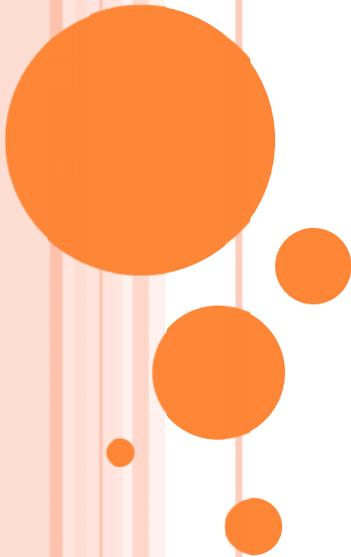


# **OBSESSIVE COMPULSIVE DISORDER (OCD)**

**CC 7 - PSYCHOPATHOLOGY  
MA – 2ND SEMESTER  
DEPARTMENT OF PSYCHOLOGY  
PATNA UNIVERSITY**

**DR. M H JAFRI  
ASSISTANT PROFESSOR**



# OBSESSIVE COMPULSIVE DISORDER (OCD)

- **Obsessive-compulsive disorder (OCD)** - characterized by persistent and uncontrollable thoughts or urges (obsessions) and by the need to repeat certain acts again and again (compulsions).
- **Obsession** – recurrent thought or urge that is unwanted but cannot be controlled
- common obsessions involve contamination, dirt or illness
- A **compulsion** is any purposeful, repetitive behavior or mental activity that is performed in a ritualistic or stereotypical way

# OCD

- Common compulsive behaviours include
  - Cleaning compulsion,
  - Checking compulsion,
  - Touching, verbal, and counting ,
  - Ordering/arranging behaviors etc.
- OCD is an anxiety disorder because the obsessions cause intense anxiety, while the compulsions are aimed at preventing or reducing anxiety

# OCD

- Based on DSM-IV -
  1. Predominantly obsessions: 30% of patients
  2. Predominantly compulsions: 21% of patients
  3. Mixed obsessions and compulsions: 49% of patients
- 1 and 2 % people throughout the world suffer from obsessive-compulsive disorder
- Women are more than men
- Onset is earlier for males than females

## DIAGNOSIS OF OCD- DSM-IV-TR

1. Recurrent obsessions and / or compulsions.
2. Recognition that the obsessions or compulsions are excessive or unreasonable.
3. Significant distress or impairment, or disruption by symptoms for more than one hour a day.

# ETIOLOGY – OCD

## 1. **Biological Factors -**

- dysfunction in levels of *serotonin*
- significantly higher levels of *arginine vasopressin* and *corticotropin* releasing hormone
- Abnormal Brain Structure and Functioning such as dysfunction in **orbitofrontal cortex** ( just above each eye) and the **caudate nuclei** (structures located within the brain region known as the *basal ganglia*).
- These regions are part of a brain circuit that converts sensory information into thoughts and actions

# ETIOLOGY\_ OCD

## 2. Cognitive Factors –

- OCD is (i.e., obsessions), distorted and maladaptive thought processes (cognitive).
- OCD patients expect that somehow undesirable things will happen and engage in behaviour (compulsion) to neutralize such distorted thoughts, which gets converted into OCD.

# ETIOLOGY\_ OCD

## 3. Behavioral Factors –

- Behavioral model consider compulsions to be *operantly conditioned responses*.
- compulsions are reinforced because they reduce anxiety
- For example, compulsive hand washing would provide immediate relief from the anxiety associated with obsessions about germs

# TREATMENT OF OCD

## 1. Psychological Treatment

- **Exposure and Response Prevention (ERP)** – pioneered by Victor Meyer (1966), widely used
  - In ERP, people expose themselves to situations that elicit the compulsive act and then refrain from performing the compulsive ritual
  - E.g. the person touches a dirty dish and then refrains from washing his or her hands

# TREATMENT \_OCD

## 2. Cognitive-behavioral treatments (CBT)

- Clients are taught to view their obsessive thoughts as inaccurate occurrences rather than as valid and dangerous cognitions for which they are responsible.
- As they become better able to identify and understand such thoughts—to recognize them for what they are—they also become less inclined to act on them,

# TREATMENT - OCD

## 2. Pharmacological approaches

- most commonly used for the treatment of anxiety disorders including OCD: **benzodiazepines** (e.g., Valium and Xanax) and **antidepressants**, including **tricyclic antidepressants** and **selective serotonin reuptake inhibitors (SSRIs)**.
- Studies have found that clomipramine (Anafranil), fluoxetine (Prozac), fluvoxamine (Luvox), and similar antidepressant drugs bring improvement to between 50 to 80 percent
- Drugs normalized various abnormalities in brain functions