OBSSESSIVE COMPULSIVE DISORDER

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What is OCD?

Obsession

- Recurrent
- Repetitive
- Intrusive
- Thought / image / impulse
- Irrational
- Unpleasurable
- Unstoppable

Ego-dystonic (experienced as unpleasant)

OCD: Obsessive Compulsive Disorder

- A neurotic disorder
- Anxiety spectrum disorder
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

- Any Mental Disorder: 10.6%
- F10-F19 Mental and behavioural disorders due to psychoactive substance use (excluding F17 Tobacco):
  - F10 Alcohol Use Disorder: 4.6%
  - F17.2 Tobacco Use Disorder: 13.1%
- F11-19 (Except 17) Other Substance Use Disorder: 0.6%
- F20-F29 Schizophrenia other psychotic disorders: 0.4%
- F30-F39 Mood [affective] disorders:
  - F30-31 Bipolar Affective Disorder: 0.3%
  - F32-33 Depressive Disorder: 2.7%
- F40-F48 Neurotic, stress-related disorders:
  - F40 Phobic Anxiety disorders: 1.9%
  - F41 Other Anxiety Disorders: 1.2%
  - F42 Obsessive compulsive disorder: 0.8%
- F43.1 Post Traumatic Stress Disorder: 0.2%
- High Suicidal Risk: 0.9%
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

Cleaning and washing
Arranging until things are “just right”
Hoardung
Checking
Mental rituals (prayers, counting etc.)

COMMON REPETITIVE BEHAVIORS PEOPLE WITH OCD EXHIBIT

- Hand Washing
- Bathing/Cleaning
- Obsessive Tapping
- Placing Objects in a Specific Order
- Counting
- Repeating Words/Actions
Linking Obsessions and Compulsions

OCD Cycle

Obsessions

Relief

Complulsion

Anxiety
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

- Biological
  - Serotonin hypothesis
  - Brain Imaging
  - Genetics
  - Neuroimmunology

- Psychological
  - Psychodynamic
  - Personality
  - Behavioral

- Social
  - Accommodation
  - Adaptive mechanisms

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
Prefrontal cortex: Generation of thought
Thalamus: Filtration of thought
Basal ganglia: Execution of action
Amygdala: Anxiety
Assessment Techniques

Clinical interview.

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

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

Course

Prognosis

Co-morbidity

Rule of one third (1/3)
CHILDREN

Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections (PANDAS)

It is thought that as many as 1 in 200 children in the USA are affected by PANDAS/PANS, but symptoms frequently go unrecognised; make sure you know what to look out for!

The sudden onset of behavioural changes, such as:

- OCD
  - Motor tics
- Anxiety
  - Mood swings
- Sleep disturbances
  - Handwriting deterioration
- Restricted eating
  - Irritability

OCD, obsessive compulsive disorder; PANDAS, paediatric autoimmune neuropsychiatric disorder associated with streptococcal; PANS, paediatric acute-onset neuropsychiatric syndrome.
Treatment

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

• **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

- **Cognitive-Behavioral Therapy**
  - RCT supported
  - Longer lasting than pills
  - Cognitive
    - Challenge faulty reasoning
    - Ex: “magical thinking”
  - Behavioral
    - Exposure and Response Prevention
CBT interventions in Obsessive Compulsive Disorder

**Obsession**
- Cognitive interventions
  - Mindfulness techniques, Cognitive restructuring

**Compulsion**
- Behavioural interventions
  - Exposure and Response Prevention
To want to forget something is to remember it.

French Proverb

Let’s experiment the power of thinking
Exposure and Response Prevention (ERP)

• 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

• 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

- 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
Treatment Refractory

- 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

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

For Queries, write to me at:

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