Obsessive-Compulsive and Related Disorders

Characteristics of this Category

- Most disorders here have
  - Preoccupations (obsessions)
  - Repetitive behaviors or mental acts in response to those preoccupations
  - Many behaviors are body-focused
    - Often times people will have repeated attempts to stop the behaviors
- *Closely related to anxiety disorders, but now they are in their own category*

List of Disorders

- Obsessive-Compulsive
- Body Dysmorphic
- Hoarding
- Trichotillomania (hair-pulling)
- Excoriation (skin-picking)
- Substance/Medication Induced OCD/related
- OCD due to another medical condition

Obsessive-Compulsive disorder

Definition

- **obsessions** are recurrent and persistent thoughts, impulses or images experienced as intrusive and inappropriate

- **compulsions** are feelings of being driven to perform repetitive behaviors or mental acts in response to obsession or according to rules that must be applied rigidly


Obsessions
Anxiety
Compulsions
Relief
The OCD Cycle

Common Obsessions and Compulsions

Obsessions

- contamination
- safety
- fear of committing sin
- need for order
- sexual/aggressive thoughts

Compulsions

- cleaning
- checking
- counting/repeating
- arranging
- touching objects
- hoarding
- seeking reassurance
- making lists

Diagnosis

- **Some factors:**
- presence of obsessions or compulsions that
  - are time-consuming (take > 1 hour/day)
  - cause distress or impairment
  - are recognized by the patient as excessive or unreasonable
  - not due to medication, drug abuse or medical condition
- Use of Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
- Irregularity on PET scans (esp. in prefrontal cortex)

PATIENT NAME _____ DOCTOR'S NAME _____

DATE _____ ADDRESS _____

YALE-BROWN OBSESSIVE COMPULSIVE SCALE (Y-BOCS)*

Questions 1 to 5 are about your obsessive thoughts.

Obsessions are unwanted ideas, images or impulses that intrude on thinking against your wishes and efforts to resist them. They usually involve themes of harm, risk and danger. Common obsessions are excessive fears of contamination; recurring doubts about danger; extreme concern with order, symmetry, or exactness; fear of losing important things.

Please answer each question by writing the appropriate number in the box next to it.

1. TIME OCCUPIED BY OBSESSIVE THOUGHTS

Q. How much of your time is occupied by obsessive thoughts?

0 = None.
1 = Less than 1 hr/day or occasional occurrence.
2 = 1 to 3 hrs/day or frequent.
3 = Greater than 3 and up to 8 hrs/day or very frequent occurrence.
4 = Greater than 8 hrs/day or nearly constant occurrence.

2. INTERFERENCE DUE TO OBSESSIVE THOUGHTS

Q. How much do your obsessive thoughts interfere with your work, school, social, or other important role functioning? Is there anything that you don't do because of them?

0 = None.
1 = Slight interference with social or other activities, but overall performance not impaired.
2 = Definite interference with social or occupational performance, but still manageable.
3 = Causes substantial impairment in social or occupational performance.
4 = Incapacitating.

3. DISTRESS ASSOCIATED WITH OBSESSIVE THOUGHTS

Q. How much distress do your obsessive thoughts cause you?

0 = None.
1 = Not too disturbing.
2 = Disturbing, but still manageable.
3 = Very disturbing.
4 = Near constant and disabling distress.

4. RESISTANCE AGAINST OBSESSIONS

Q. How much of an effort do you make to resist the obsessive thoughts? How often do you try to disregard or turn your attention away from these thoughts as they enter your mind?

0 = Try to resist all the time.
1 = Try to resist most of the time.
2 = Make some effort to resist.
3 = Yield to all obsessions without attempting to control them, but with some reluctance.
4 = Completely and willingly yield to all obsessions.

5. DEGREE OF CONTROL OVER OBSESSIVE THOUGHTS

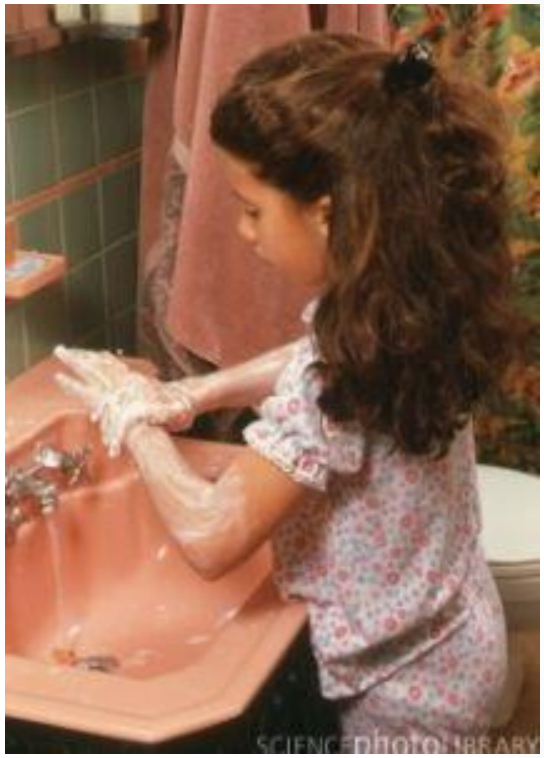
Q. How much control do you have over your obsessive thoughts? How successful are you in stopping or diverting your obsessive thinking? Can you dismiss them?

0 = Complete control.
1 = Usually able to stop or divert obsessions with some effort and concentration.
2 = Sometimes able to stop or divert obsessions.
3 = Rarely successful in stopping or dismissing obsessions, can only divert attention with difficulty.
4 = Obsessions are completely involuntary, rarely able to even momentarily alter obsessive thinking.

*This adaptation of the Y-BOCS is abridged from the original version with permission from Wayne Goodman. For additional information on the Y-BOCS, please contact Dr. Wayne Goodman at the University of Florida, College of Medicine, Gainesville, Florida 32610. The original version was published by: Goodman WK, Price LH, Rasmussen SA, et al. The Yale-Brown Obsessive Compulsive Scale I: Development, use, and reliability. *Arch Gen Psychiatry*. 1989;46:1006-1011.

Who is most affected?

- Prevalence: 1.2% of U.S. population a year



- OCD *slightly* more common in women than men in most countries

- Onset
- Rarely does it begin after 35 years
- Male onset peak age 13-15 years,
- Female onset peak age 20-24 years

- Many adults diagnosed with obsessive compulsive disorder report symptoms began in childhood

OCD has been found to be one of the most common psychiatric illnesses affecting children and adolescents.

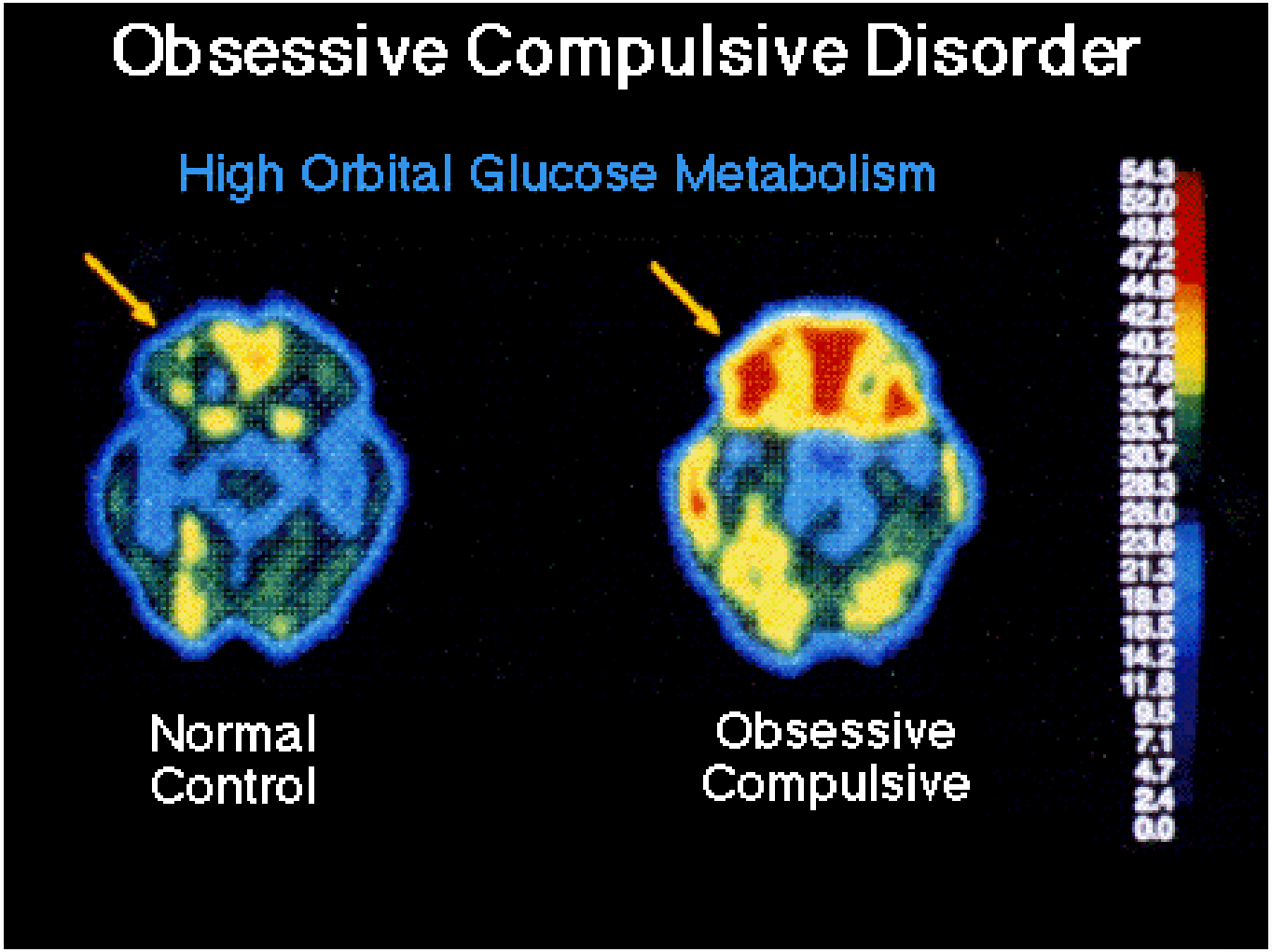
Causes

- Direct cause uncertain

- Evidence points to genetic component to susceptibility to OCD…particularly involving genes that that work to tone down glutamate.
    - (Arnold, et al., 2006)

- Abnormalities (as seen in PET studies) in the prefrontal cortex….

esp. areas that control activity from the amygdala (emotional processor)


Obsessive Compulsive Disorder
High Orbital Glucose Metabolism
Normal
Control
Obsessive
Compulsive

Famous People with OCD

- http://www.newhealthguide.org/Famous-People-With-Ocd.html

Treatment

- **Cognitive-Behavioral Therapy (CBT)**
  - All CBTherapy types see disorders as faulty thought patterns and try to change them. Changing **thinking (cognition)** to more realistic thoughts can then change **behavior**.

- **Exposure and Response Prevention (ERP) seems best with OCD**
  - Type of CBT that is similar to flooding
  - Expose patient to anxious thoughts/actions
    - Help them choose to not do their compulsions
    - Anxiety rises
    - Anxiety comes down
    - Patient learns that anxiety can go down on own without doing compulsions

Behavior Therapy

- effective exposure and response prevention (also called exposure and ritual prevention, ERP, EX/RP)
  - exposure may include
    - in vivo exposure - gradual, prolonged confrontation with anxiety provoking stimuli
    - imagined exposure
  - continue exposure until anxiety decreases (habituation)
  - response prevention - abstinence from rituals as opposed to active blocking
  - duration of therapy 1-3 months

Predictors of better outcome with behavioral therapy

- early adherence to exposure homework
- employment
- living with family
- no previous treatment
- having fear of contamination
- overt ritualistic behavior
- absence of depression

Videos – clip from Obsessed

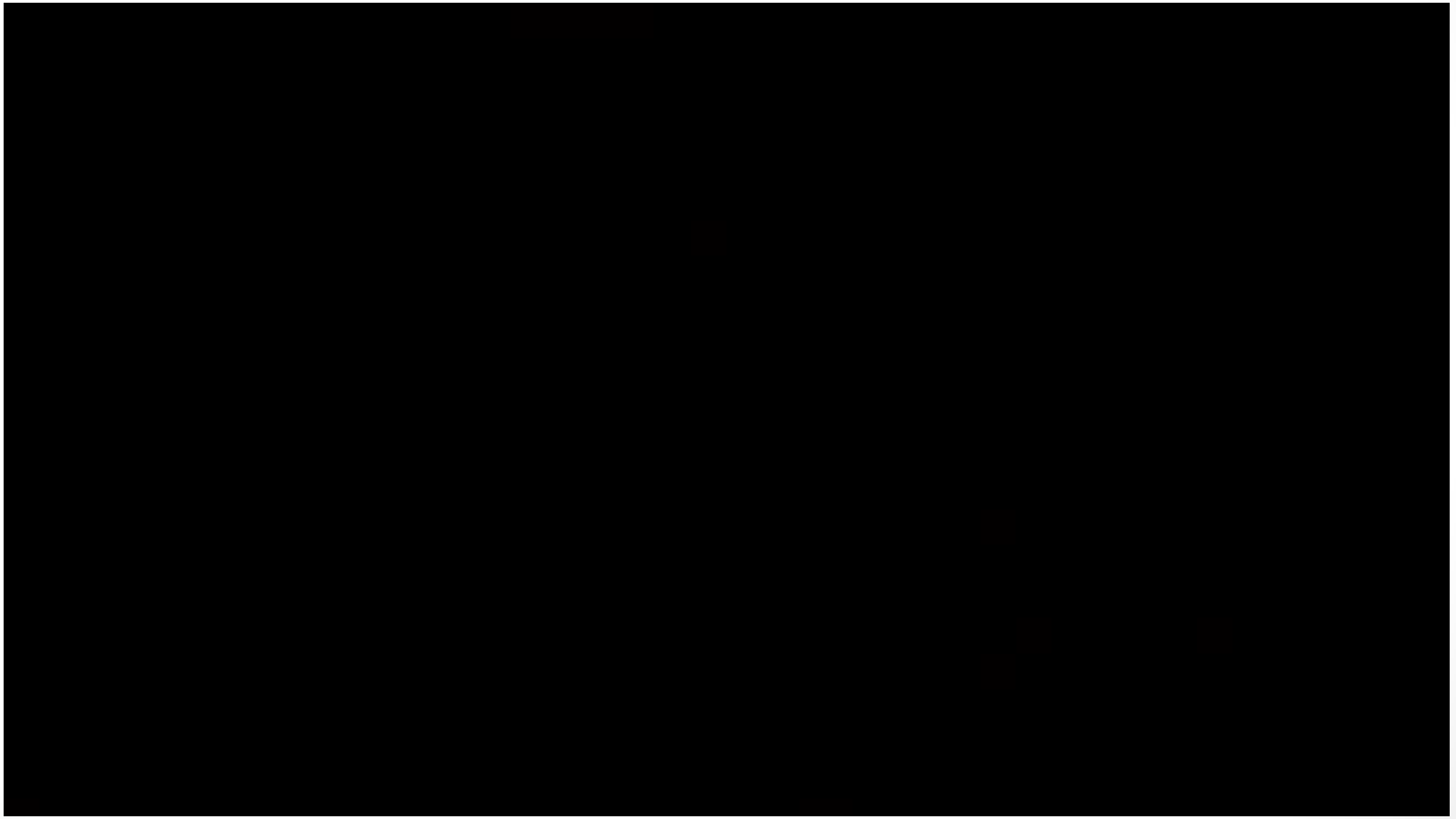
- http://www.amazon.com/gp/product/B004Z4P66K/ref=wtls_list_ovl_mor?ie=UTF8&fullSynopsis=1&redirect=true

- First minute
- 22mins – 1st session – exposure therapy

Body Dysmorphic overview

- Preoccupation with a perceived flaw that seems nonexistent or slight to others
- Individual has performed repetitive behaviors (like mirror checking or constant comparison to others
- Causes significant distress
- Preoccupation not better explained as concerns with weight (like an eating disorder

BDD on Oprah



Hoarding

- Persistent difficulty getting rid of (often seemingly useless) items
  - Often items have strong emotional associations