



OVER AND OVER (AND OVER) AGAIN

OBSESSIVE-COMPULSIVE DISORDERS: THE EXPERIENCE AND TREATMENT OF OCD

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OCD: A BRAIN DISORDER



EPIDEMIOLOGY

- Originally believed to be “rare”
- Affects one person in forty or 2.5% of population over the lifetime
- Five to seven million children and adolescents
- Forth most common psychiatric disorder
- As common as asthma and diabetes



OBSESSIONS

- Intrusive
- Unwanted
- Recurrent (“Relentless”)
- Thoughts, images or impulses
- Elicit marked anxiety
- Are experienced as ego-dystonic or alien to the sense of self



COMPULSIONS

- Stereotyped or ritualized behaviors
- Often repetitious
- Engaged in to reduce the anxiety caused by the obsession



OBSESSIONAL SUBTYPES

- Contamination Obsessions: dirt, germs, bodily secretions, chemical contaminants
- Aggressive Obsessions: violent or horrific images; fears re: acting on impulse; fear re: carelessness (e.g. fire, hit and run, poison in food, fugue state violence)
- Superstitious Fears



OBSESSIONAL SUBTYPES

(CONT)

- Sexual Obsessions
- Hoarding and Saving Obsessions
- Need for Symmetry or Exactness
- Religious Obsessions (scrupulosity and blasphemy fears)
- “Pathological” doubt



COMPULSION SUBTYPES

- Cleaning and Washing
- Repeating Rituals (rereading, rewriting, asking same question over and over, repeating same gesture)
- Checking
- Ordering and Arranging
- Superstitious Behaviors



COMPULSIONS SUBTYPES (CONT)

- *Mental Rituals-silent prayers, etc-not directly observable, to neutralize a “bad” thought*
- Counting
- Excessive List Making
- Need to tell, ask or “confess”
- Need to touch, tap or rub
- Pathological slowness



REFERENCES

- The Boy Who Couldn't Stop Washing by Judith Rapoport, MD
- Tormenting Thoughts and Secret Rituals by Ian Osborn, MD
- Stop Obsessing by Edna Foa, PhD
- Getting Control by Lee Baer, PhD
- Obsessive Compulsive Disorders by Eric Hollander, MD and Dan J. Stein, MD



HISTORY OF OCD TREATMENT

- Psychoanalytic School:
Symptoms are symbolic
manifestations of unconscious
conflict: the toilet
training/oedipal/ “ID” Impulse
explanation



EFFECTIVE TREATMENTS FOR OCD

- Behavior Therapy: Exposure & Response Prevention
- Medications: Clomipramine (anafranil) and the SSRI'S – Prozac, Luvox, Paxil, Zoloft and Celexa



BEHAVIOR THERAPY: THE TREATMENT OF CHOICE

- Making the Diagnosis – Screener & Y-BOCS
- *Patient and Family Education*
- The Triggers
- The Obsession
- Degree of Distress (Likert Scale)
- The Specific Ritual
- The Amount of Time Ritualizing



BEHAVIOR THERAPY (CONT)

- Develop a Hierarchy
- Practice in-session, In Vivo E/RP
- Develop Homework Exercises
- Direct to a Support Group



FACTS: OCD

- Is a neurobiological condition/illness
- Is a chronic condition with a waxing and waning course across the lifetime, especially if untreated
- Is not the result of “bad parenting” or societal pressures
- Is not learned from a parent or sibling with OCD



FACTS: OCD

- Is amenable to treatment with medication and behavior therapy
- Is NOT characterized by inflexibility, characterological rigidity, stinginess, pettiness, etc (see dx for *OCPD*)
- Is fifty times more prevalent than previously believed



CURRENT RESEARCH

- P.A.N.D.A.S. Pediatric Autoimmune Neurological Disorders Associated with Strep
- P.E.T. Scans –B.T/Medication Effects
- Behavior Therapy Projects
- Neurosurgical Interventions

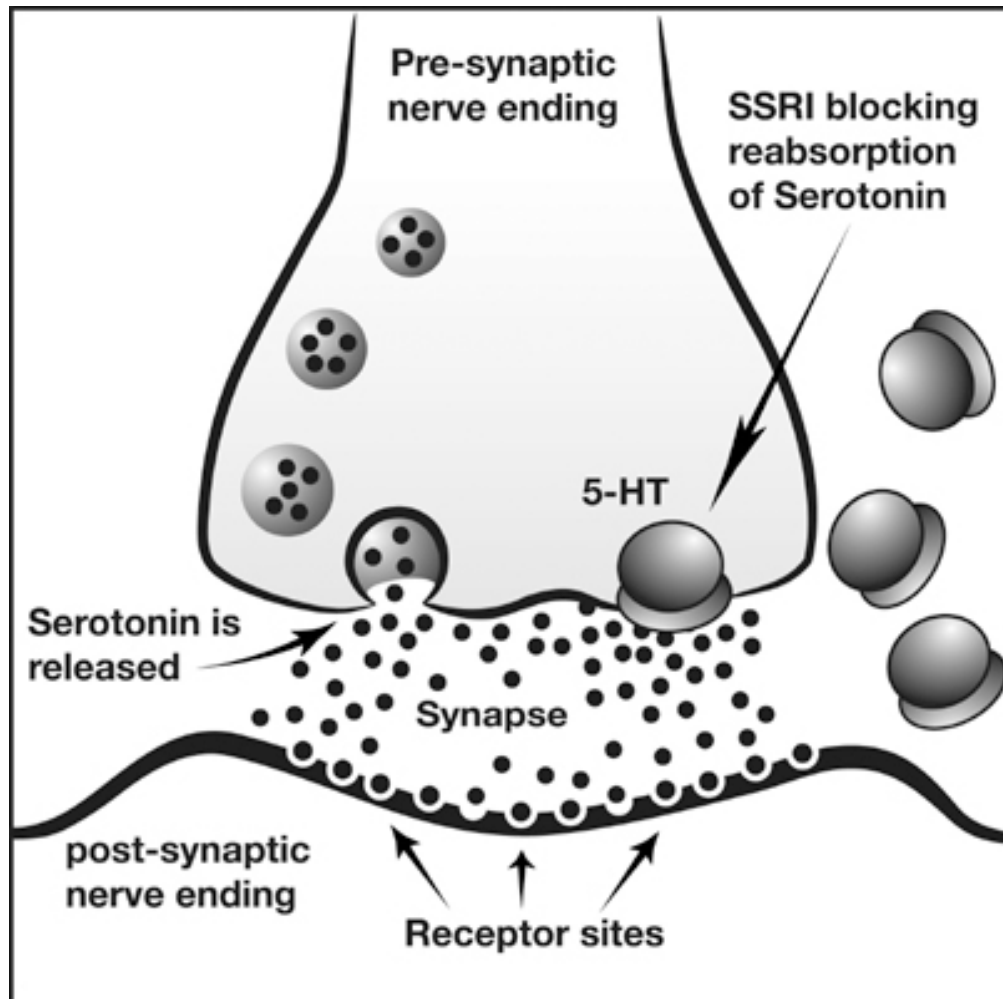


P.A.N.D.A.S.

- Pediatric: Children Between 3yo and puberty
- Autoimmune: Cross Reactivity Between Strep Antibodies and Brain Antigens
- Neuropsychiatric Disorders: Sydenham's Chorea, TICS, OCD
- Streptococcal Infections: e.g. Pharyngitis due to a particular strain of strep



SSRI'S INCREASE THE AMOUNT OF THE BRAIN CHEMICAL SEROTONIN AVAILABLE IN THE SYNAPSE



Serotonin is a neurotransmitter that carries messages from nerve cell to nerve cell. People with OCD appear to have lower than normal levels of “free” serotonin in the synapse.



HANDOUTS

- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
- Article: *Common Pitfalls in Exposure and Response Prevention (EX/RP) for OCD*

