



Obsessive-Compulsive Disorder

David M. Jacobi, Ph.D.

Clinical Supervisor and Behavior Specialist

The Child & Adolescent Centers

Rogers Memorial Hospital



OCD Awareness Week

October 8 – 12, 2012

Obsessive-Compulsive Disorder(OCD; 300.3)

- Either obsessions or compulsions.
- Obsessions are:
 - 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.

Examples of Obsessions

- Contamination (1).
- Repeated doubt (2).
- Harming (3).
 - Need for exactness or symmetry.
 - Need to tell, ask, or confess.
 - Somatic.
 - Sexual imagery.
 - Religious.
 - Disaster.

OCD (continued)

- Compulsions are:
 - Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.
 - Aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these compulsions either are not connected in a realistic way or are clearly excessive.

Examples of Compulsions

- Checking (1).
- Washing or cleaning (2).
- Counting (3).
 - Ordering.
 - Repeating.
 - Touching.
 - Hoarding.
 - Praying.
 - Requesting assurance.

OCD (continued)

- Specify if:
 - With poor insight: If, most of the time, person does not recognize symptoms as excessive.
- Symptom presentation.
 - Mixed = 98%
 - “Pure” obsessional = < 2%
 - “Pure” compulsive = <0.5%

Commonly Asked Questions

- How common is it? 2.5%
- Any sex differences? No
- Age of onset? 20.2 years (males)
 - 1-14 years 22%
 - 15-24 years 42%
 - 25-34 years 21%
 - over 35 years 15%
 - over 50 years Rare

Commonly Asked Questions (continued)

- Course of OCD?
 - 84% continuous course with minor fluctuations.
 - 14% deteriorating course.
 - 2% episodic course.
- Stress play a role?
 - 50-60% report stressful trigger around onset.
 - Almost all report increase in symptoms during stress.

Associated Features

- Secondary depressed mood (85%).
 - Academic and occupational impairment.
 - Low self-esteem.
 - Social withdrawal.
 - Family discord.
 - Fear of embarrassment (hide symptoms).
 - Avoidance.
-

What is not OCD?

- Pathological gambling (impulse-control).
 - Kleptomania (impulse-control).
 - Substance abuse disorders.
 - Certain sexual behaviors.
 - Thoughts are not unwanted.
 - Derive pleasure from “compulsive” act.
 - Typically, only want to stop because of negative consequences of acts.
-

OCD-Spectrum Disorders (continued)

- Trichotillomania (impulse-control).
 - Recurrent pulling out of one's hair.
 - Pleasure, gratification, or relief when pulling.
 - May play with, chew on, or ingest.
 - May nail bite and skin pick.

- No obsessions nor rules that have to be applied rigidly.

OCD-Spectrum Disorders (continued)

- Body Dysmorphic Disorder (BDD; somatoform).
 - Preoccupation with an imaged or exaggerated defect in physical appearance (e.g., nose is too big).

Assessment

- Yale-Brown Obsessive-Compulsive Scale (Y-BOCS; Goodman et al., 1989).
 - 60 symptom checklist (past and current).
 - 10 item severity rating scale (0-4).
 - 5 questions regarding obsessions.
 - 5 questions regarding compulsions.
 - Mean score for OCD = 24.

Y-BOCS (continued)

- 0 - 7 = subclinical.
- 8 - 15 = mild.
- 16 - 23 = moderate.
- 24 - 31 = severe.
- 32 - 40 = extreme.

Does Genetics Play a Role?

- 20% of first-degree relatives will have OCD.
- Additional 15% will have “subclinical” symptoms.
- Does not appear to be learned (phenotypes different).

Serotonin Hypothesis

- Medications that reduce OCD symptoms increase available levels of serotonin.
- Diagram.

Effectiveness of Medications

Name	Dose	YBOCS	IY	IG
Anafranil	226	10.20	39%	60%
Prozac	60	6.53	27%	44%
Luvox	249	4.48	20%	43%
Zoloft	200	6.20	26%	44%
Paxil	7.27			
Total	7.51			
Behavior therapy	11.84			

Note: IY = Improvement on YBOCS; IG = Improvement Global.

Medication Strategy

- SSRI trial (50% or more improvement?).
- If not, another SSRI trial (50% or more improvement?).
- Anafranil.

Advantages to Medications

- Easy to do.
- Effective.
- Safe long-term.
- Accessible.

Disadvantages to Medications

- Potential side effects.
 - Anafranil (constipation, blurred vision, sedation, tremor).
 - Others (insomnia, agitation, nausea, sexual)
- Do not act quickly (2-6 weeks separate from placebo, usually need 12 week trial).
- Rarely eliminates symptoms (expect 50%).
- High relapse rates (80% in 7-12 weeks).
- Noncompliance.

Behavior Therapy (BT)

- Exposure and Ritual Prevention (ERP) is the key element.
 - Meyer (1966).
 - Based on the principle of habituation.
 - Habituation is the decrease in anxiety experienced with the passage of time.

BT (continued)

- Exposure is placing an individual in feared situations (targets the obsessions).
 - Needs to be prolonged enough to lead to within trial habituation (at least 50% reduction in anxiety).
 - Needs to be repetitive enough to lead to between trial habituation (until causes minimal to no anxiety).
 - Needs to be graduated (increases compliance).

Types of Exposure

- Imaginal exposure.
 - Conduct exposure in imagination.
 - Conduct exposure with taped scenarios.
- In vivo Exposure.
 - Real-life exposure.
 - Typically more effective.
- Imaginal important when in vivo dangerous, impractical, or anxiety unmanageable.

Types of Exposure (continued)

- Self-Exposure.
 - Conducted by patient alone.

- Therapist-Aided Exposure.
 - Both therapist and patient perform or while therapist is present.

BT (continued)

- Ritual Prevention is blocking the typical response or ritual before, during, and after exposure so habituation can take place (targets compulsions).
 - Replace the ritual with habituation as way of controlling anxiety.

Treatment Steps

- Assessment Phase.
 - Initial evaluation (1 hour).
 - Confirm diagnosis.
 - Identify problem areas (e.g., door knobs).
 - Assess for comorbid diagnoses.
 - Educate patient and family about OCD and treatment options.

Treatment Steps (continued)

- Detailed Assessment Phase (4-5 hours).
 - Y-BOCS checklist and severity rating scale.
 - Generate exposure exercises.
 - Patient rates each exercise on scale of 0-7 on perceived difficulty.
 - Create exposure hierarchy.
 - Decide how intensive the BT needs to be delivered.

Treatment Steps (continued)

- Treatment Phase (conducting the hierarchy).
 - Mild to moderate cases can be done in most cases in weekly outpatient setting (little need for therapist-aided exposure).
 - Moderate to severe cases typically need more intensive treatment (need more therapist-aided exposure).
 - Multiple visits per week, multiple hours per visit, for a 3-week period of time.

Cognitive Restructuring

- Used as an addition to ERP.
- Attempts to identify and correct “errors” in thinking.
 - Probability Overestimation Errors (e.g., contracting AIDS from not washing hands).
 - Catastrophizing Errors (e.g., checkout person not groomed well).

Effectiveness of ERP

- 97% of patients experience habituation with ERP.
- Foa (1996) meta-analysis of 12 studies with 330 patients.
 - 83% much or very much improved.
- Greist (1996) compared 18 studies with 294 patients.
 - Average decrease in YBOCS of 11.8 (SRI's=7.5).

Effectiveness of ERP (continued)

- Low relapse rates with ERP.
 - Foa (1996) 16 studies with 376 patients found 76% much or very much improved at follow-up (average 2.5 years).
- Some studies have found patients continue to improve after treatment.
- Many believe ERP is “first-line” treatment.

Effectiveness of PHP

- Admitting Y-BOCS 24.4
- Discharge Y-BOCS 12.6

- Admitting BDI-2 15.0
- Discharge BDI-2 8.2

Effectiveness of Residential

- Admitting Y-BOCS 30.0
- Discharge Y-BOCS 16.1

- Admitting BDI-2 22.2
- Discharge BDI-2 10.4

Advantages of ERP

- Effective and robust.
- “Only” side effect is increased anxiety during treatment (can manage by conducting graduated exposure).
- Quick improvements (many after first week of treatment).

Disadvantages of ERP

- Hard work.
 - Noncompliance.
 - Absence of ERP.
 - Quality of ERP when available.
-

How does ERP work if OCD is a Biological Problem?

- Serotonin levels altered by ERP alone.
- Glucose metabolism decreased in caudate nucleus with CBT (similar to Prozac).

Thank you

OCD Awareness Week is coordinated by the International OCD Foundation as a vehicle for support, advocacy and education to help end the stigma surrounding OCD and to encourage people who have OCD to find treatment.

Find out how you can get involved and help spread the word at **ocfoundation.org**

Rogers Memorial Hospital is a national leader in the treatment of OCD and other anxiety disorders in children, teens and adults.

800-767-4411 | rogershospital.org

