

Obsessive-Compulsive Disorder & Related Disorders

Accelerated Certificate in Psychiatry

Learning Outcomes



Review the pathophysiologic processes of obsessive-compulsive disorder (OCD).



List the risk factors, epidemiology and etiology associated with obsessive-compulsive disorder (OCD) and obsessive-compulsive related disorders (OCRD).



Differentiate diagnostic criteria between OCD, OCRD and obsessive-compulsive personality disorder (OCPD).



Identify evidence-based, cost-effective diagnostic studies indicated for these disorders.



Develop management and treatment plans for patients with these disorders.

Topic Agenda

Obsessive-Compulsive Disorder
(OCD)

Obsessive-Compulsive Related
Disorders (OCRD)

Clinical Approaches

Treatment Strategies

Tools & Resources

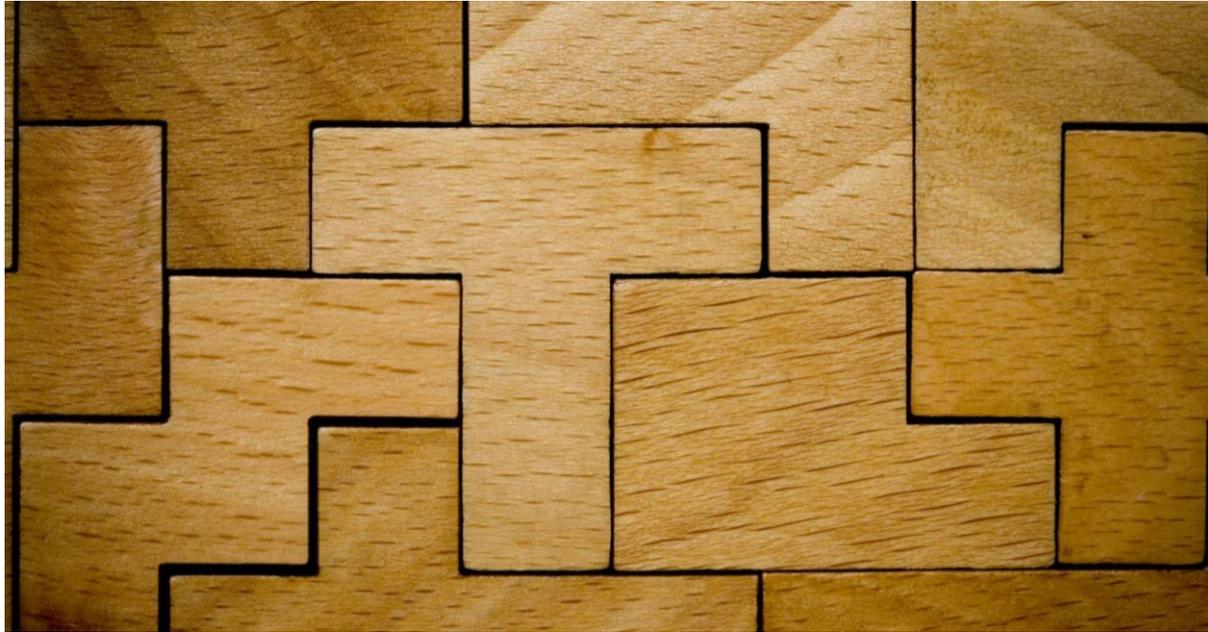
OCD
&
OCD

Obsessive-Compulsive
Disorder (OCD)

Obsessive-Compulsive
Related Disorders (OCD)

- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania
- Excoriation Disorder

Obsessive Compulsive Disorder



Incidence & Epidemiology of OCD

1/3 to 1/2 of adults with OCD develop the disorder in childhood.

1-3% of world's population experience OCD

Gender

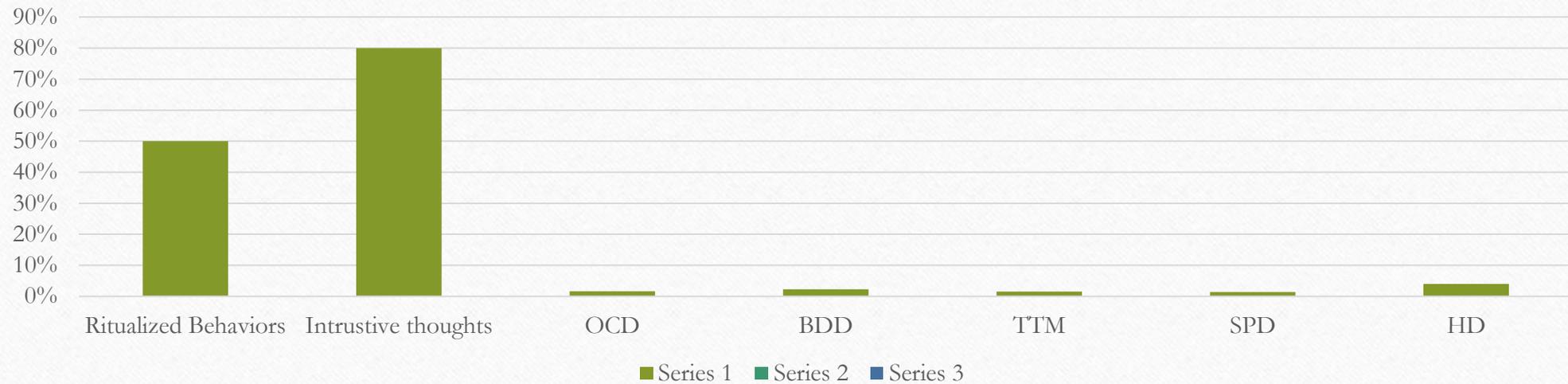
- Male-to-female ratios are similar
- onset of OCD begins earlier in boys

Age

Onset peaks in pre-adolescence and early adulthood

OCD & OCD Related Disorders Prevalence in General Population

Chart Title



OCD Risk Factors

There are no clearly-established environmental risk factors for OCD

Significant emotional and biological stress may trigger symptom onset

Possible association with perinatal complications and advanced paternal age

(PANS) infection; metabolic disturbances and inflammatory reactions

Highest rates of the disorder occur in the following populations:

Young

Divorced

Separated

Unemployed

OCD Cultural Factors

Influence the content of obsessions and compulsions



Incidence and prevalence of OCD are consistent across countries

Pop Culture Terms



OCD has largely become a term to incorrectly describe perfectionism and “being obsessed” with certain practices in one’s life

OCD Genetic Factors

Strong support for a familial basis

Twin studies revealed strong association

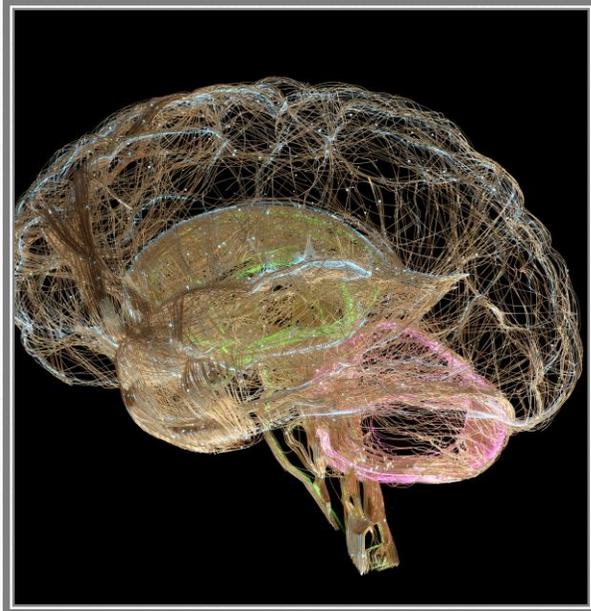
- 45-65% in children with OCD
- 27-47% in adults with OCD

No specific genes identified

- Up to hundreds of gene variants suspected to confer vulnerability
- Of interest: Glutamine transporter SLC1A1 and PTPRD

OCD

Pathophysiology



Neurobiological theories

- Likely involves subtle structural and functional abnormalities of the orbitofrontal cortex, anterior cingulate cortex (ACC), caudate, amygdala, and thalamus
- Compulsions → Damage to basal ganglia are likely associated as observed injury to these regions results comparable behaviors
- Filtering & suppression of unnecessary responses to external stimuli → prefrontal and orbitofrontal regions may be more associated with the obsessive symptoms of OCD

OCD

Pathophysiology



- Dysfunction in corticosteroid pathways including a ventromedial “emotion” circuit and dorsolateral “cognitive” circuit
- Nodes of the cortical-basal ganglia-thalamocortical circuit are interconnected via two principal white matter tracts: the cingulum bundle and the anterior limb of the internal capsule
- Neurotransmitter involvement:
 - Serotonergic, dopaminergic, and glutamatergic systems have been implicated in OCD

OCD

Acquired Etiology

Acquired Neurological Injury

- Encephalitis
- Congenital or acquired striatal lesion
- Head injury

Neurological Disease

- Multiple sclerosis
- Huntington's disease
- Parkinson's disease

Infectious/Autoimmune

- Metabolic
- Inflammatory response

Barriers to Treatment



Delay in Diagnosis

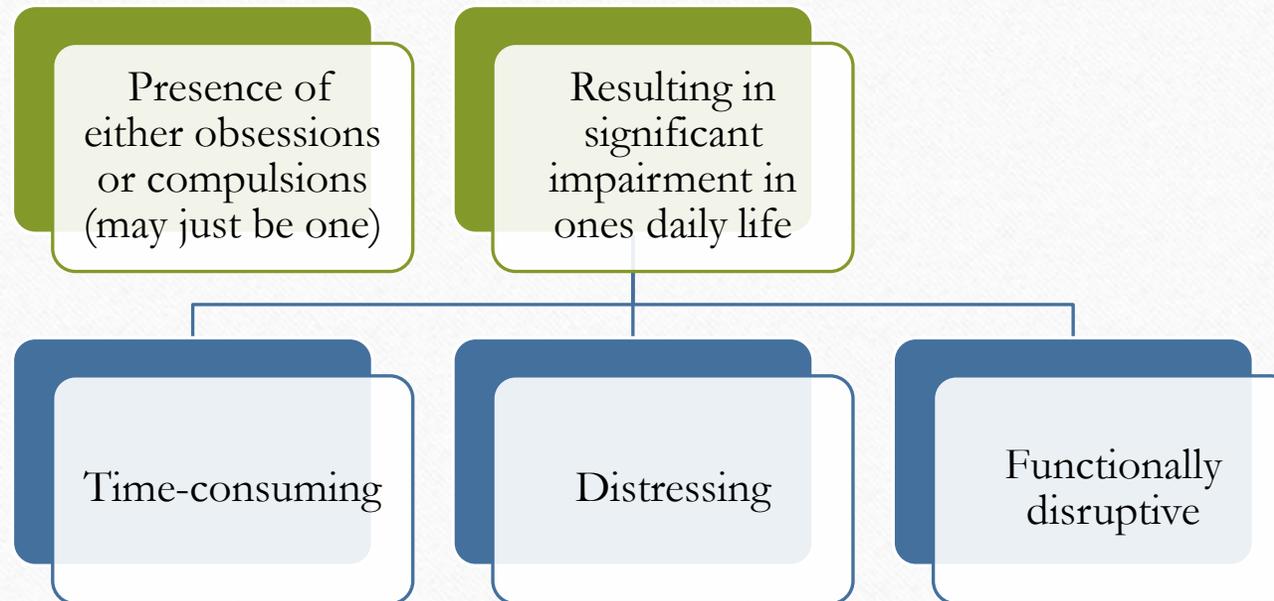
- Stigma and shame of diagnosis and related symptoms
- Under recognition by providers
- Waxing and waning course

Obsessive-Compulsive Disorder (OCD)



- **Presence of obsessions and/or compulsions marked by:**
 - Excessively time consuming
 - Cause significant distress
 - Impair social and/or occupational functioning
- **Specifiers include:**
 - With good or fair insight
 - With poor insight
 - Absent insight/delusional beliefs

Criteria to Diagnose OCD

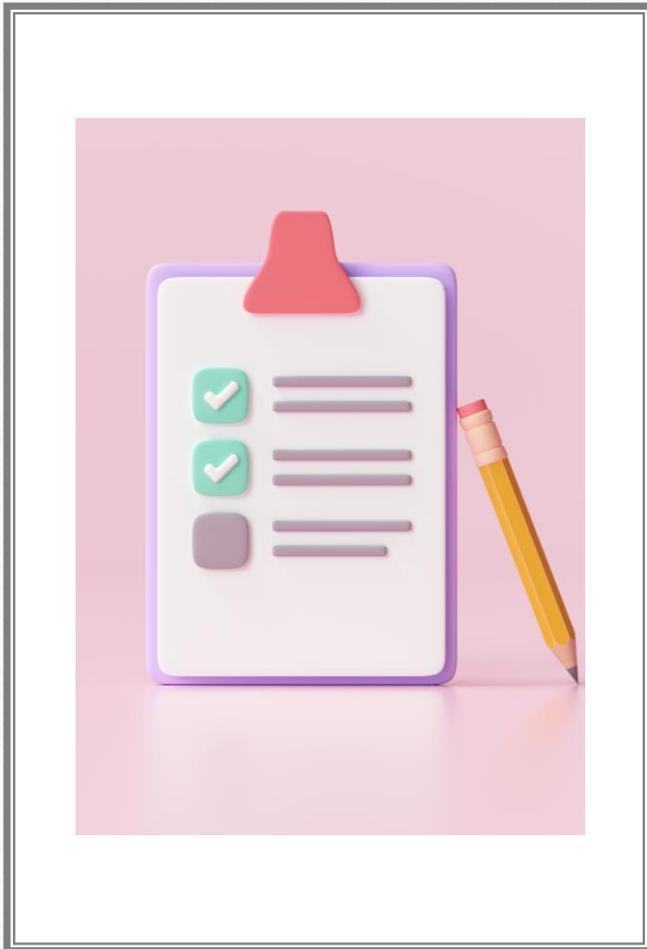


Understanding the Symptoms



- **Obsessions:** Recurrent, unwanted thoughts, urges, images which are distressing
- **Compulsions:** repetitive behaviors or mental acts that are, time consuming and affect functioning. They are intended to neutralize the obsessions

Shame and secrecy are common in these symptoms thus resulting in reluctance to seek help



Obsessive Compulsive Pairings

Contamination obsessions

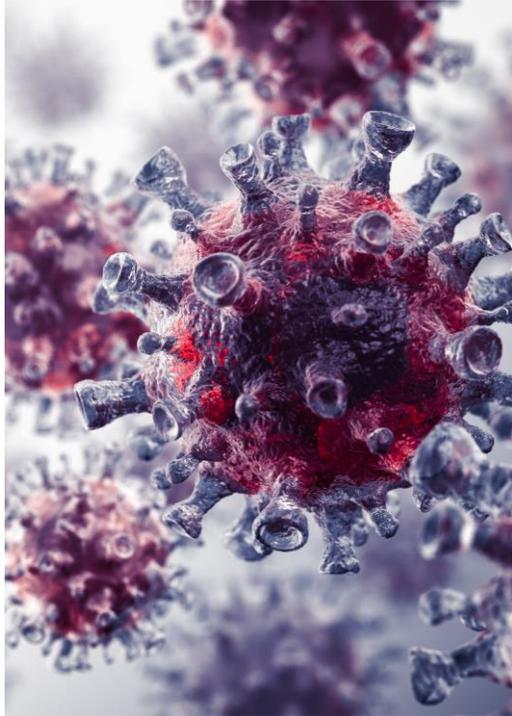
- Cleaning compulsions

Symmetry obsessions

- Compulsive ordering and repeating

Religious/sexual/aggressive/somatic obsession

- Checking compulsions



Contamination Obsessions

Obsessions involve thoughts and worries about getting sick from:

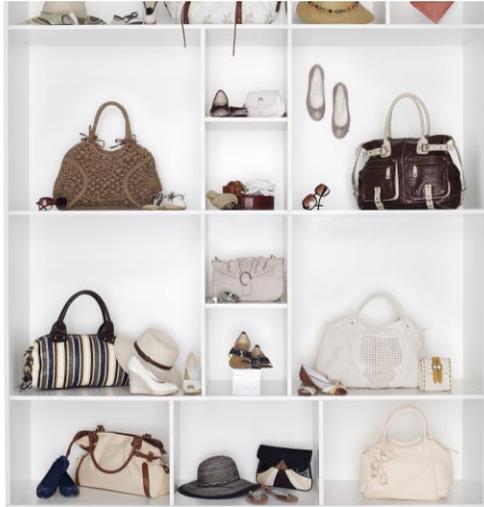
- ✓ Dirt
- ✓ Unsanitary conditions
- ✓ Bodily fluids
- ✓ Germs and or illness
- ✓ Poisonous household items

Cleaning Compulsions



- ✓ Washing your hands multiple times
- ✓ Avoiding touching specific objects or people to prevent contamination
- ✓ Adhering to a specific washing ritual
- ✓ Hygiene rituals many would consider excessive
- ✓ Repeatedly cleaning your house, work environment beyond what is needed

Symmetry and Orderliness Obsessions



- ✓ Obsessions that go beyond perfectionist traits
- ✓ Marked distress at asymmetry or disorder

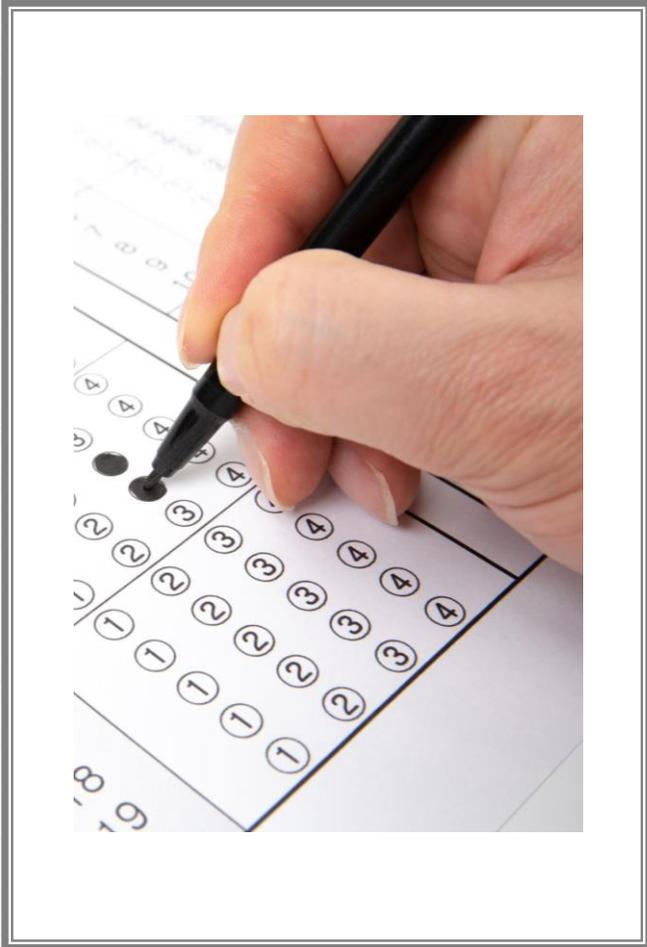
Compulsions Related to Ordering and Repeating



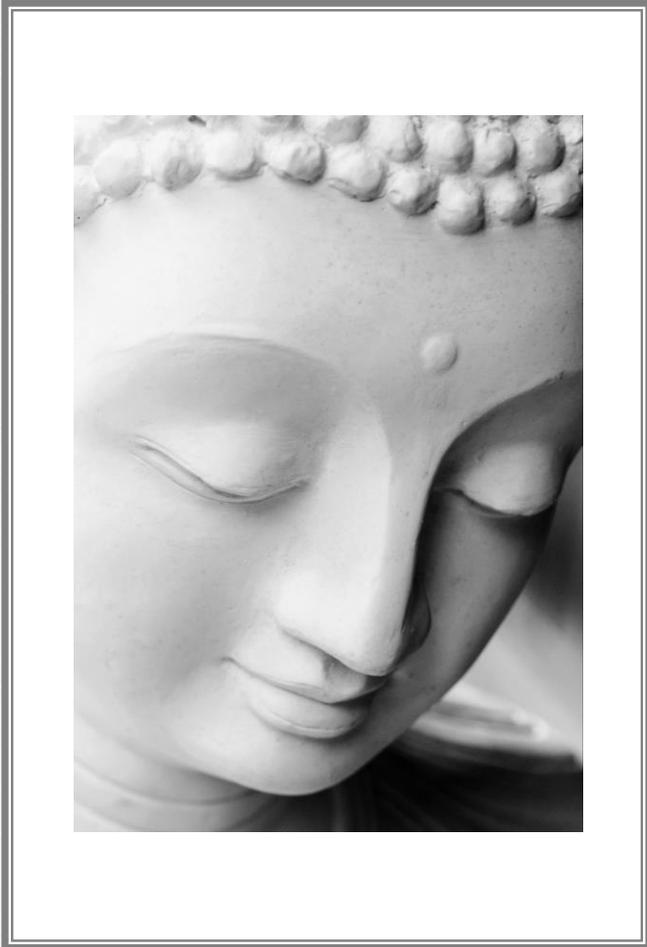
Examples may include:

- ✓ Touching ones' body multiple times or in a specific order
- ✓ Tapping or touching things when entering or leaving a room
- ✓ Turning a certain object in the same direction
- ✓ Arranging items in a specific pattern
- ✓ Intentional movements, like blinking, a certain number of times

Compulsions Related to Mental & Numerical Symmetry



- ✓ Praying
- ✓ Counting to a specific number
- ✓ Rounding up to a whole number
- ✓ Repeating words or numbers in a specific pattern or for a set number of times
- ✓ Numbering or making lists about tasks or actions
- ✓ Fixating on prior events or conversations
- ✓ Mentally replacing a negative word with a positive one



Religious/Sexual/Aggressive/Somatic Obsessions

- ✓ Religious fixations
- ✓ Sexual content
- ✓ Aggressive thoughts
- ✓ Somatic focus

Compulsions Related to Checking



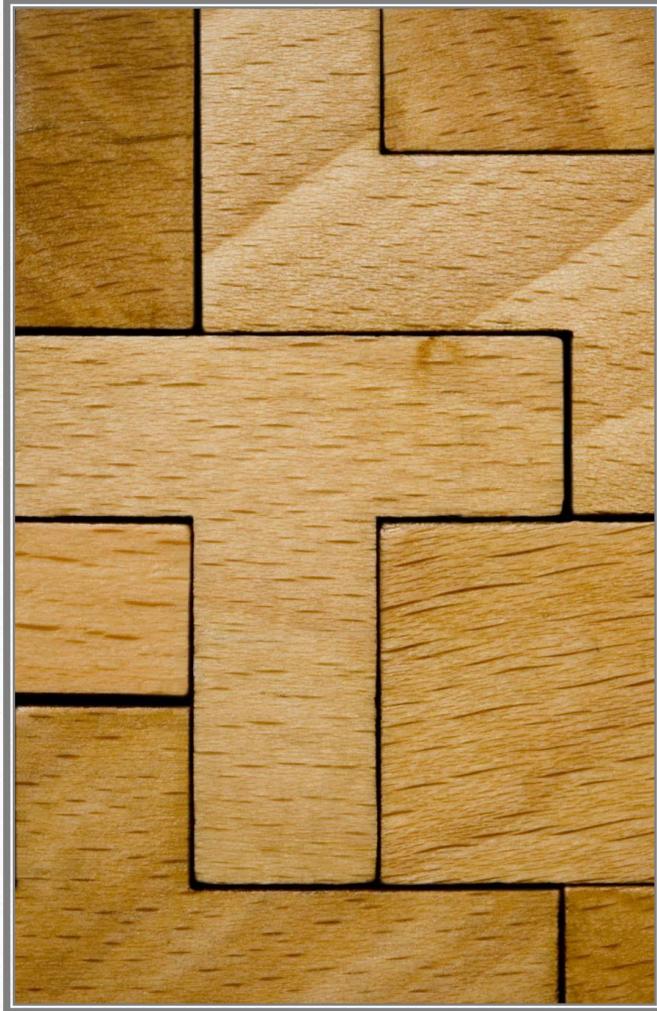
Hiding weapons/ knives or retracing driving routes

Checking for injuries and/or physical symptoms

Reviewing word repeatedly to be sure you didn't make a mistake

Checking all appliances are turned off

Repeatedly ensuring all doors and windows are locked



Obsessive- Compulsive Related Disorders

Obsessive-Compulsive Related Disorders (OCD)

Hoarding disorder (HD)

A persistent resistance and accompanied distress toward discarding possessions, despite their value.

Body dysmorphic disorder (BDD)

A preoccupation with a slight or imagined defect in appearance causing significant distress or impairment that is not strictly a manifestation of another disorder.

Trichotillomania & Excoriation Disorder

An inability to resist the urge to recurrently pull hair or to pick the skin, despite recurrent attempts to stop.

Body Dysmorphic Disorder (BDD)



- Preoccupation with a slight or imagined defect in appearance
- Causing significant distress

Trichotillomania (TTM)



- Inability to resist the urge to recurrently pull hair despite recurrent attempts to stop
- Resulting consequences such as hair loss and/or scabbing

Excoriation Disorder

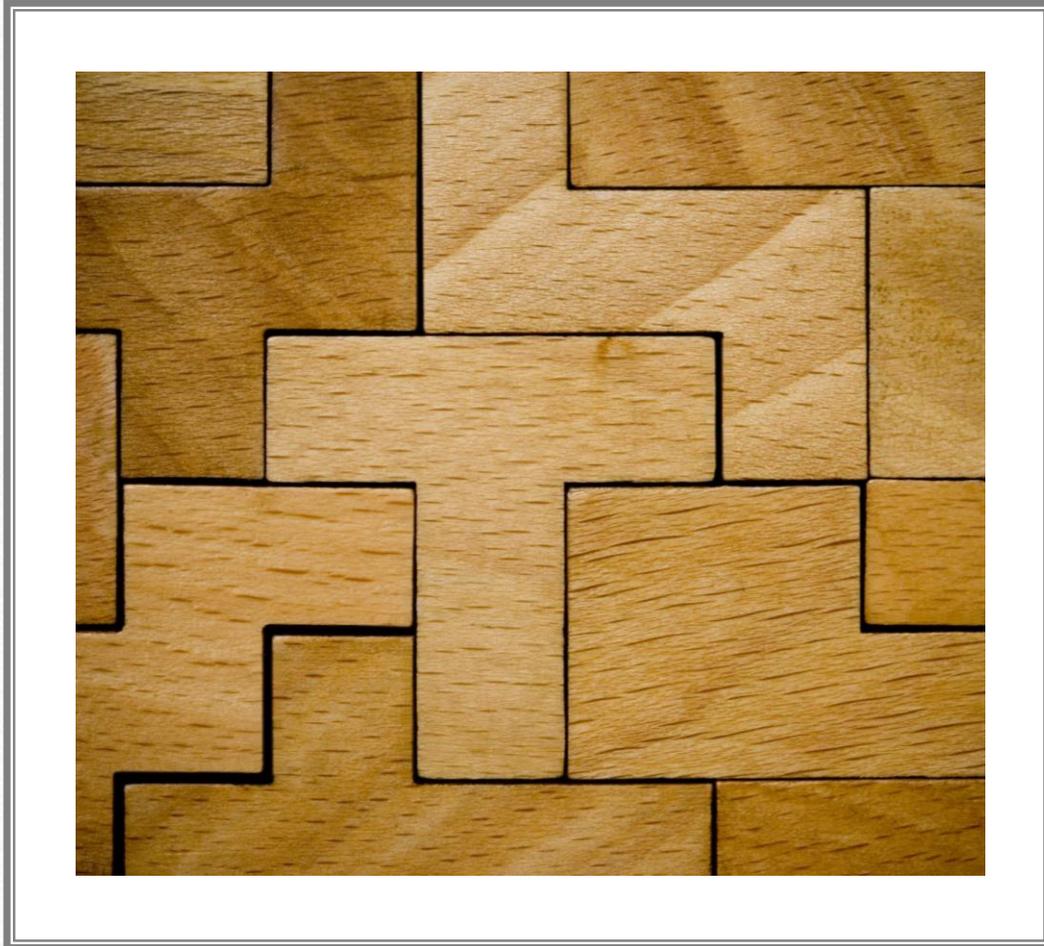


- Disorders that present with an inability to resist the urge to recurrently pick the skin
- Recurrent attempts to stop fail
- Unwanted consequences of reaction such as irritated, raw skin, pustule formation and possible infections

Hoarding Disorder

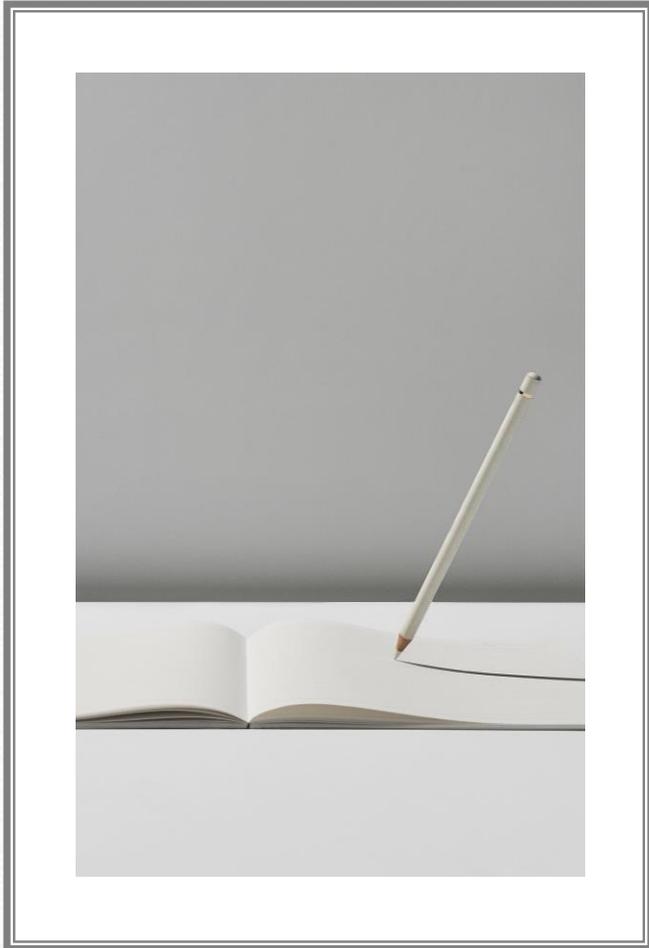


- A persistent resistance and accompanied distress regarding discarding possessions
- Value of objects is not primary concern
- Urge to save items
- Results in extensive accumulation of items
- Potential safety issue



Clinical Approaches

To OCD & OCRD



History

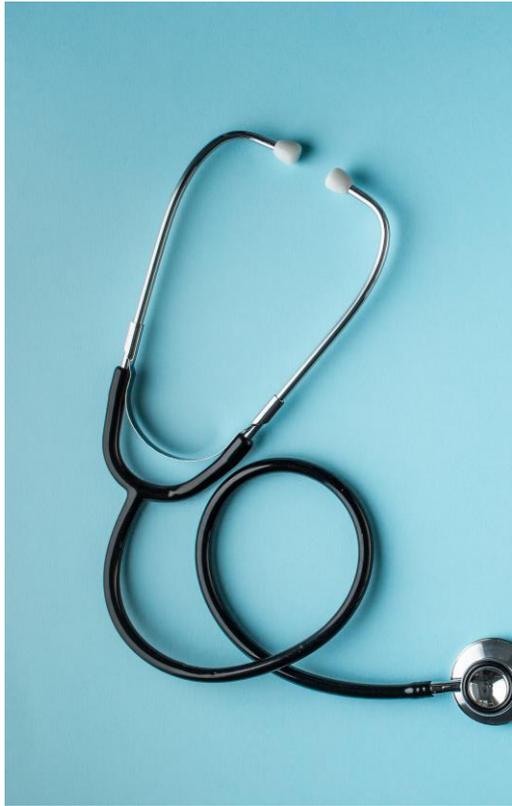
Thorough and systematic approach

- Co-morbid psychiatric syndromes
- Family psychiatric history(OCD and OCRDs)
- Social impact (if any) on functioning
- Psychiatric history
 - Psychotropics
 - Duration of treatment
 - Maximum dose utilized
 - Psychotherapy history
 - +/- CBT
- History of substance abuse
- Trauma history

Physical Exam Findings

No specific physical appearance and behavior of patients with OCD

- Intermittent eye contact, withdrawn demeanor
- Disheveled
- Soiled clothes
- Tics
- Skin excoriations
- Bald patches on hair, eyebrows and lashes
- Chapped, red and raw hands



Work Up

Laboratory Findings:

- There are no laboratory findings that are diagnostic of OCD or OCRDs
- A general full physical and lab panel is helpful to rule out any potential exacerbating or co-morbid condition



OCD Screening Tools

The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)

- Children's version (CY-BOCS)

OCD Family Functioning Scale (OFF)

Family Accommodation Scale

The Yale-
Brown
Obsessive-
Compulsive
Scale
(Y-BOCS)

Most common screen for OCD

Evaluates severity, does not formulate diagnosis

10-item, clinician-administered scale

Includes symptom checklist which is initiated first to clarify most distressing symptoms

May be utilized throughout treatment as indication of improvement

- 25% decrease in score = mild/moderate improvement
- 35% very much improved

OCRD Screening Tools

Body Dysmorphic Disorder (BDD)

- Questionnaire for BDD

Trichotillomania

- The Massachusetts General Hospital (MGH) Hairpulling Scale
- Trichotillomania Scale for Children for TTM

Excoriation Disorder

- Skin-Picking Scale Revised
- Skin Picking Impact Scale for SPD

Hoarding Disorder

- Saving Inventory

Psychiatric Comorbidities

ORCD

- Exceeds that of general population by 55%

Depression

Anxiety

Bipolar

Attention-deficit hyperactivity
disorder (ADHD)

Differential Diagnosis

Depression and
other anxiety
disorders

Generalized
anxiety disorder

OCPD
frequent
comorbidity

Eating
Disorders

Autism
Spectrum
Disorder

Impulse
Control
Disorders

Psychotic
Disorders

ADHD

Obsessive Compulsive Personality Disorder (OCPD) vs. Obsessive Compulsive Disorder (OCD)

Ego syntonic vs. ego dystonic



Perfectionism, need for interpersonal control



Preoccupied with rules, efficiency, trivial details



Inflexible adherence to internally strict standards

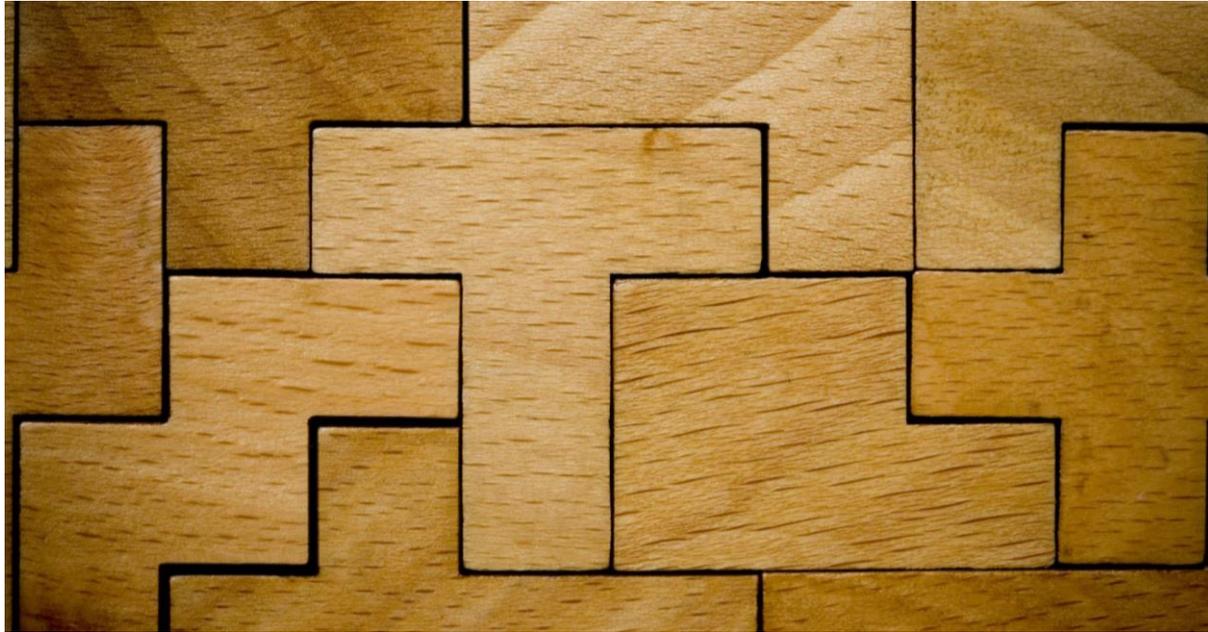


Reluctant to emotionally engage

PANDAS— Pediatric Autoimmune Neuropsychiatric Disorder Associated (PANS) with Streptococcus Infection (PANDAS)

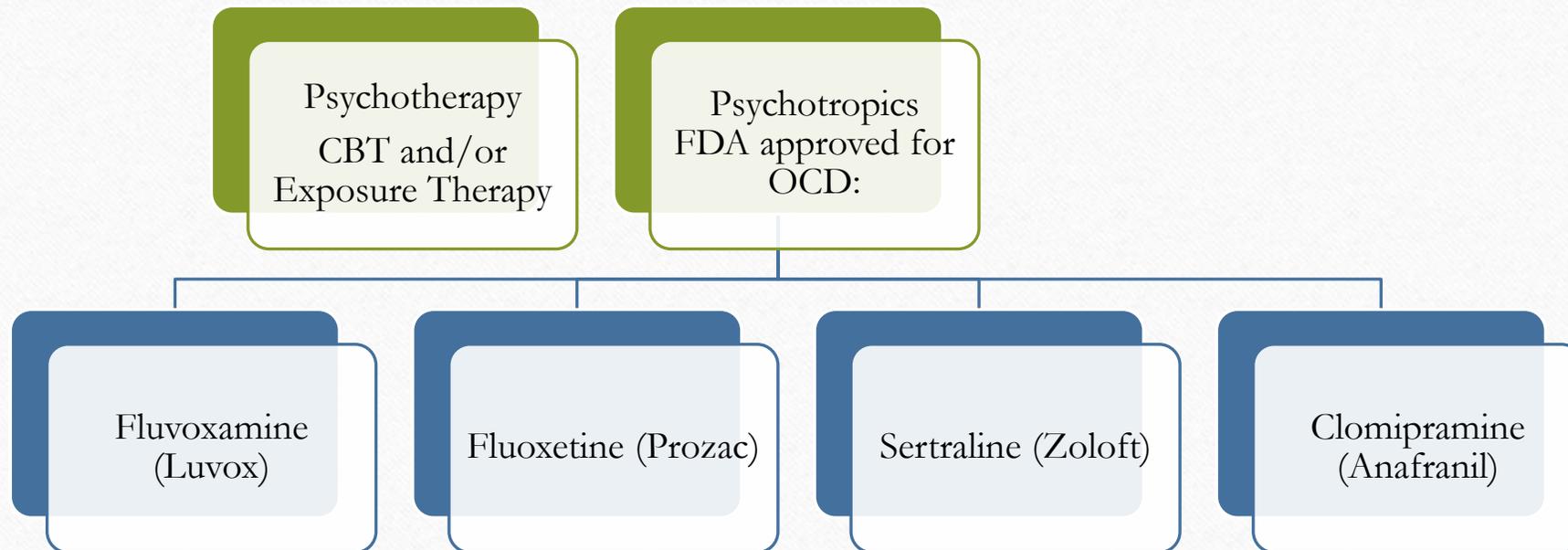


- Autoimmune childhood disorder with sudden and dramatic onset of obsessions, compulsions or food restriction
- Psychiatric symptoms with wide variability
 - Tics akin to Tourette's
 - Anxiety, depression, mood changes
 - Loss of appetite
 - Bedwetting, separation anxiety
 - Cognitive symptoms
 - Neurological symptoms
- Consider rapid strep test, throat culture, anti-streptolysin O and Dnase B titer, infectious workup and autoimmune testing

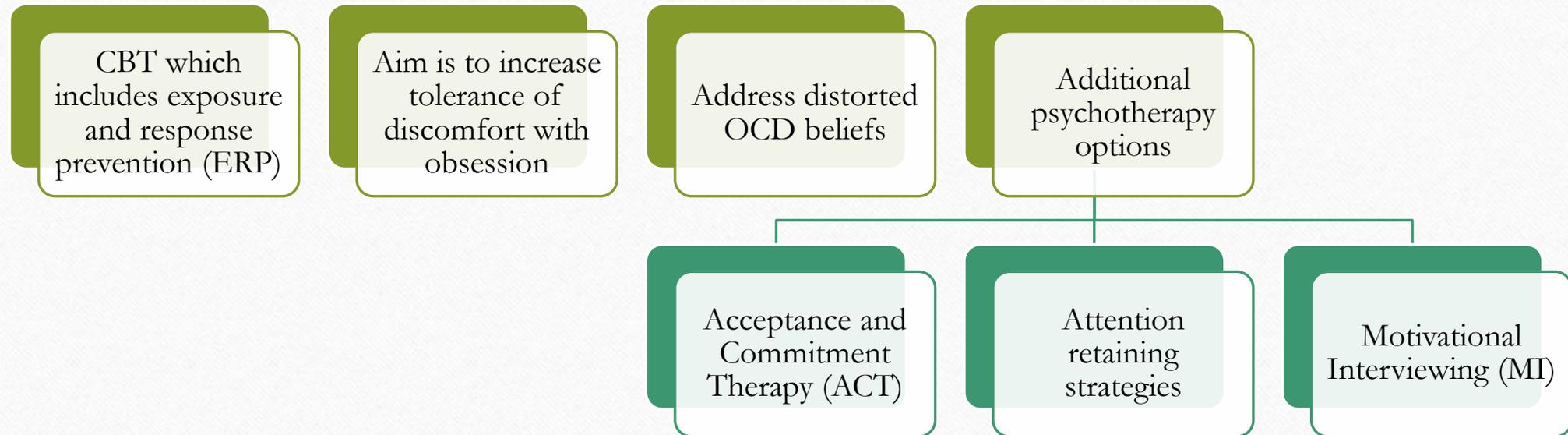


Treatment Strategies for OCD & OCRD

First Line Treatment Options for OCD— combination approach



Psychotherapy/ CBT for OCD



Telehealth Applications of CBT

More accessible mode of treatment

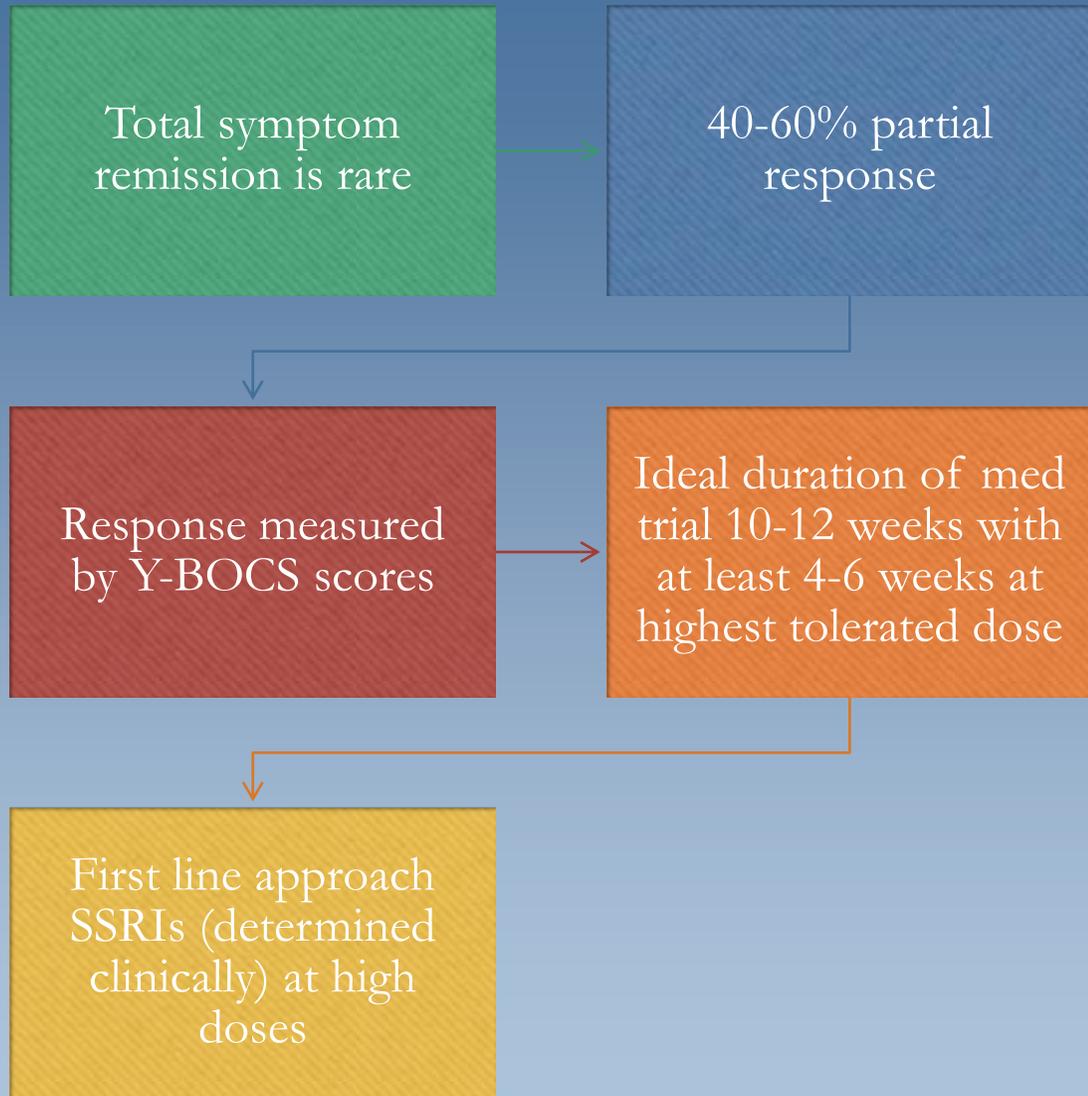


Comparable gains established to face-to-face therapy



Telehealth ERP provided via NOCD (online application) successful in reducing symptom severity

Psychotropic Approaches



Psychotropic Approaches

- **SSRIs (all may be options)**
 - Start first due to side effect profile
 - Maximum dose tolerated, higher than FDA max at times
 - May monitor blood level
 - EKG
- **TCA: Clomipramine (Anafranil)**
 - Consider after 2 or more trials of SSRIs
 - ECG with cardiac disease
 - Do not go beyond FDA max
- **Second line monotherapies**
 - Venlafaxine (Effexor)
 - Mirtazapine (Remeron)
- **Augmentation**
 - SGAs: Risperidone (Risperdal) Aripiprazole (Abilify)
 - Clomipramine
 - Glutamatergic agents (memantine (Namenda), N-acetylcysteine (NAC), lamotrigine (Lamictal), topiramate (Topamax), riluzole (Rilutek))

Psychotropic Monitoring & Relapse

- Monitor serum level at high doses
- Consider regular ECG if augmenting clomipramine with SSRI
- 24-89% relapse rate upon discontinuing psychotropics
- Relapse rate lessened when effective CBT is included
- Gradual dose reduction advised when electing to discontinue psychotropic

Treatment Resistance

Intensive residential
treatment

Psychosurgery

- Cingulotomy
- Capsulotomy
- Deep-brain stimulation

Transcranial magnetic
stimulation (TMS)

Treatment for OCRD

Dx	Challenges to Tx	Psychotherapy	Psychopharm
Body Dysmorphic Disorder	Lack of insight High probability of relapse	CBT with ERP Better response rate vs psychotropics Goals: Cognitive restructuring around distorted beliefs around physical appearance	Similar to OCD High doses of SSRIs Need full 12-week duration to assess SSRIs > bupropion; antipsychotics
Hoarding Disorder	Ego-syntomic	CBT, Group therapy Goals: limit acquisition, cognitive restructuring around beliefs associated with hoarding. Skills training to organize and discard	Uncertain/ controversial due to patient resisting idea tx is needed -Some support for venlafaxine, paroxetine and atomoxetine
TTM & Excoriation Disorder	Less evidence-based research available	CBT is first line treatment Goals: habit reversal with awareness training to substitute behavior *50% of symptom reduction with treatment is possible	Less successful vs OCD/BD SSRIs still preferred Some support for N-acetylcysteine (NAC) Olanzapine (Zyprexa)

OCD Prognosis

Adult Studies:

- Full remission rates ranging between 17% and 27%
- Partial remission rates between 22% and 28%

Child Studies:

- Full remission rates (40%)
- Partial remission rates of (19%).

Predictors of Remission:

- Older OCD onset
- Shorter duration of illness
- Outpatient status

OCRD Prognosis

Body Dysmorphia

- Low probability of full remission (20%)
- Relapse risk worsened by co-morbidities

Trichotillomania & Excoriation Disorder

- Limited research
- Tend to wax and wane
- 50% symptom reduction with treatment

Hoarding Disorder

- Dependent on successful treatment
- Strong social supports improve prognosis



Tools & Resources

OCD Screening Tools

The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS)

- Children's version (CY-BOCS)

OCD Family Functioning Scale (OFF)

Family Accommodation Scale

OCRD Screening Tools

Body Dysmorphic Disorder (BDD)

- Questionnaire for BDD

Trichotillomania

- The Massachusetts General Hospital (MGH) Hairpulling Scale
- Trichotillomania Scale for Children for TTM

Excoriation Disorder

- Skin-Picking Scale Revised
- Skin Picking Impact Scale for SPD

Hoarding Disorder

- Saving Inventory



Closing Thoughts

Take Aways

OCD and OCDR are generally associated with shame and embarrassment

Frequently chronic conditions that wax and wane in severity

SSRIs generally titrated to maximum and at times beyond maximum doses

Adjunctive agents such as atypical antipsychotics can be useful

References

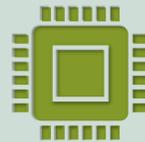


American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Text Revision Dsm-5-Tr. American Psychiatric Association Publishing. Kindle Edition.



Massachusetts General Hospital Comprehensive Clinical Psychiatry, Third Edition. Stern TA, Wilens TE, Fava M, eds. Elsevier, Philadelphia, PA. 2025.

Chapter 32, 362-370
Obsessive-Compulsive
and Related Disorders



Massachusetts General Hospital Psychiatry Update & Board Preparation, Fourth Edition, Stern TA, Herman JB, Rubin DH, Mass General Hospital 2019

Chapter 18, 211-215.
Obsessive-Compulsive
and Related Disorders

End of Lesson

Accelerated Certificate in Psychiatry