

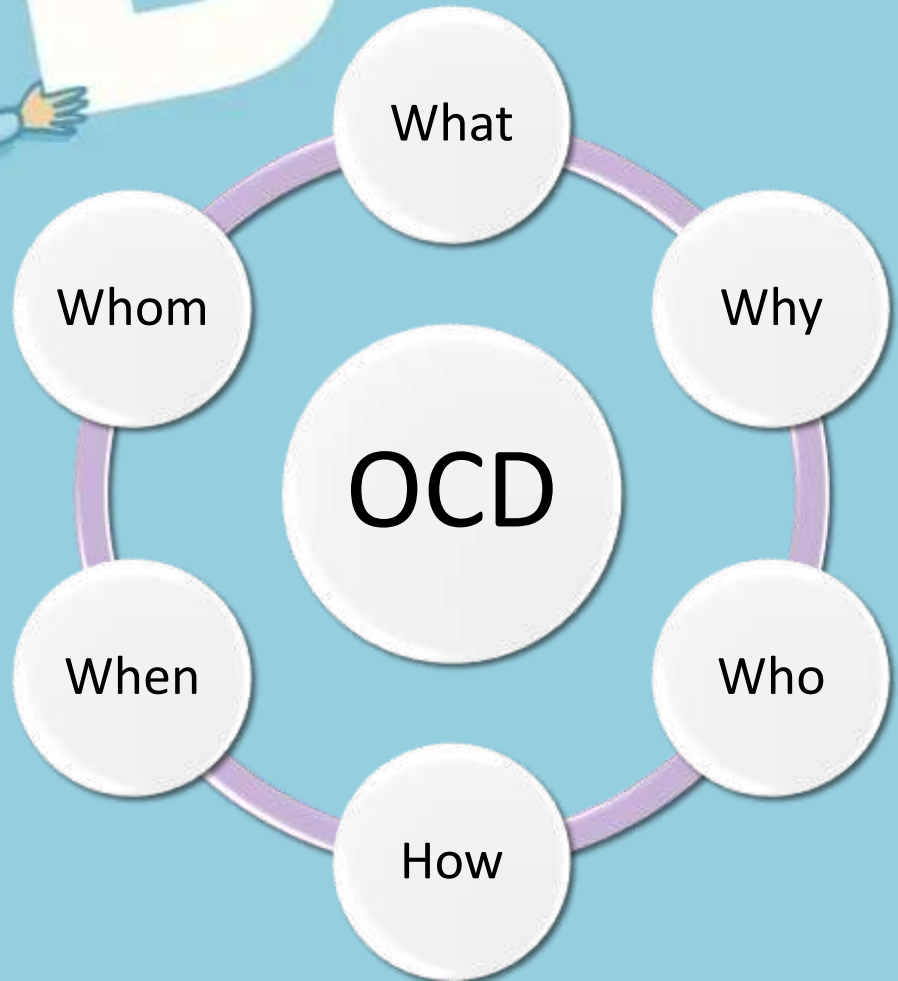
# OBSSESSIVE COMPULSIVE DISORDER

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Focus of presentation

# OCCD



# What is OCD?

## Obsession

Recurrent

Repetitive

Intrusive

Thought / image / impulse

Irrational

Unpleasant

Unstoppable

## OCD: Obsessive Compulsive Disorder

- A neurotic disorder
- Anxiety spectrum disorder



Ego-dystonic (experienced as unpleasant)

# What is OCD?

## Compulsion

Recurrent

Repetitive

Excessive

Unreasonable

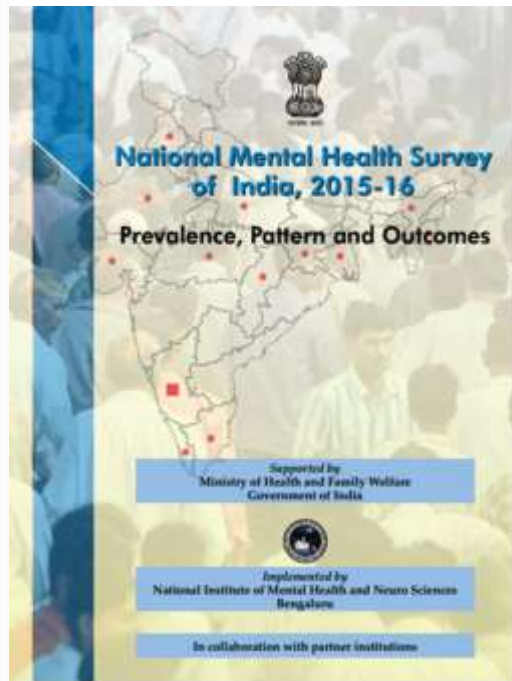
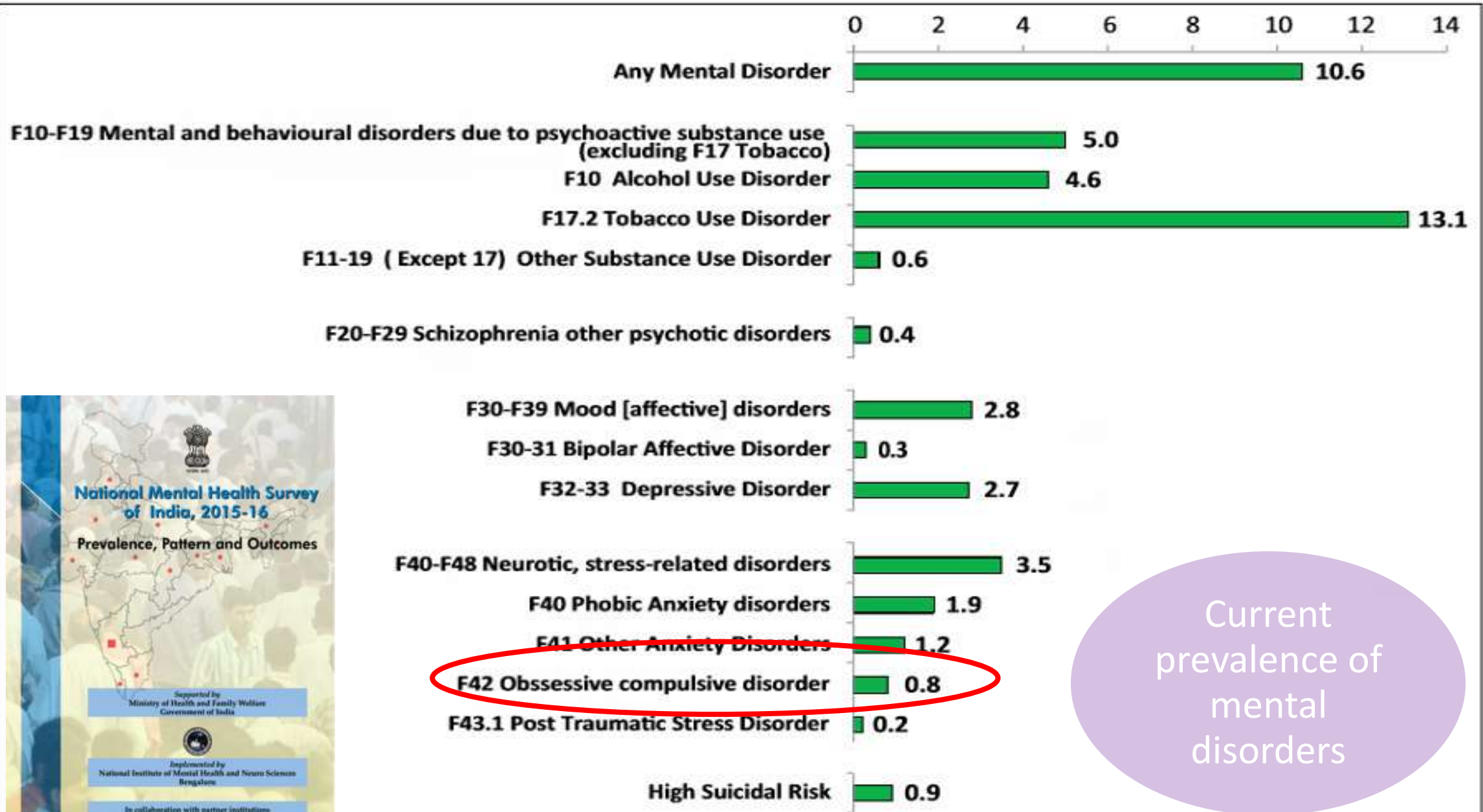
Acts / rituals



# Epidemiology of OCD

- ❑ Lifetime prevalence: 2- 3%
- ❑ Men and women: Equally affected
- ❑ Onset: During adolescence or early adulthood.
- ❑ Onset is earlier for males than females.
- ❑ Tends to be chronic without treatment with periods of waxing and waning of symptoms.





Current prevalence of mental disorders

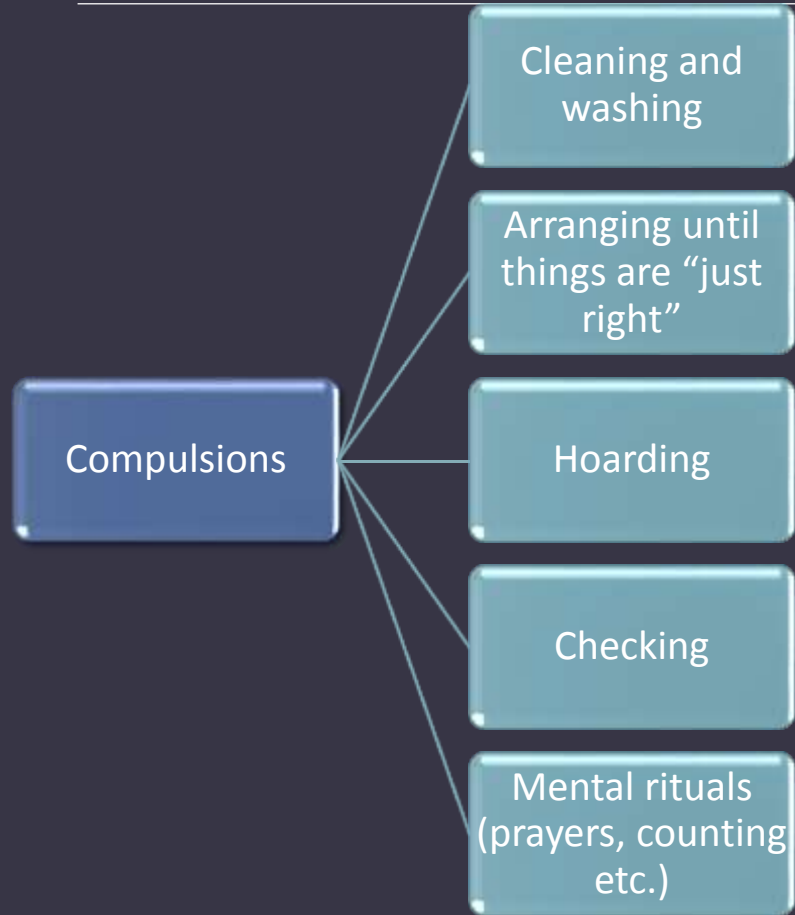
# Obsessions

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Obsessions  
may be

- **Thought of contamination (Dirt and contamination)**
- Pathological doubt
- Need for symmetry
- Hoarding
- Sexual content (blasphemous religious thoughts.)
- Aggressive content
- Superstitious fears

# Compulsions

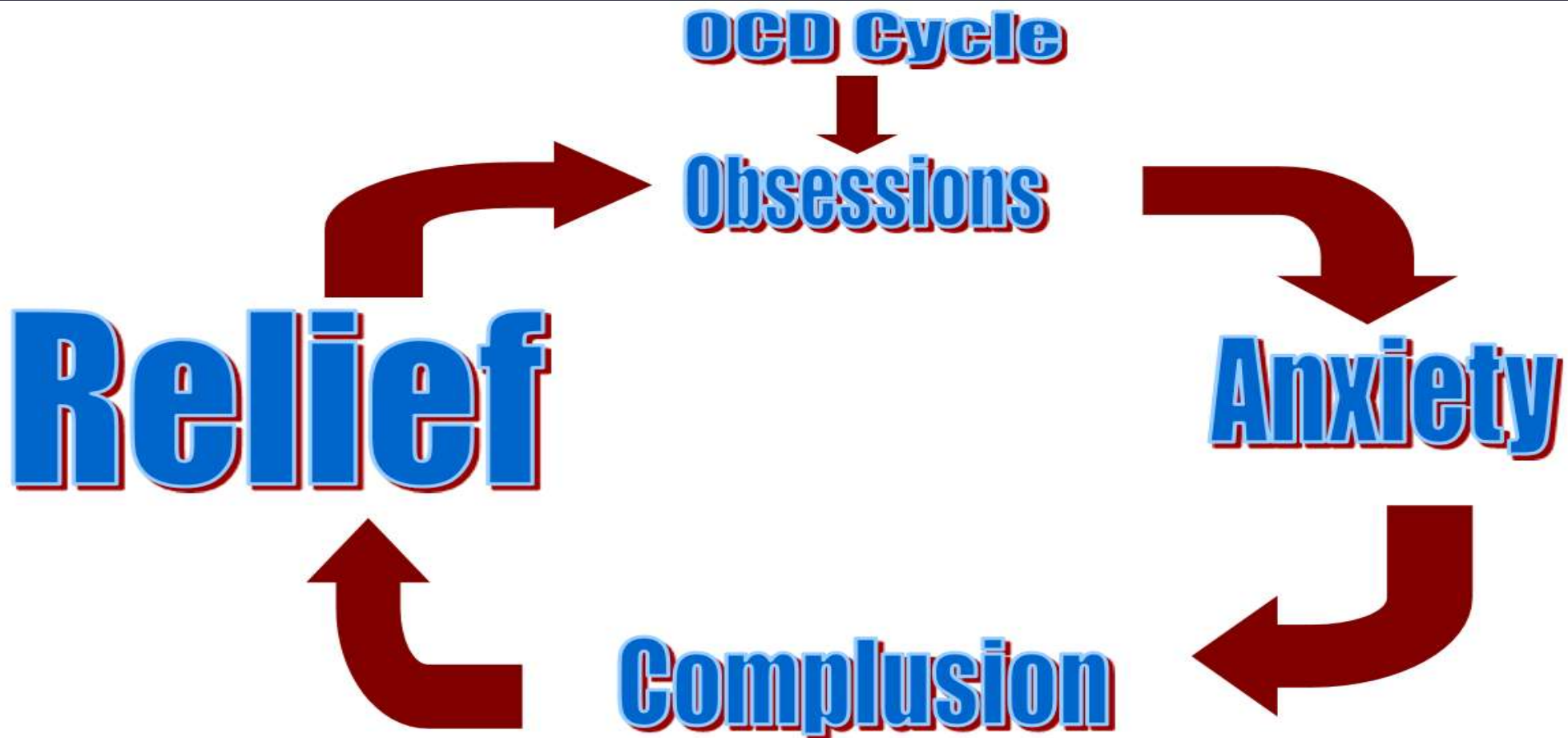


### COMMON REPETITIVE BEHAVIORS PEOPLE WITH OCD EXHIBIT

- Hand Washing**: Icon of a hand being washed under a running faucet.
- Bathing/Cleaning**: Icon of a bathtub and a vacuum cleaner.
- Obsessive Tapping**: Icon of a hand tapping a surface, with concentric circles indicating sound or vibration.
- Placing Objects in a Specific Order**: Icon of five pencils arranged in a row.
- Counting**: Icon of a grid of numbers from 0 to 9.
- Repeating Words/Actions**: Icon of a person's head with a speech bubble above it.



# Linking Obsessions and Compulsions

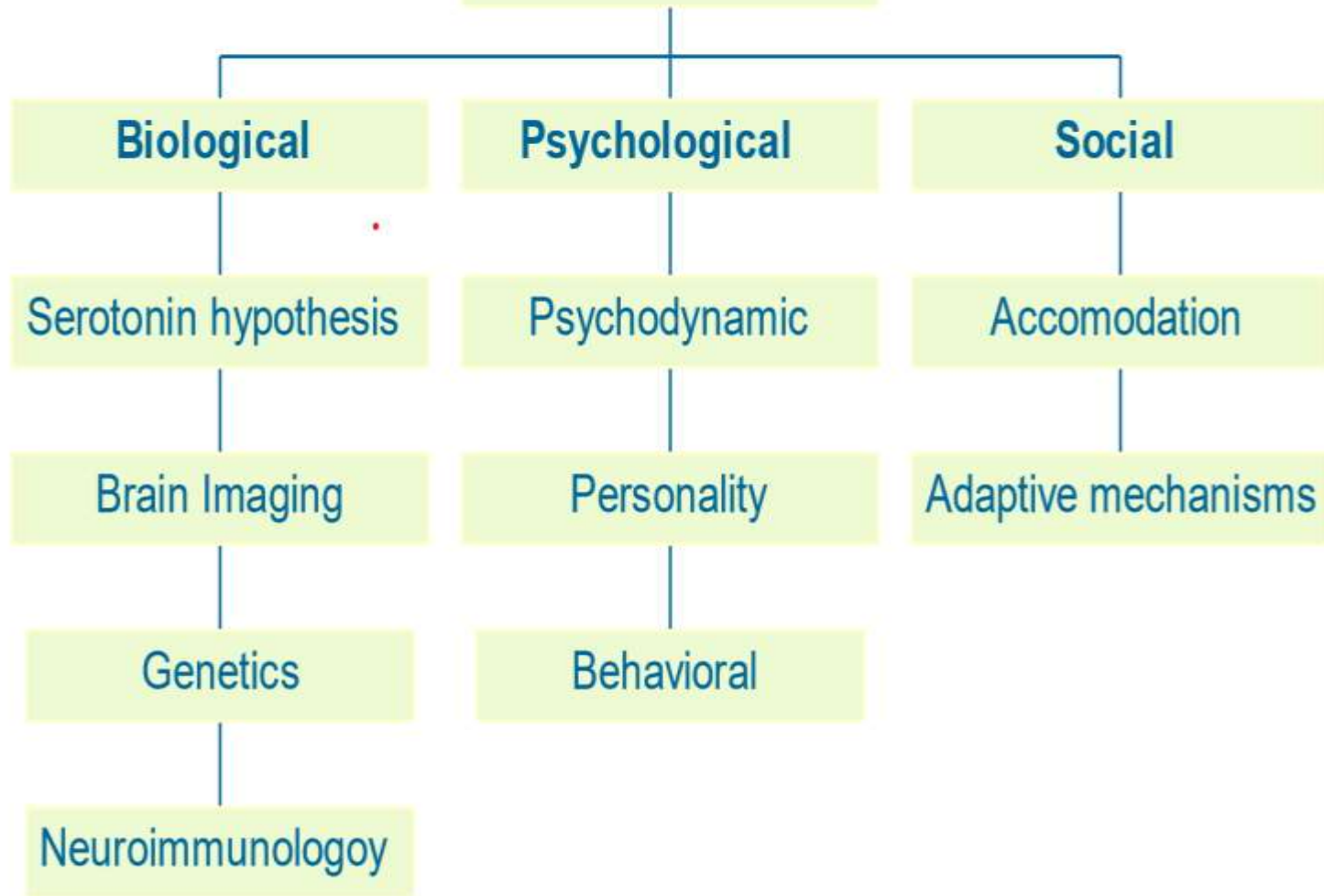


# General requirements



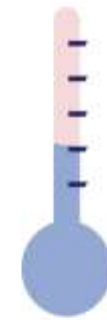
- The person must have recognized at some point that the obsessions or compulsions are **excessive or unreasonable**.
- These recurrent obsessions or compulsions must be severe enough to be **time consuming** (taking up more than 2 hour per day).
- The obsessions/compulsions must cause a **marked distress or significantly interfere** with the individuals normal routine, occupational functioning, or usual social activities or relationships with others

## OCD Etiology



**OCD is believed to be a combination of:**

**genetics**



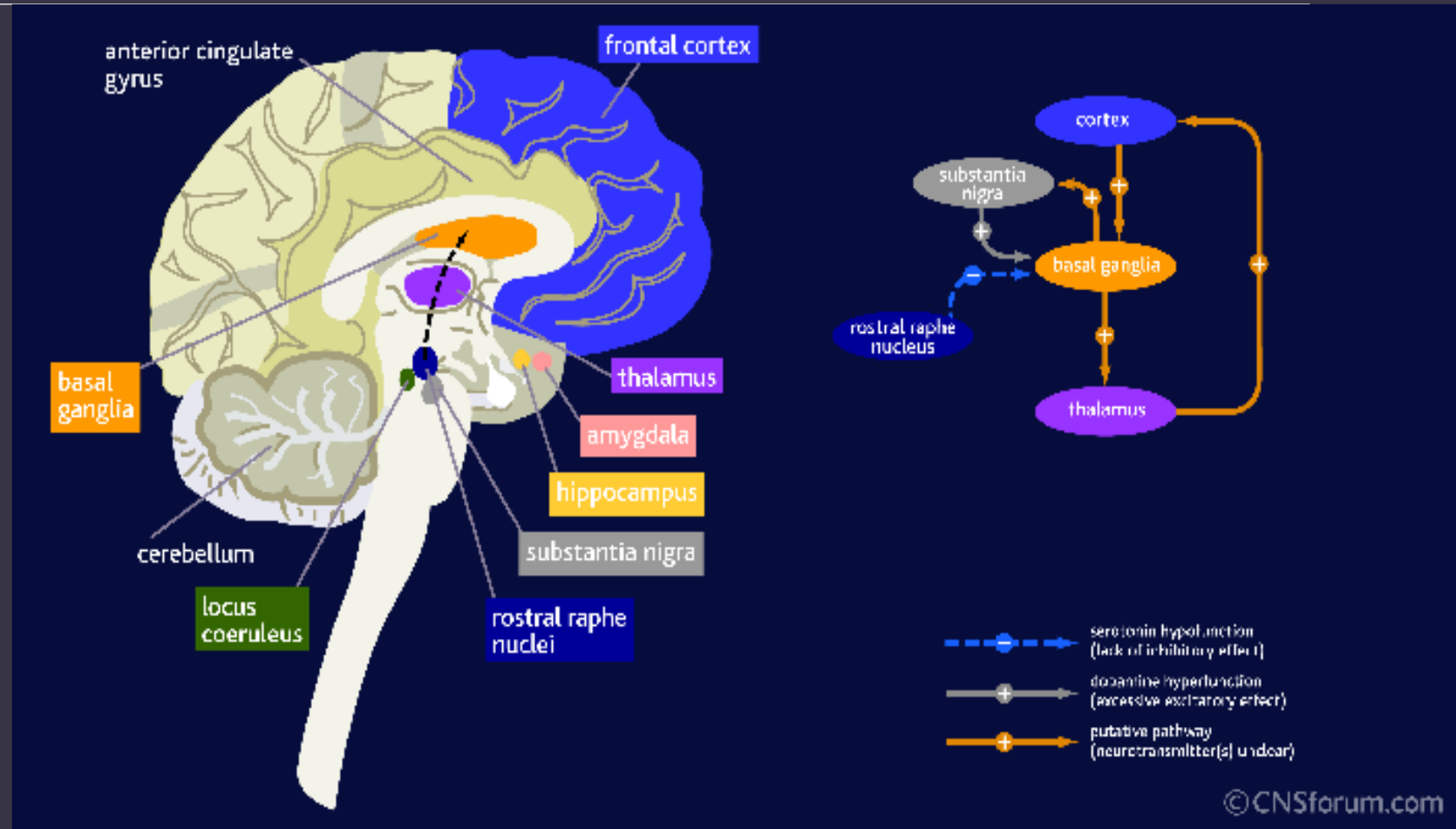
**temperament**

**life stressors**

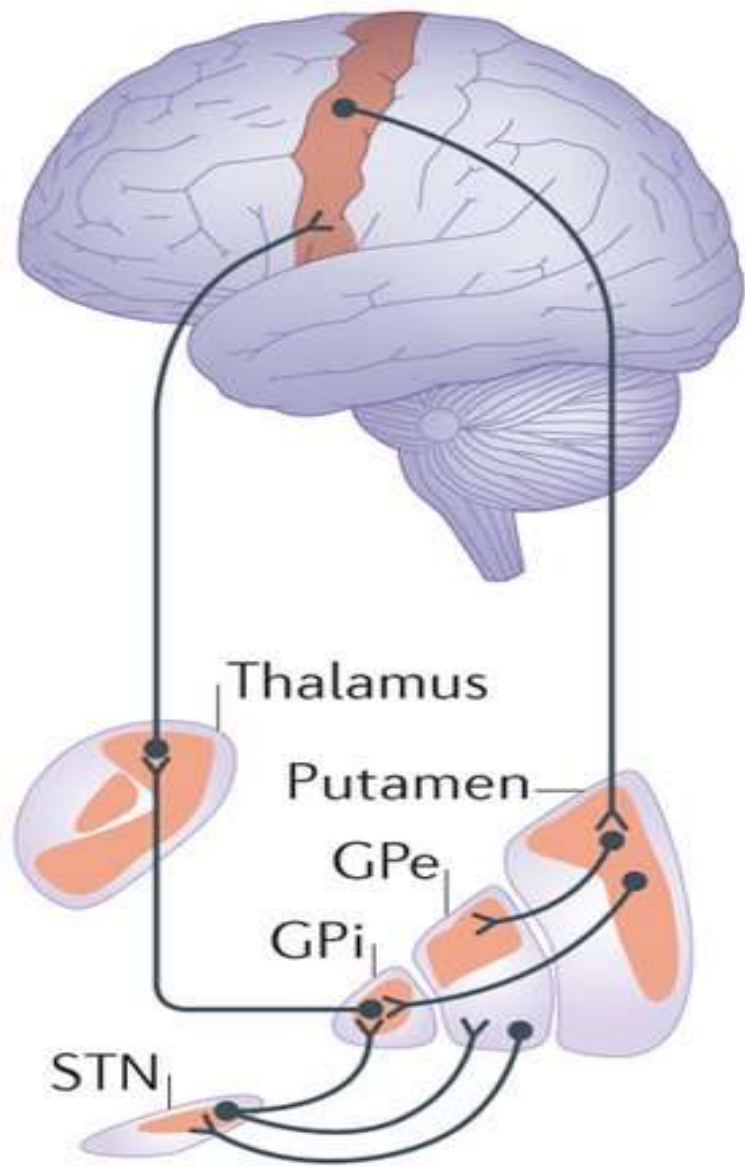


# Neuroanatomical models of OCD

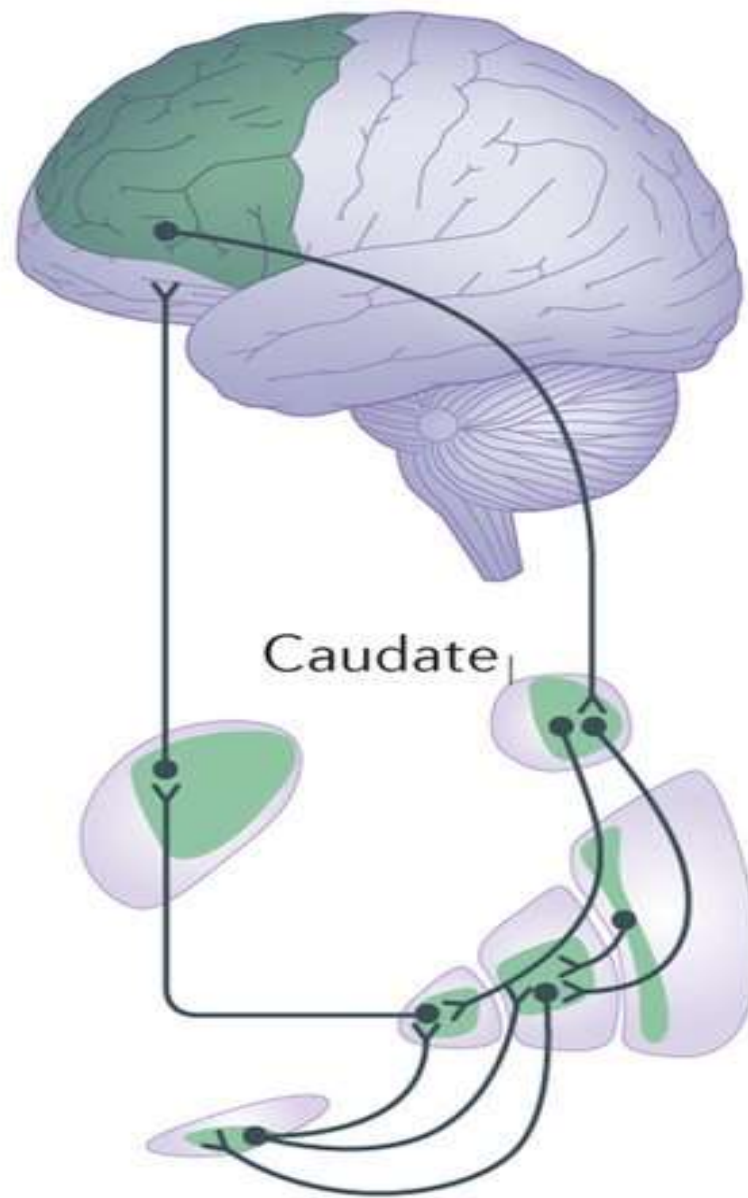
- Common areas include
  - Orbito-frontal cortex
  - Head of the caudate
  - Anterior cingulate
  - Thalamus



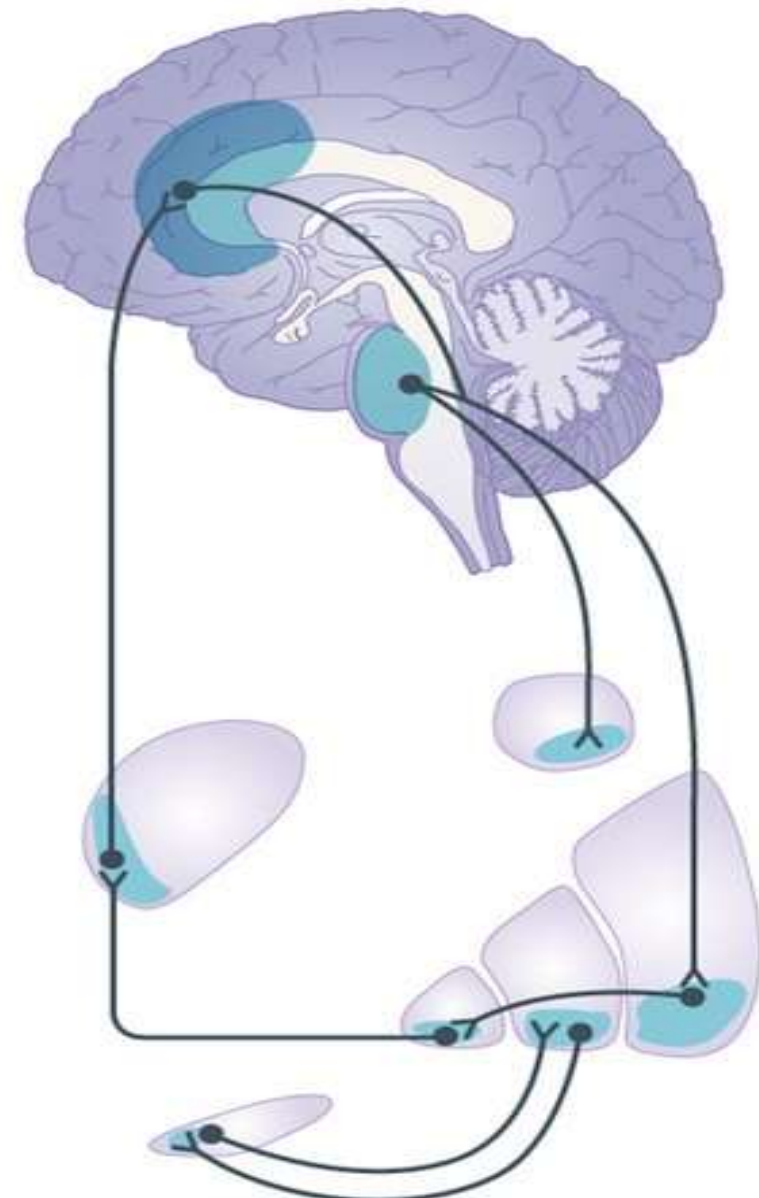
**a Motor circuit**

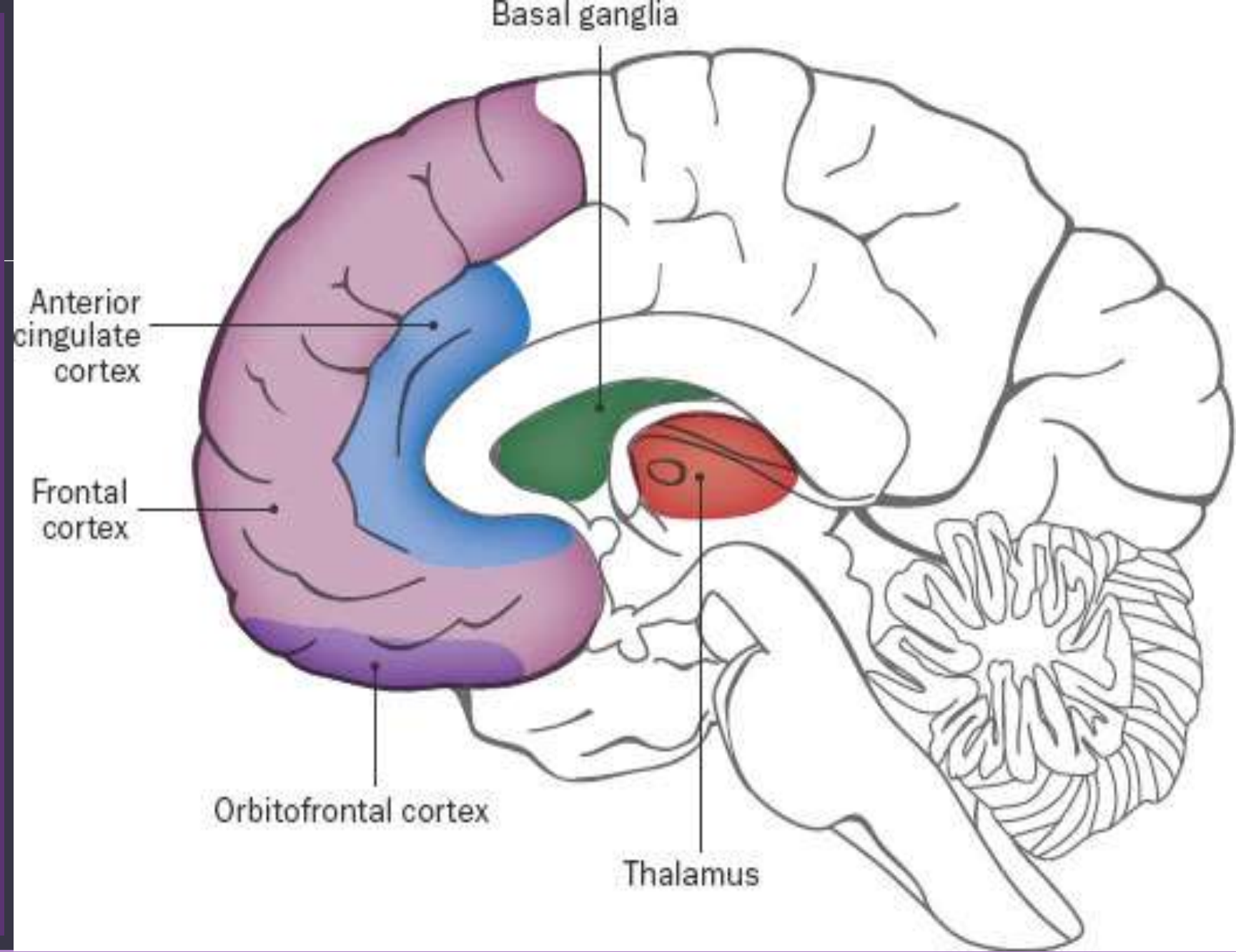
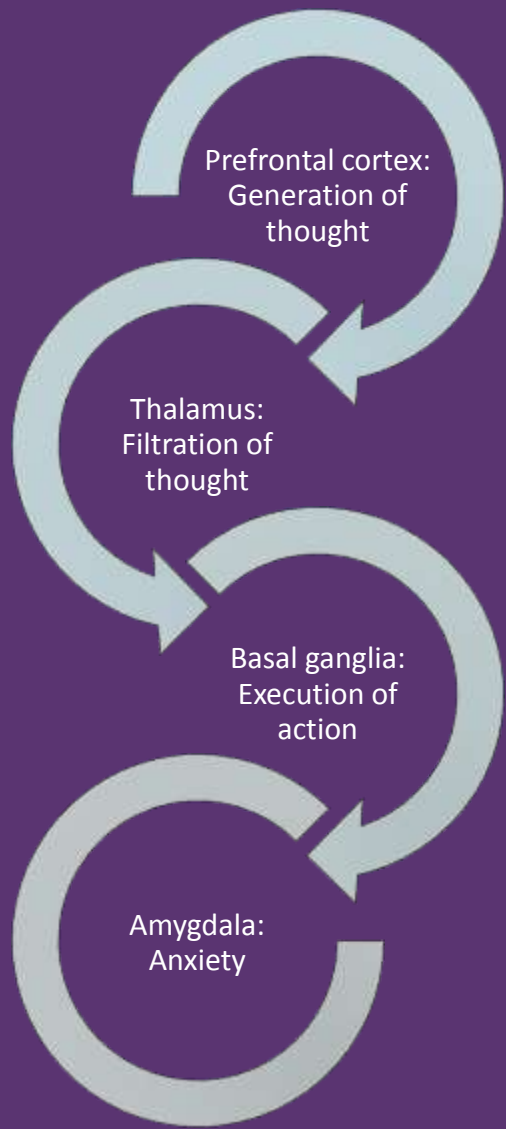


**b Associative circuit**



**c Limbic circuit**





# Assessment Techniques

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Clinical interview.

The Yale-Brown Obsessive-Compulsive Symptom Checklist (YBOC)

Dimensional Yale-Brown Obsessive-Compulsive scale (D-YBOCS)



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Differential diagnosis

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Course

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Prognosis

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Co-morbidity

Rule of one third (1/3)

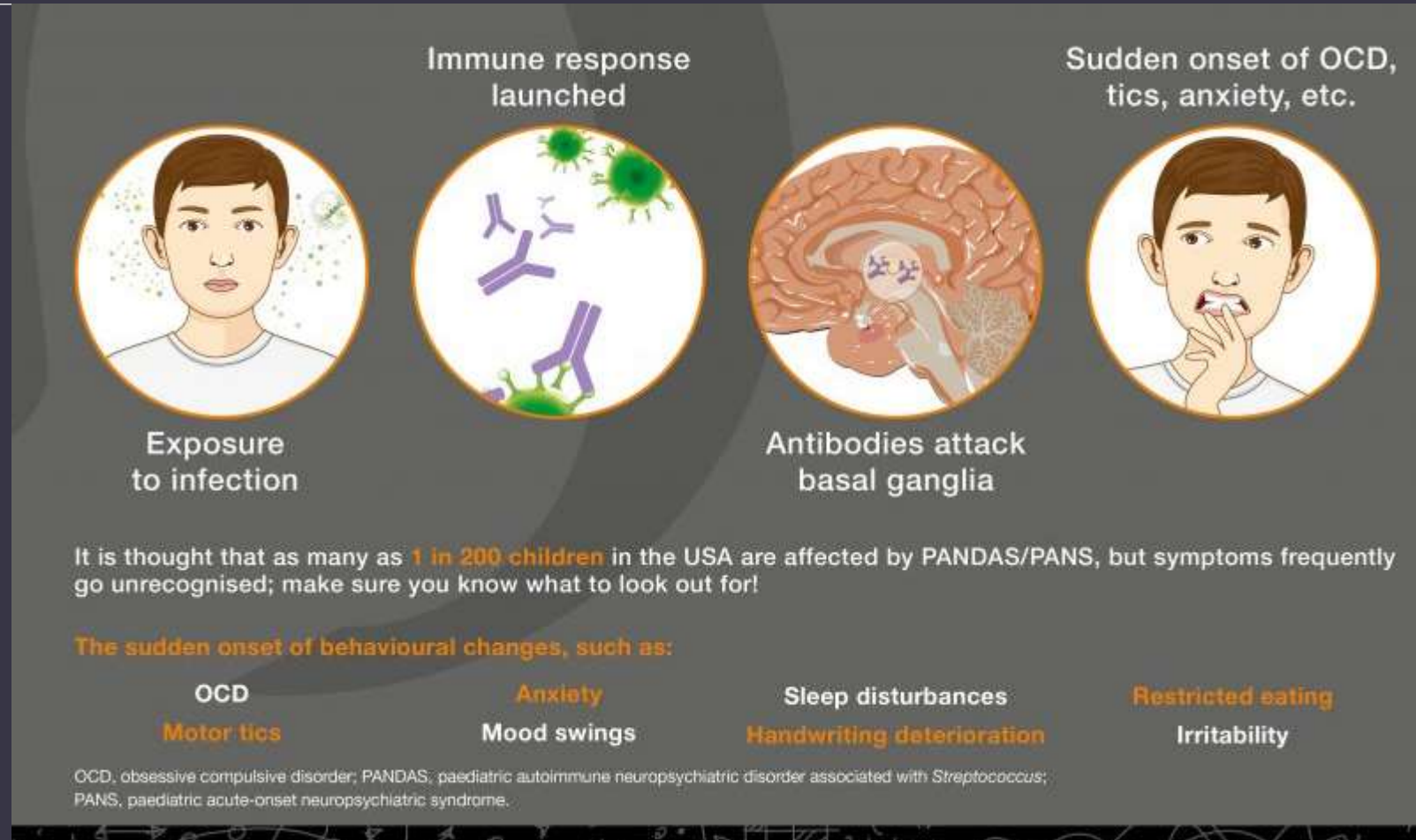
## OCD and comorbid disorders





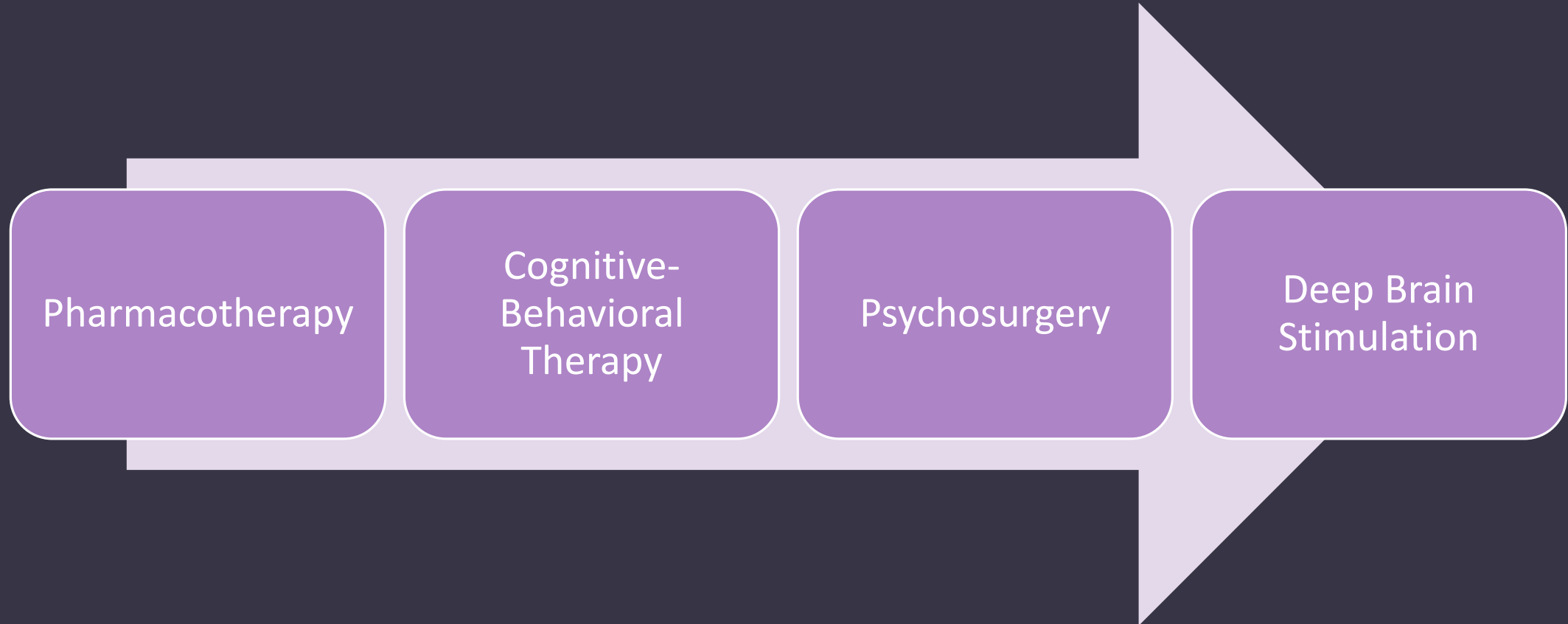
# CHILDREN

## Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS)



# Treatment

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# Pharmacotherapy

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- **SSRI's (selective-Serotonin Reuptake Inhibitors)**
  - First line drug.
  - Higher doses than for MDD (ex. 80 mg fluoxetine)
  - 10-12 weeks before switching
- **Clomipramine**
  - first FDA approved, most serotonin specific of TCA's.
  - Augmentation with Li / atypical antipsychotics, e.g. risperidone



# Other Medications



- **Monoamine Oxidase Inhibitors**

- The monoamine oxidase inhibitors (MAOIs) are effective antidepressants
- The two MAOIs available are phenelzine and tranylcipramine
- The MAOIs are used to treat OCD only when SSRI medications fail.

**Augmenting agents:**

**Risperidone  
Aripiprazole  
Ondansetron  
Buspirone  
Memantine  
Lithium  
Ketamine**

# Psychotherapy

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

# CBT interventions in

Obsession

Cognitive interventions

- Mindfulness techniques, Cognitive restructuring

Compulsion

Behavioural interventions

- Exposure and Response Prevention

Obsessive  
Compulsive  
Disorder

To want  
to forget  
something  
is to remember  
it.

French Proverb

Let's  
experiment the  
power of  
thinking



# Exposure and Response Prevention (ERP)

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- The most widely practiced behavior therapy for OCD is called exposure and response prevention.
- There are two components:
  - Exposure Treatment
  - Response Prevention Treatment
- 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



# ERP

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- Exposure Treatment
  - 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.



# ERP

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- Response Prevention Treatment
  - The ritual behaviours that people with OCD engage in to reduce anxiety.
  - Patients learn to resist the compulsion to perform rituals and are eventually able to stop engaging in these behaviours

# Neuromodulation

Transcranial magnetic stimulation (TMS)

Transcranial direct current stimulation (tDCS)

Deep brain stimulation

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> Asian J Psychiatr. 2020 Feb;48:101917. doi: 10.1016/j.ajp.2019.101917. Epub 2019 Dec 26.

**Fusion of Extended and Accelerated Protocol of rTMS in Management of OCD: A Case Study**

Sujita Kumar Kar <sup>1</sup>, Prashant Choudhary <sup>2</sup>, Vivek Agarwal <sup>2</sup>, Pronob Kumar Dalal <sup>4</sup>

Affiliations + expand  
PMID: 31901583 DOI: 10.1016/j.ajp.2019.101917

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**Relevance of Extended Protocol and Maintenance TMS in Obsessive-Compulsive Disorder: A Case Report**

Sujita Kumar Kar <sup>1</sup>, Suyash Dwivedi <sup>2</sup>, Vivek Agarwal <sup>2</sup>

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# Treatment Refractory

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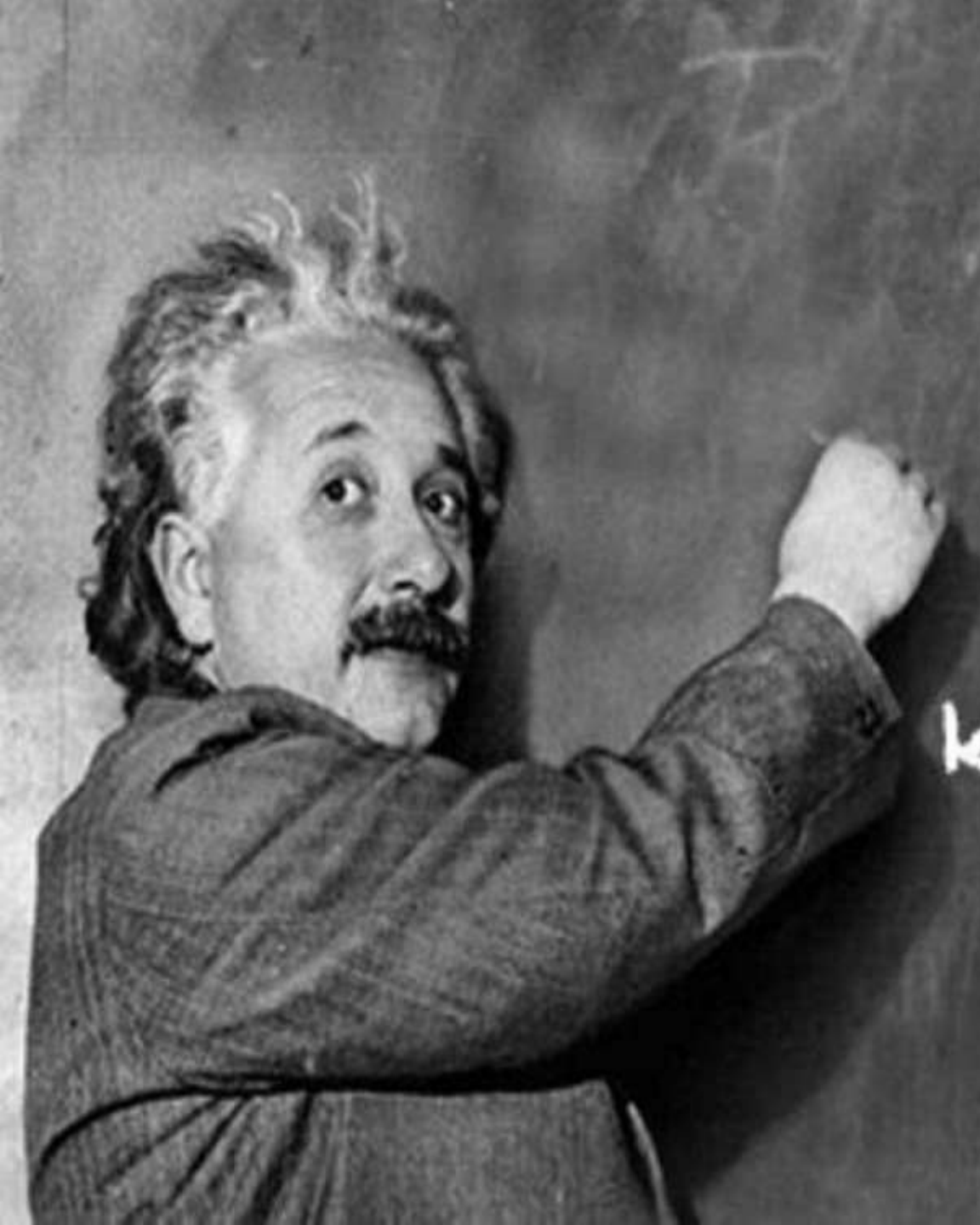
- Psychosurgery
  - For patient's who have failed medication and therapy
  - Response rate approx. 50%
  - Four surgical procedures
    - Cingulotomy, subcaudate tractotomy, limbic leukotomy, capsulotomy
- Interrupt signals from OFC to basal ganglia
  - Gamma Knife
    - Anterior limb of internal capsule

# OCD Experiences

OCD	NOT OCD
A man who washes his hands 100 times a day until they are red and raw	A woman who unfailingly washer her hands before every meal
A women who locks and relocks her door before going to work every day – for half an hour	woman who double-checks that her apartment door and windows are locked each night before she goes to bed.
A college student who must tap on the door frame of every classroom 14 times before entering	A musician who practices a difficult passage over and over again until its perfect
A man who stores 19 years of newspapers “just in case” – with no system for filling or retrieving	A woman who dedicates all her spare time and money to building her record collection

**You are  
victim  
of your  
own  
belief**





We can't solve problems  
by using the same  
kind of thinking we used  
when we created them.

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