

In The Name Of God

OCD

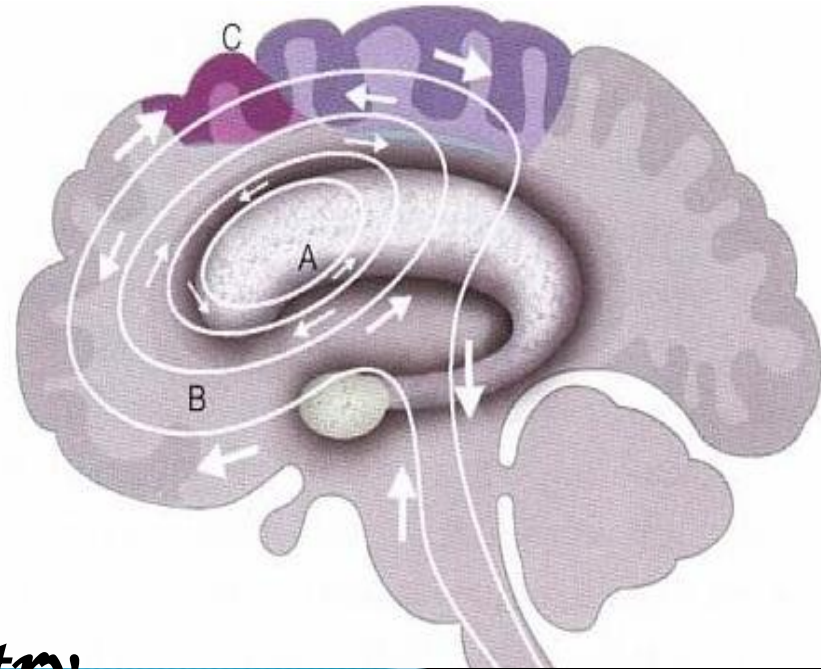
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What is OCD?

- ▶ OCD is a medical brain disorder that causes problems in information processing
 - ▶ When worries, doubts, and superstitions are excessive
 - ▶ The brain gets stuck on a particular thought and cannot let it go
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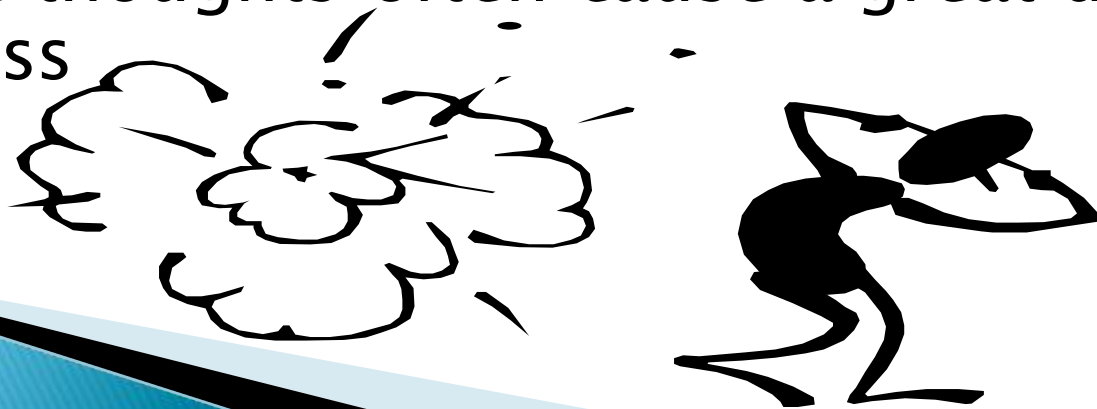
Obsessions



- ▶ Thoughts, images, or impulses that occur over and over again
- ▶ They often feel out of your control
- ▶ Obsessions are accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a sensation that things have to be done perfectly

Obsessions Cont.

- ▶ A person with OCD does not want to have these ideas
- ▶ They often find them disturbing and intrusive and recognize that they don't really make sense.
- ▶ These thoughts often cause a great deal of distress



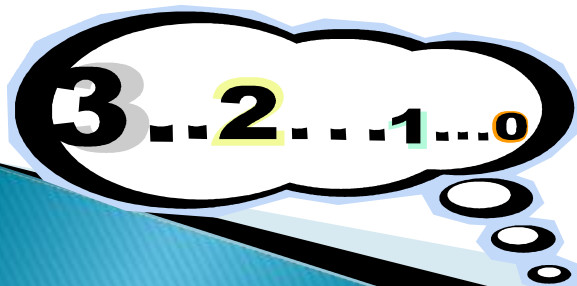
Compulsions

- ▶ The “act” that the person performs over and over again
- ▶ Compulsions do not give the person pleasure
- ▶ These rituals are performed to obtain relief from the discomfort caused by the nagging obsessions



Examples of Compulsions

- ▶ Excessively washing hands
- ▶ Repeatedly checking that the stove is turned off or that the doors are locked
- ▶ Counting certain objects over and over again
- ▶ Touching objects a certain number of times



▶ DSM-IV TR Criteria:

▶ A. Either obsessions or compulsions:

▶ *Obsessions as defined by (1), (2), (3), and (4):*

- ▶ (1) recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
- ▶ (2) the thoughts, impulses, or images are not simply excessive worries about real-life problems
- ▶ (3) the person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
- ▶ (4) the person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)



DSM-IV-TR Criteria (cont.)

- ▶ *Compulsions as defined by (1) and (2):*
- ▶ (1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
- ▶ (2) the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive
- ▶ B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable. **Note:** This does not apply to children
- ▶ C. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.
- ▶ D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia; or guilty ruminations in the presence of Major Depressive Disorder).
- ▶ E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.
- ▶ Specify if:
 - With poor insight: if, for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable.

Obsessions

- ▶ Obsessions are intrusive, distressing thoughts and mental images which repeat over and over. They are ego-dystonic (experienced as unpleasant).
- ▶ Common obsessions:
 - Dirt and contamination
 - Need for symmetry
 - Hoarding
 - Sexual content
 - Scrupulosity
 - Aggressive content
 - Superstitious fears




Compulsions


- ▶ Compulsions are behaviors people perform in order to try and reduce or remove the fear and anxiety caused by obsessions.
- ▶ Common compulsions:
 - Cleaning and washing
 - Arranging until things are “just right”
 - Hoarding
 - Checking
 - Mental rituals (prayers, counting etc.)



OCPD

- ▶ Pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness and efficiency.
 - ▶ Preoccupation with details, rules and lists, so that the point of the activity is lost
 - ▶ Perfectionism that interferes with task completion
 - ▶ Excessively devoted to work so that leisure activities and friendships suffer
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OCD vs. OCPD

- ▶ OCD is ego dystonic, personality disorders are ego syntonic
 - ▶ OCPD lacks true obsessions or compulsions
 - ▶ OCD patients are found in clinics, people with OCPD go to med school
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Epidemiology


The lifetime prevalence of OCD is between 2 and 3%. Child/adolescent prevalence is 1–2.3%.

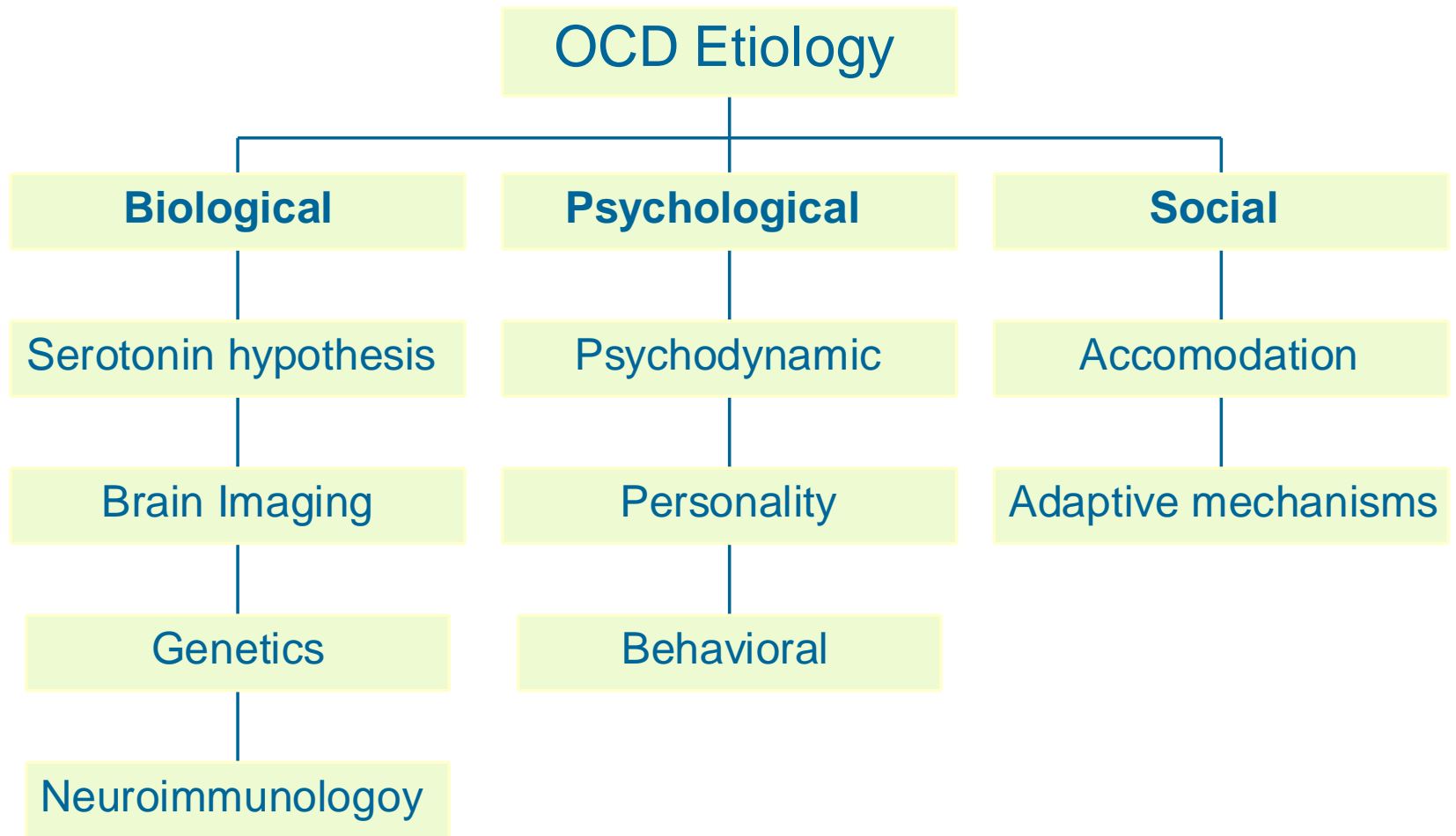
There is similar epidemiology among diverse cultures (studies in Europe, Asia and Africa have confirmed rates).

In adults, male and female prevalence is the same. In children and adolescents, males are more likely than females to be affected.



Epidemiology II

- ▶ Mean age of onset is approximately 20 years old (males with mean around 19 and females around 22).
 - ▶ Two-thirds of affected people have onset before age 25. Less than 15% have onset after age 35.
 - ▶ OCD occurs less often among blacks than whites in the US, but access to health care may be a confounding variable.
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Biological

Serotonin Hypothesis

Clomipramine, SSRI's, mCPP

Neuroimmunology

PANDAS, autoimmune

Genetics

1st degree relatives 35%, Monozygotes 80–87%

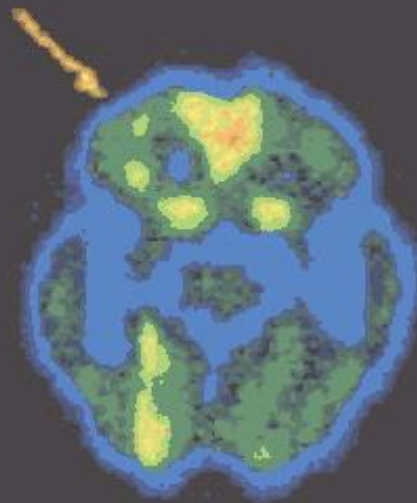
Neuroimaging

Orbital Frontal Cortex, Basal Ganglia, Anterior Cingulate Gyrus

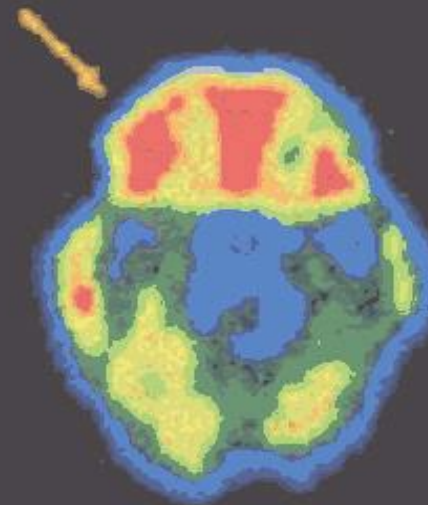


Obsessive Compulsive Disorder

High Orbital Glucose Metabolism



Normal
Control



Obsessive
Compulsive




UCLA School of Medicine

Psychological

- ▶ **Psychodynamic Theory**
 - Regression to anal phase, poor treatment response
- ▶ **Personality (Axis I vs. Axis II)**
 - Approx 25% of OCD have OCPD
- ▶ **Accommodation**
 - “enabling” model from addictions
- ▶ **Social Isolation**
 - Lower rates of marriage, group therapy

Screening Questions

- ▶ Why Screen?
 - Lag time from onset to diagnosis, shame
 - ▶ Do you have repetitive thoughts that make you anxious and that you can't get rid of no matter how hard you try?
 - ▶ Do you keep things extremely clean or wash your hands frequently?
 - ▶ Do you check things to excess?
 - ▶ Check for comorbidity
 - Lifetime MDD in adults is 2/3. OCD often precedes MDD in kids and adults
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“Brain Lock”

- ▶ Orbitofrontal Cortex– the error detector
 - Functions of the superego are implemented by OFC–amygdala circuitry
 - Evolved to temper pursuit of pleasure (limbic system) with consideration of context and risk
- ▶ Basal Ganglia
 - caudate: the “thought gear shift”
- ▶ Anterior Cingulate– gut feelings
 - Appropriate response to internal and external stimuli
 - Projects to autonomic, visceromotor and endocrine systems

Chemical Hazards in the Home

Household chemicals are found in many products used in the home.



Differential Diagnosis



OCD is often confused with these other disorders:


- Major Depressive Disorder
 - Panic Disorder
 - Social Phobias
 - ADHD
 - ...

Depressive Disorder vs. OCD

- ▶ Preoccupation with depressive thoughts
- ▶ “I have no friends”
- ▶ Realistic vs. absurd




Generalized Anxiety Disorder vs. OCD

- ▶ Excessive worrying and thinking
 - ▶ Again realistic vs. absurd
 - ▶ Patient with OCD may have extremely intense/irrational thoughts
 - ▶ The presence of compulsive rituals
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Hypochondrias vs. OCD

- ▶ Closely related
- ▶ Unrealistic preoccupation of medical concerns
- ▶ Presence of “checking rituals” to decrease anxiety

Other illnesses and neurological disorders vs. OCD

- ▶ Anorexia and Dysmorphic disorder
 - ▶ Occur in the context of another psychiatric disorder
 - ▶ Tourette's syndrome–increased rate of OCD
 - ▶ Trichotillomania
 - ▶ Compulsive behavior of pathological gamblers and substance abusers
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Main Ideas of Differential Diagnosis

- ▶ The presence of obsessive compulsive rituals
- ▶ The manner of the compulsive thoughts
For example: unrealistic vs. realistic
appropriate vs. inappropriate

How OCD is Diagnosed:

- ▶ Clinical Mental
 - Diagnostic and Statistical Manual of Professional using the DSM IV–TR Disorders developed by the American Psychiatric Association
- ▶ Yale–Brown Obsessive Compulsive Scale (Y–BOCS)
 - A psychometric instrument for diagnosing OCD (there is an adult and a child version)

Treatment

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



Pharmacotherapy

▶ SSRI's

- First line, no major difference in class
- Higher doses than for MDD (ex. 80 mg fluoxetine)
- 10–12 weeks before switching

▶ Clomipramine

- first FDA approved, most serotonin specific of TCA's, side effects
- Augmentation, no to Li, atypical antipsychotics, e.g. risperidone (5HT_{2A} blockade suggests there's more to it than just “low serotonin”)

Psychotherapy

- ▶ Psychodynamic therapy: low efficacy
- ▶ Cognitive–Behavioral Therapy
 - RCT supported
 - Longer lasting than pills
 - Cognitive
 - Challenge faulty reasoning
 - Ex: “magical thinking”
 - Behavioral
 - Exposure and Response Prevention
 - List of things that make you go “ugh!” in rank order
 - Loop tapes for the pure obsessionals
 - Caveats
 - Drop out rates significant, shoot for 12–20 sessions

Shameless Plug

- ▶ Brain Lock, by Jeffrey Schwartz
- ▶ The Four Steps
 - Relabel
 - Reattribute
 - Refocus
 - Revalue

Treatment Refractory


▶ Psychosurgery

- For patient's who have failed meds 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

Prognosis

- ▶ Chronic waxing and waning
- ▶ Treatment lag decreasing
 - OCF, 'Monk'
- ▶ The rule of thirds
 - 20–30% “significant improvement”
 - 40–50% “moderate improvement”
 - Remaining 20–40% stay ill or get worse

You down with OCD?

- ▶ The biology is interesting and still being investigated
 - ▶ It's pills vs. talk, and talk wins!
 - ▶ It's the yale-BROWN-obsessive compulsive scale (thank you Drs. Rasmussen and Eisen)
 - ▶ Most patients get better with treatment
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THANK YOU