

Epidemiology, Clinical Features and Differential Diagnoses of Obsessive Compulsive Disorder

Outline

- Introduction
- History
- Epidemiology
- Comparative nosology
- Clinical features
- Differential Diagnoses
- Summary

Introduction

- Diverse group of symptoms: intrusive thoughts, rituals, preoccupations, and compulsions
- Causes severe distress to the person
- Time-consuming, interfere significantly with normal routine, occupational functioning, usual social activities, or relationships
- Pt. may have an obsession, a compulsion, or both

Introduction

- **Obsessions:**
 - repetitive, unwanted intrusive thoughts, images or urges; mostly ego-dystonic; cause severe distress/anxiety.
- **Compulsions:**
 - repetitive behaviours/mental acts performed in response to an obsession to reduce anxiety/distress or prevent a dreaded consequence.

Introduction

- OCD pt. realizes **irrationality** of obsession and experiences both obsession and compulsion as **ego-dystonic**
- Completion of compulsive act may not affect **anxiety**, may even increase it
- Resistance to carry out compulsion – increases anxiety

History

- Late 19th century – **Westphal** described “*zwangsvorstellung*” – translated into English as obsessions and compulsions
- Viewed as a form of “depressive state.”
- **Janet** – “incompleteness” in OCD pts. and other symptoms like tics
- **Freud** – earliest descriptions of OCD – Rat Man

History

- Early 1980s – **ECA study** – prevalence $>1\%$, a/w marked impairment
- Middle 20th century – **clomipramine** useful in OCD - **serotonin hypothesis**
- Brain imaging – unique patterns of activation – interventions normalize functional neuroanatomy

Epidemiology

- Lifetime prevalence: **1-3%**
- Psy. OPD – 10% outpatients (4th most common psychiatric illness)
- Adults: M=F (female preponderance)
- Adolescents: M>F
- Mean age of onset: **20 yrs** (M=19, F=22) (2/3rd have onset before 25, 15% after 35)
- **Single** > Married; **Blacks** > Whites
- Scarcity of data on OCD in Indian population; research largely conducted on special population like students

Comparative Nosology

- **DSM-III-R:** compulsions exclusively as behaviors
- **DSM-IV-TR:** compulsions as behaviors/mental acts designed to reduce anxiety associated with an obsession
- **DSM-5:**
 - subtle changes to clarify symptoms; obsessions cause anxiety
 - OCD shifted into a new chapter on OCRDs
 - Insight specifier

DSM-5

A. Presence of obsessions, compulsions, or both

Obsessions:

1. Recurrent, persistent thoughts, urges, or images – intrusive and unwanted, causing anxiety/distress
2. Attempts to ignore/suppress such thoughts, urges, or images, or to neutralize them with thought/action

Compulsions:

1. Repetitive behaviors/mental acts which individual feels driven to perform in response to an obsession/rules
2. Behaviors/mental acts aimed at preventing/reducing anxiety/distress, or preventing some dreaded event or situation

DSM-5

- B. Obsessions/compulsions - **time-consuming**/causing clinically significant **distress/impairment** in social, occupational or other areas of functioning
- C. Symptoms not attributable to any substance/medical condition
- D. Not better explained by symptoms of another mental disorder

Specifiers:

- **Insight**: Good/fair, poor, absent/delusional beliefs
- **Tic-related**

ICD-10

- **Obsessional symptoms** or **compulsive acts**, or both, must be present on most days for at least **2 successive weeks** and be a source of **distress** or interference with activities.
- The obsessional symptoms should have the following characteristics:
 - Own thoughts/impulses
 - At least one thought/act still resisted unsuccessfully, others may be present which the sufferer no longer resists;
 - Thought of carrying out act must not in itself be pleasurable
 - Thoughts, images, or impulses must be unpleasantly repetitive.

ICD-10

- F42.0 Predominantly **obsessional** thoughts or ruminations
- F42.1 Predominantly **compulsive** acts [obsessional rituals]
- F42.2 **Mixed** obsessional thoughts and acts
- F42.8 Other obsessive-compulsive disorders
- F42.9 Obsessive-compulsive disorder, unspecified

ICD-11 - Proposals

- Separated from anxiety disorders
- Duration criteria and subtyping of OCD removed
- Diagnosis of OCD even in presence of comorbid disorders (SCZ)
- Includes: body dysmorphic disorder, hypochondriasis, olfactory reference disorder, hoarding disorder, trichotillomania, skin picking disorder
- Excludes: Substance-induced OC or related disorder, secondary OC or related syndrome, Tourette syndrome

Presentation

Specialist	Presenting problem
Dermatologist	Chapped hands, eczematoid appearance
Family practitioner	Family member washing excessively, counting or checking compulsions
Infection disease internist	Insistent belief that person has AIDS
Neurologist	OCD a/w Tourette's disorder, head injury, epilepsy, chorea, other basal ganglia lesions or disorders
Neurosurgeon	Severe, intractable OCD
Obstetrician	Postpartum OCD
Paediatrician	Parent's concern about child's behaviour, usually excessive washing
Paediatric cardiologist	OCD secondary to Sydenham's chorea
Plastic surgeon	Repeated consultations for abnormal features
Dentist	Gum lesions from excessive teeth cleaning

Common Symptoms - Obsessions

- **Contamination** related obsessions
 - Concern/disgust with bodily secretions and waste (stools/urine)
 - Fear of dirt or germs/infections, concern with sticky substances
 - Fear of getting ill due to contaminants
- **Sexual** obsessions
 - Unwanted, forbidden sexual thoughts, images or urges about strangers, family friends, etc
 - Sexual thoughts of molesting children, thoughts of sexual identity

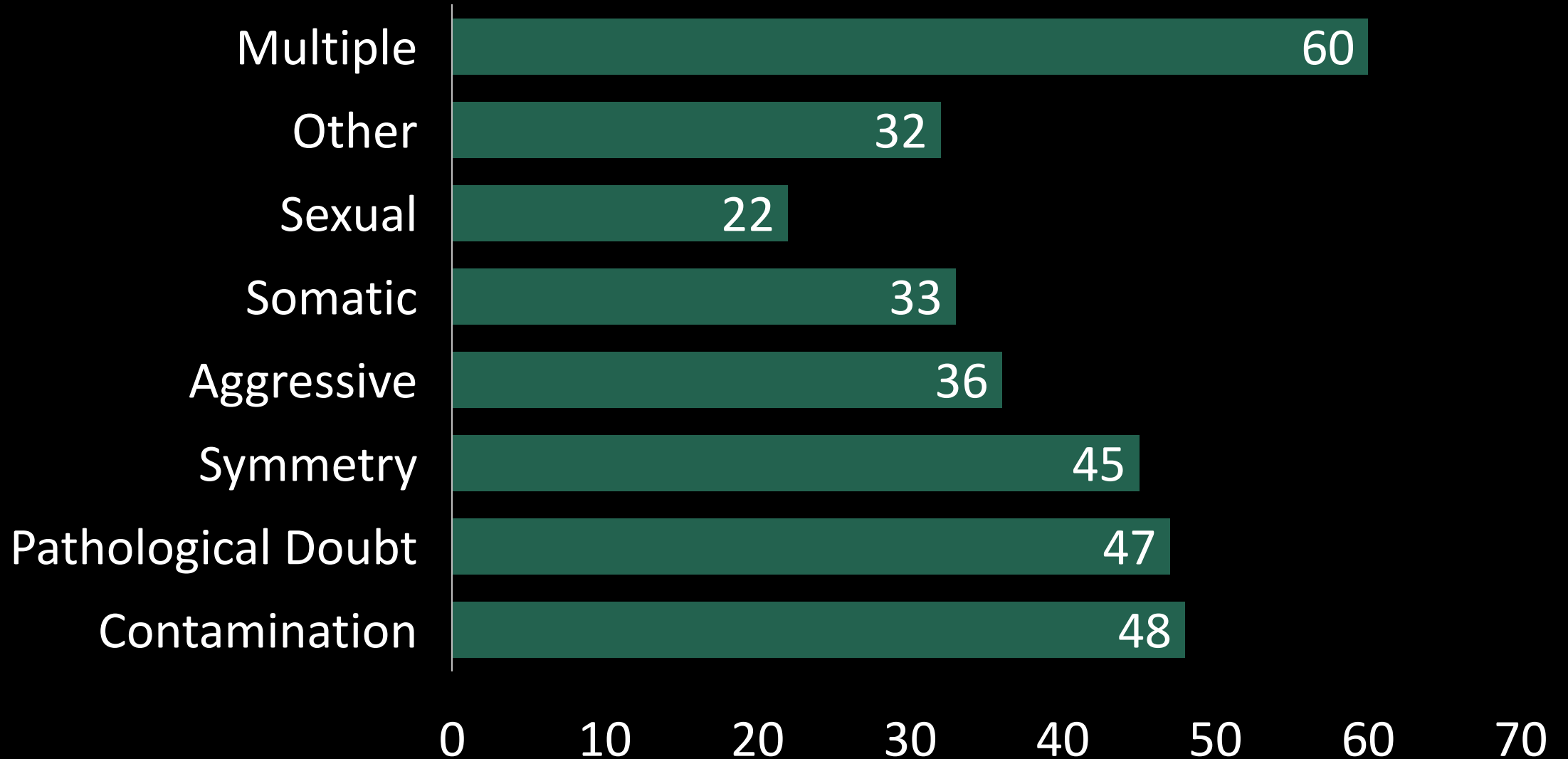
Common Symptoms - Obsessions

- **Harm/aggression** related obsessions
 - Fear might harm self or others
 - Violent/horrific images
 - Fear of uttering obscenities
- **Religious/blasphemy**
 - Sacrilege and blasphemy
 - Excessive concern about right/wrong, morality
- **Pathological doubts** about daily activities

Common Symptoms - Obsessions

- Need for **symmetry** and **exactness**
 - Concern about things being not properly aligned, symmetrical, perfect or exact
 - With magical thinking
- Miscellaneous
 - Need to know/remember
 - Intrusive non- violent images, thoughts
 - Superstitious fears
 - Lucky/unlucky numbers, colours

Presentation - Obsession



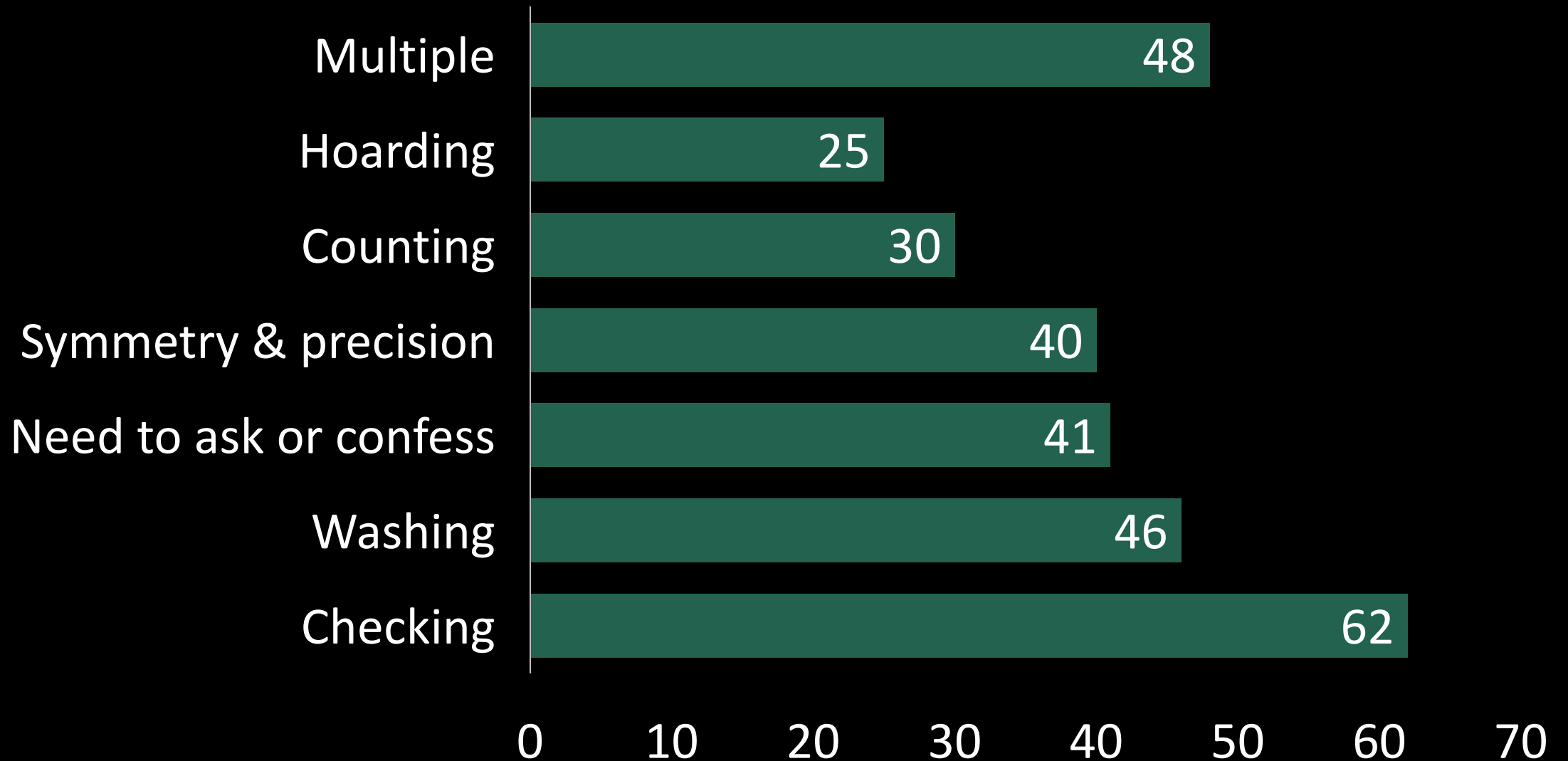
Common Symptoms - Compulsions

- **Washing/Cleaning** in response to contamination obsessions
- **Checking**
 - In response to pathological doubts
 - To prevent harm to self or others
- **Repeating**
 - Re- reading or rewriting because you didn't understand or write properly
 - Repeating routine activities

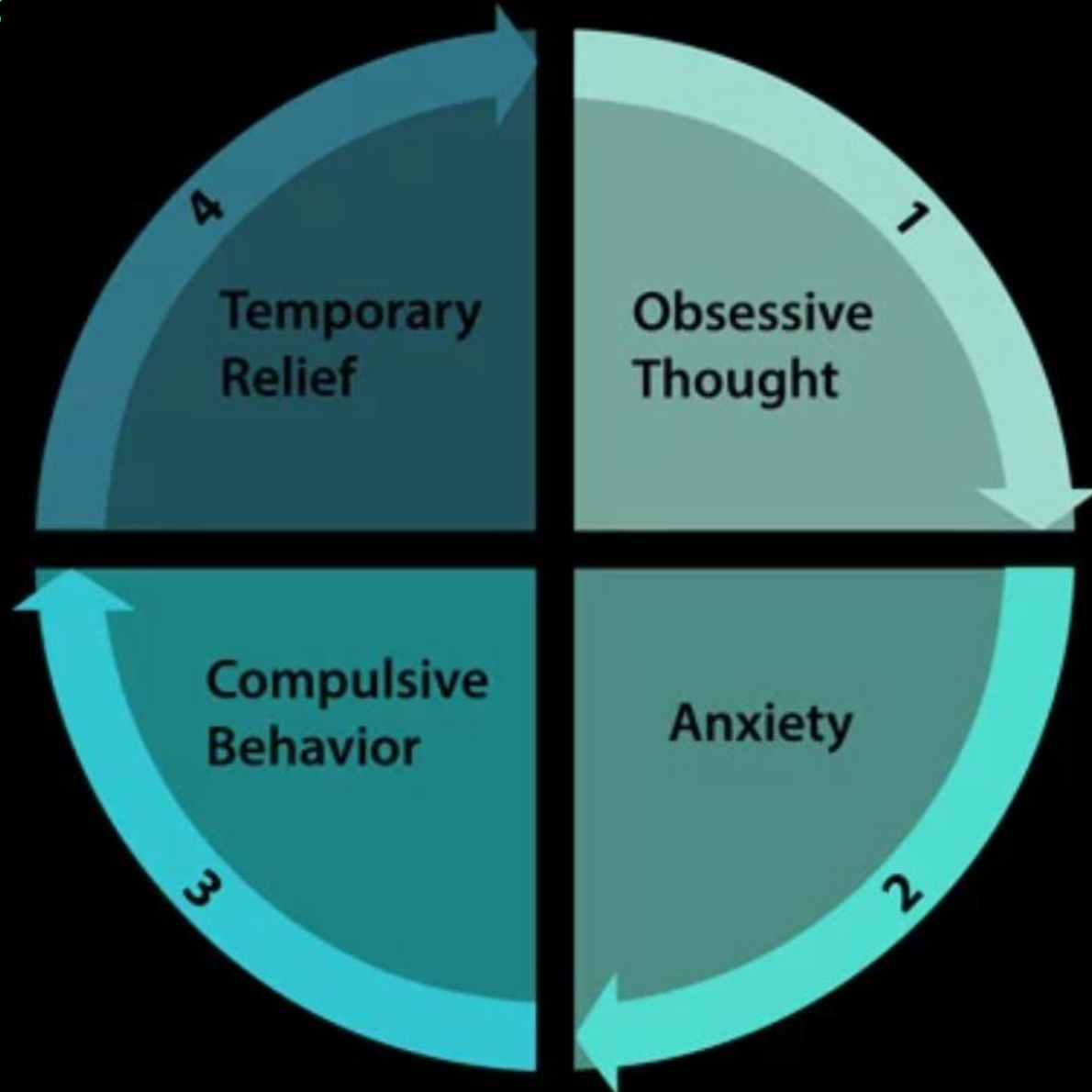
Common Symptoms - Compulsions

- Counting
- Ordering and arranging
- Miscellaneous
 - Mental rituals
 - Superstitious behaviours
 - Need to tell/ask/confess

Presentation - Compulsion



OCD Cycle



Differential Diagnoses

Differential Diagnoses	Similar Features	Distinguishing Features
Generalized Anxiety Disorder	Recurrent thoughts, avoidant behaviors, repetitive requests for reassurance	Worries about real- life concerns; less irrational and ego dystonic
Specific Phobia	Fear reaction to specific objects or situation	Feared object usually much more circumscribed; rituals absent
Social Phobia	Fear reaction to specific objects or situation	Feared objects or situations are limited to social interactions; avoidance/reassurance seeking focused on re-ducing social fear
Major Depressive Disorder	Ruminations	Thoughts are mood-congruent, not intrusive/distressing; ruminations not linked to compul-sions
Body Dysmorphic Disorder	Obsessions and compulsions	Limited to concerns about physical appearance

Differential Diagnoses

Differential Diagnoses	Similar Features	Distinguishing Features
Trichotillomania	Compulsive behavior of hair pulling	No obsession
Hoarding Disorder	Compulsion to accumulate/hoard objects; unable to discard	No obsession
Anorexia Nervosa	Obsessions	Limited to food and weight
Tics and Stereotyped Movements	Repetitive behavior	Less complex than compulsions, not aimed at neutralizing obsessions; preceded by premonitory sensory urges.
Delusional Disorder	False beliefs (poor insight)	Absence of obsessions and compulsions
Schizophrenia	False beliefs (poor insight)	Presence of psychotic symptoms (hallucinations or formal thought disorder)

Differential Diagnoses

Differential Diagnoses	Similar Features	Distinguishing Features
Other compulsive-like behavior (Paraphilias, Substance use, Gambling disorder, Impulse control, Conduct disorder)	Repetitive behavior	Derives pleasure from activity; may resist only because of harmful consequences
Obsessive-compulsive personality disorder	Repetitive behavior	Not characterized by intrusive thoughts/images/urges/repetitive behaviors performed in re-sponse; pervasive maladaptive pattern of excessive perfectionism and rigid control
Autistic Disorder	Repetitive behavior	Presence of other symptoms

Summary

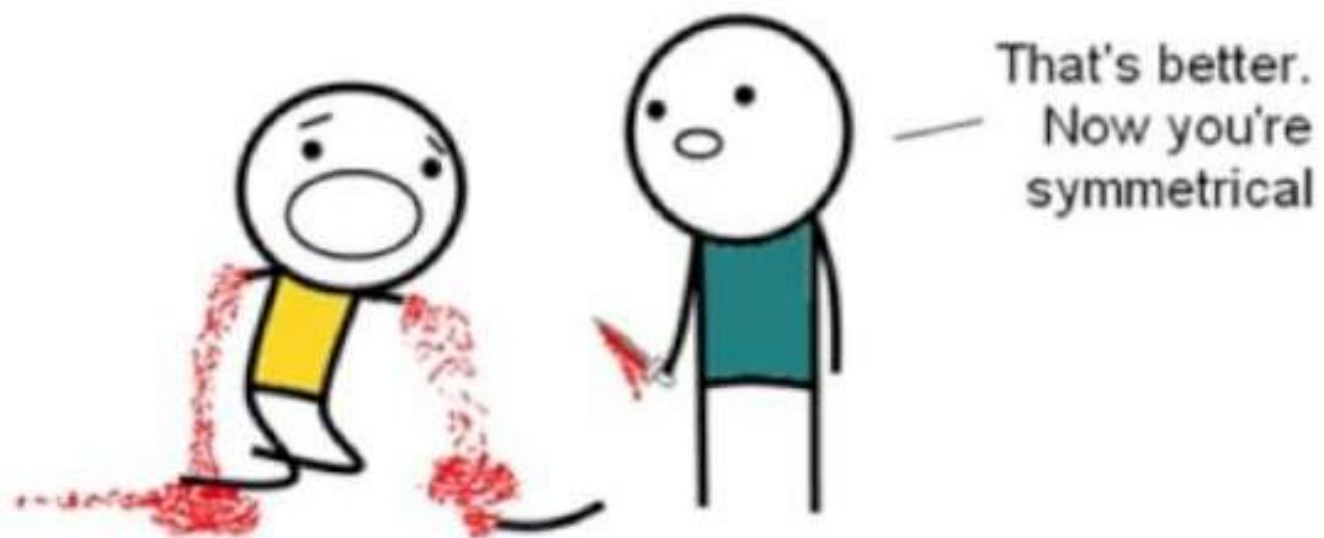
- OCD – recurring, unwanted thoughts, ideas or sensations (**obsessions**) which makes pts. feel driven to do something repetitively (**compulsions**)
- Significantly **interfere** with a person's daily activities and social interactions
- OCD prevalence: 1-3%, many pts. don't seek treatment – 10 yr. lag b/w symptom onset and t/t
- **Screen for OCD** in every MSE – early diagnosis – appropriate treatment results in improved quality of life and reduces chronicity
- Important to rule out other disorders

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Thank You