive, distressing **thoughts and mental images** which repeat over and over. They are ego-dystonic (experienced as unpleasant).

COMPULSIONS

Compulsions are **repetitive behaviors** (hand washing, cleaning) or mental acts (praying, counting) that the person feels driven to perform in response to an obsession

An **obsession** is defined as:

1. An idea, impulse or image which intrudes into the conscious awareness repeatedly.
2. It is recognised as one’s own idea, impulse or image but is perceived as ego-alien (foreign to one’s personality).
3. It is recognised as irrational and absurd (insight is present).
4. Patient tries to resist against it but is unable to.
5. Failure to resist, leads to marked distress.

A compulsion is defined as:

1. A form of behaviour which usually follows obsessions.
2. It is aimed at either preventing or neutralising the distress or fear arising out of obsession.
3. The behaviour is not realistic and is either irrational or excessive.
4. Insight is present, so the patient realises the irrationality of compulsion.
5. The behaviour is performed with a sense of subjective compulsion (urge or impulse to act).

Compulsions may diminish the anxiety associated with obsessions.

CLINICAL PRESENTATION :

- The most common symptomatic pattern :

1.Contamination (45 %)–

- This is the commonest type of obsession.
- Here the obsession is of contamination with dirt, germs, body excretions and
- The compulsion is washing of hands or the whole body, repeatedly many times a day. It usually spreads on to washing of clothes, washing of bathroom, bedroom, door knobs and personal articles, gradually.
- The person tries to avoid contamination but is unable to, so washing becomes a ritual.

2.Pathological doubt (42%) 2nd most common.

- In this type, the person has multiple doubts, e.g. the door has not been locked, kitchen gas has been left open, counting of money was not exact, etc.

- The compulsion, of course, is checking repeatedly to 'remove' the doubt. Any attempt to stop the checking leads to mounting anxiety.

- Before one doubt has been cleared, other doubts may creep in.

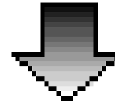
3.Intrusive thoughts – 3rd most common

- This syndrome is characterised by repetitive intrusive thoughts, impulses or images which are not associated with compulsive acts.
- The content is usually sexual or aggressive in nature.
- The distress associated with these obsessions is dealt usually by counter-thoughts (such as counting) and not by behavioural rituals.
- A variant is obsessive rumination, which is a preoccupation with thoughts. Here, the person repetitively ruminates in his mind about the pros and cons of the thought concerned.

OTHER LESS COMMON CLINICAL PRESENTATION :

- Need for symmetry
- Hoarding
- Aggressive content
- Superstitious fears
- Mental rituals (prayers, counting etc.)
- Touching
- Ordering and arranging
- Measures to prevent harm to self or others
- Miscellaneous rituals (e.g., licking, spitting, special dress pattern)

OCD CYCLE



OBSESSIONS

ANXIETY

COMPULSIONS

RELIEF

EPIDEMIOLOGY OF OCD

- NMHS report, 2016 reveals the life-time prevalence of OCD to be 0.8% in India.
- In India, obsessive compulsive disorder (OCD) is more common in unmarried males, while in other countries, no gender differences are reported.
- This disorder is commoner in persons from upper social strata and with high intelligence.
- The average age of onset is late third decade (i.e. late 20s) in India, while in the Western countries the onset is usually earlier in life.

ETIOLOGY OF OCD

- **NEUROTRANSMITTERS**

✓Serotonin

✓Nor-adrenaline

- **NEURO IMMUNOLOGY**

✓Streptococcal infection- PANDAS

- **BRAIN IMAGING**:

✓Mostly affects different parts of corticostriatal pathways

✓Involvement of Cortico-striato-thalamo-cortical loop

- **GENETICS**

✓Higher concordance rates in monozygotic twins.

✓Higher prevalence in family members of OCD patients

- **BEHAVIORAL FACTORS**

✓Learning theories

- **PERSONALITY FACTORS**

✓25-35% patients have premorbid OC personality traits.

- **PSYCHODYNAMIC FACTORS**

✓ Secondary gains; interpersonal factors- accommodation by family members; precipitating factors

- **PSYCHOANALYTIC FACTORS**

✓ Fixation in anal stage

TREATMENT

- Pharmacotherapy
- Cognitive-Behavioral Therapy
- Psychosurgery
- Deep Brain Stimulation

PHARMACOTHERAPY

- **Selective Serotonin Reuptake Inhibitors –**

Fluoxetine , Fluvoxamine , Paroxetine , Citalopram – all are approved by FDA

- **Clomipramine**-1st drug approved by FDA for OCD treatment

- **Other Drugs** – used in treatment resistant cases

Valproate , Lithium, Carbamazepine , Venelafaxine , Pindolol , MAO I-phenelzine , Buspirone , 5-hydroxytryptamine , Tryptophan , Clonazepam , Risperidone

- **ALL DRUGS ACT BEST WHEN COMBINED WITH PSYCHOTHERAPY**

PSYCHOTHERAPY

- Cognitive-Behavioral Therapy
  - ✓ Trials supported
  - ✓ Longer lasting than pills
  - ✓ **Cognitive**
    - ✓ Challenge faulty reasoning
    - ✓ Ex: “magical thinking”
  - ✓ **Behavioral**
    - ✓ Exposure and Response Prevention

Exposure and Response Prevention (ERP)

- The most widely practised behaviour therapy.
- Two componeents:
  - Exposure
  - Response Prevention
- Treatment starts with exposure to situations that cause the least anxiety
- As the patient overcomes these, they move on to situations that cause more anxiety
  - Controlled exposure (direct or imagined) to objects or situations that trigger obsessions while raising anxiety levels.
  - Over time the exposure leads to less anxiety and over a long period of time it leads to very little anxiety at all.

TREATMENT REFRACTORY

- **ELECTROCONVULSIVE THERAPY (ECT).**
- **Psychosurgery:**

  Cingulotomy

  Sub-caudate tractotomy (capsulotomy)

- **Non ablative surgical techniques**

  Deep Brain Stimulation (DBS)

PROGNOSIS

- Chronic waxing and waning.
- The rule of thirds
  - 20-30% “significant improvement”
  - 40-50% “moderate improvement”
  - Remaining 20-40% stay ill or get worse.

- THANK YOU