Obsessive-Compulsive and Related Disorders: Clinical Aspects and Treatment

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Obsessive-Compulsive Disorder

Clinical Features
Characterized by the following:
• Obsessions (recurring distressing ideas or images) and
• Compulsions (recurring behaviors designed to decrease anxiety caused by obsessions)
• Prevalence: 2%
• Male and females affected equally


Clinical Features
• OCD is associated with significant disability and chronicity
• WHO: OCD is one of the world’s top 10 causes of illness-related disability
• Approximately 30% of patients are not helped at all or are inadequately helped by current pharmacotherapies

WHO = World Health Organization.

Case 1
• 30-year-old businessman seeking treatment for the first time
• Onset at 15 years old
• Thoughts of and urges to sexually molest children; doubting if committed sexual acts, fear of being alone around children
• Thoughts of inappropriate sexual acts towards coworkers and family members

Case 2
• 30-year-old female
• 6 weeks postpartum
• Fears of drowning her newborn
• Does not want to be near her child
### Subtypes

#### Common Obsessions
- Contamination
- Pathologic doubt
- Somatic obsessions
- Symmetry
- Taboo

#### Common Compulsions
- Checking
- Washing
- Counting
- Needing to confess

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### Differential Diagnosis

- Generalized anxiety disorder
- Psychotic disorder
- Autism spectrum disorder
- Tic disorder
- Social anxiety disorder
- OCPD

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OCPD = obsessive-compulsive personality disorder.

### Treatment

- Clomipramine
- SSRIs
- Augmentation strategies
- Cognitive-Behavioral Therapy (CBT) / Exposure and Response Prevention (ERP) Therapy

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### FDA-Approved Medications for OCD

- Clomipramine – SRI
- Fluoxetine – SSRI
- Fluvoxamine – SSRI
- Paroxetine – SSRI
- Sertraline – SSRI

- All except paroxetine approved for ages ≥ 6 to 10 years

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SSRI = selective serotonin reuptake inhibitor.


### Ablative Surgeries

- Anterior Cingulotomy: success rate of 56%
  - Interrupts fibers in the cingulate bundle
- Subcaudate Tractotomy: success rate of 50%
  - Lesions in rostral part of orbitofrontal cortex ventral to head of the caudate
- Limbic Leucotomy: success rate of 61%
  - Lesions in cingulate and orbitomedial frontal areas
- Anterior Capsulotomy: success rate of ~50% to 67%
  - Lesions in the anterior limb of the internal capsule

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### Deep Brain Stimulation

- Reversible
- Improvement may occur rapidly
- Risks (due to tissue displacement and damage to vasculature): seizure (1%–3%), hemorrhage (1%–5%), infection (2%–25%)
- About 100 patients with DBS for OCD

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DBS = deep brain stimulation.

Obsessive-Compulsive Personality Disorder

OCD

- Chronic maladaptive pattern of excessive perfectionism and need for control over the environment
- **Traits**: rigidity, miserliness, perfectionism, overattention to detail, excessive devotion to work, inability to discard worn or useless items, hypermorality, and inability to delegate tasks
- Starts in childhood or early adolescence
- 7.8% of a community sample

Body Dysmorphic Disorder

Clinical Features

- Preoccupied with imaginary defects in appearance and their concerns about appearance are excessive
- Equal in men and women
- Starts in childhood or adolescence
- Disabling

Clinical Features

- Any body part of multiple parts
- Thinking about it 3 to 8 hours each day
- May request multiple surgeries or dermatological procedures
- Spend hours examining, improving, being reassured about, or hiding the perceived defect

Differential Diagnosis

- Generalized anxiety disorder
- Psychotic disorder
- Social anxiety disorder
- OCD
- Skin picking disorder
- Anorexia nervosa
**Treatment**

- Clomipramine – off-label
- SSRIs – all off-label
- Augmentation strategies – off-label
- CBT / ERP Therapy
- Surgeries not helpful

**Historical Perspective**

- Hallopeau – 1893
  - Suggested the name *trichotillomania*, which he derived from the Greek words
    - *trich* (hair)
    - *tillo* (to pull), and
    - *mania* (denoting an abnormal love for, or morbid impulse toward, some specific object, place, or action)
  - He described the behavior in an adult male

**Diagnostic Criteria: Trichotillomania**

A. Recurrent pulling out of one’s hair resulting in hair loss
B. Clinically significant distress or impairment
C. Not secondary to another mental disorder or general medical condition

**Diagnostic Criteria: Skin Picking Disorder**

A. Recurrent skin picking resulting in skin lesions
B. Repeated attempts to decrease or stop skin picking
C. Clinically significant distress or impairment
D. Not due to a substance (eg, [meth]amphetamine) or medical condition
E. Not restricted to the symptoms of another mental disorder (eg, parasitosis, body dysmorphic disorder)

**Clinical Features**

- Lifetime prevalence estimated 0.5% to 3.5% (TTM) 1.4% to 5.4% (SPD)
- Typical onset 12 to 13 years of age
- Females +++ in clinical and community samples
- Most common site pulled from is the scalp; face for picking
- Complications beyond psychosocial impairment:
  - Infections; bezoars
- Evidence of familial overlap to other BFRBs

## Differential Diagnosis

- Drugs of abuse
- Body dysmorphic disorder
- OCD
- Tic disorder
- Social anxiety disorder

## Treatment

- Habit reversal therapy (HRT)
- Self-monitoring
- Awareness training
- Competing response
- Stimulus control

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## Treatment

- N-acetyl cysteine
- Olanzapine
- Dronabinol
- Inositol
- Clomipramine
- SSRIs – not beneficial

- All medications off-label

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## Hoarding Disorder

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## Diagnostic Criteria

A. Persistent difficulty discarding or parting with possessions, regardless of their actual value

B. This difficulty is due to a perceived need to save the items and distress associated with discarding them

C. The symptoms result in the accumulation of possessions that congest and clutter active living areas and substantially compromise their intended use

D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning

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## Clinical Features

- Items have sentimental significance, for their potential usefulness, or because they have more intrinsic aesthetic value
- Starts in childhood or adolescence
- Chronic course and poor prognosis
- Familial element
### Differential Diagnosis

- Psychotic disorder
- Dementia
- OCD/OCPD
- Substance use disorder
- Major depressive disorder

### Treatment

**Cognitive-behavioral therapy**

- Focuses on 3 hoarding behaviors: excessive acquisition, difficulty discarding, and disorganization
- 26 weekly sessions with some sessions completed in the patients’ home
- Motivational interviewing
- **Medications?** SSRIs, stimulants
  - Off-label


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### Tic Disorders

**Clinical Features**

- Tics are repetitive, brief, jerky motor movements, and/or vocalizations
- Any part of the body can be affected but common visible sites include the face (eg, blinking, grimacing, chin-protruding, clearing one’s throat or making other vocalizations) and upper body (eg, moving one’s neck to the side, shoulder, and limb movements)
- They naturally wax and wane over time, and are also commonplace in a subclinical form, especially in young people


**Comorbid conditions**

- **Attention-deficit/hyperactivity disorder**: Up to 50% of people with tic disorders meet diagnostic criteria for comorbid ADHD
- **Obsessive-compulsive disorder**: Up to 50% of patients with tic disorders have comorbid formal OCD. OCD often begin to occur later than tics (average 1–2 years later)
- While any OCD symptoms can occur, the most frequent obsessions in people with tic spectrum disorders include those of an aggressive, sexual, and religious nature

### Differential Diagnosis
- Akathisia
- Tremor
- Chorea
- Tardive dyskinesia

### Treatment
- Antipsychotic medications are regarded as the most effective established pharmacologic treatment for tics: risperidone, pimozide, and haloperidol, aripiprazole
- The alpha-2 receptor agonist medications clonidine and guanfacine also show efficacy in the treatment of tics
- Habit reversal therapy
- ERP Therapy

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### Conclusions
- OCD and Related Disorders are common
- Evidence-based treatments are available
- Many clinicians do not appropriately screen for or know how to treat these disorders

### Practical Take-Aways
- OCD and related disorders are treatable with pharmacotherapy, and the range of medication options extend beyond SSRIs
- Cognitive-behavioral therapy is the first-line treatment for the spectrum of OCD related disorders, but needs to be implemented by trained therapists
- Screening and clinical assessment can lead to more effective treatment outcomes

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