

Obsessive-Compulsive and Related Disorders

Done by

Amr Shawar, Mohammad Horoub

Obsessive Compulsive Disorder (OCD)

- ▶ Obsessions: Recurrent, intrusive, anxiety-provoking thoughts, images, or urges that the patient attempts to suppress.(like he forgot the stove open)
- ▶ Compulsions: Repetitive behaviors or mental acts the patient feels driven to perform in response to an obsession the behaviors are excessive and are not realistically connected to what they are meant to prevent (so the patient check the stove 20 times before going to work for ex)



Obsessive Compulsive Disorder (OCD)

- ▶ Obsessions are thoughts , compulsions are behaviors aimed to relive these thoughts

Obsessive Compulsive Disorder (OCD)

- ▶ Patterns of Obsessions could be
- ▶ Contamination
- ▶ Doubt or harm
- ▶ Symmetry
- ▶ Intrusive thoughts

Obsessive Compulsive Disorder (OCD)

- ▶ Diagnosis
- ▶ The patient has Experienced obsessions and compulsions that are time-consuming or cause significant distress or dysfunction.
- ▶ Make sure that the symptoms are Not caused by the direct effects of a substance, another mental illness, or another medical condition

Obsessive Compulsive Disorder (OCD)

- ▶ Epidemiology
- ▶ Lifetime prevalence: 2-3%.
- ▶ No gender difference



Obsessive Compulsive Disorder (OCD)

- ▶ **Etiology**
- ▶ Significant genetic component: Higher rates of OCD in first-degree relatives and monozygotic twins than in the general population
- ▶ **Course**
- ▶ Chronic, with waxing and waning symptoms
- ▶ Less than 20% remission rate without treatment.
- ▶ Suicidal ideation in 50%, attempts in 25%
- ▶ High comorbidity with other psychological disorders

Obsessive Compulsive Disorder (OCD)

- ▶ Treatment
- ▶ combination of psychopharmacology and Cognitive behavioural therapy
- ▶ First-line medication is SSRIs typically at higher doses
- ▶ Second-line agents: SNRIs (e.g., venlafaxine) or the most serotonin selective TCA, clomipramine
- ▶ Can add atypical antipsychotics
- ▶ In treatment-resistant cases can use psychosurgery (cingulotomy) or (ECT).



Body Dysmorphic Disorder

Body Dysmorphic Disorder

- ▶ Patient that are preoccupied with nonexistent or minor physical defects that they regard as severe or ugly
- ▶ These individuals spend significant time trying to correct perceived flaws with makeup, dermatological procedures, or plastic surgery

Body Dysmorphic Disorder

- ▶ For diagnosis
- ▶ Preoccupation with perceived defects or flaws in physical appearance that are not observable by or appear slight to others.
- ▶ repetitive behaviors like skin picking or mental acts like comparing with others In response to the appearance concerns
- ▶ causes significant distress
- ▶ Cannot be accounted for other disease like eating disorders

Body Dysmorphic Disorder

- ▶ Epidemiology
- ▶ Mean age of onset: 15 years.
- ▶ slightly more common in women
- ▶ Higher prevalence in dermatologic and cosmetic surgery patients.
- ▶ Increased risk in first-degree relatives of patients with OCD

Body Dysmorphic Disorder



Body Dysmorphic Disorder

- ▶ Course and prognosis
- ▶ Begin in early adolescence , gradual and tend to be chronic
- ▶ Surgical or dermatological procedures don't satisfy the patient
- ▶ High rate of suicidal ideation and attempts
- ▶ Comorbidity with other psychological disorders depression, social anxiety disorder (social phobia), and OCD.

Body Dysmorphic Disorder

- ▶ Treatment
- ▶ SSRIs and/or CBT may reduce the obsessive and compulsive symptoms in many patients.

Hoarding Disorder





Hoarding Disorder

- ▶ is where someone acquires an excessive number of items and stores them in a chaotic manner, usually resulting in unmanageable amounts of clutter

Hoarding Disorder

- ▶ Diagnosis
- ▶ Persistent difficulty discarding items, regardless of value
- ▶ due to need to save the items and distress associated with discarding them
- ▶ Results in accumulation and clutter in living area
- ▶ It cause clinically significant distress or impairment in social, occupational, or other areas of functioning
- ▶ not attributable to another medical condition or another mental disorder.



Hoarding Disorder

- ▶ Epidemiology and etiology
- ▶ prevalence of significant hoarding is 2-6%
- ▶ three times more prevalent in older population
- ▶ Onset often preceded by stressful and traumatic events
- ▶ Fifty percent of individuals with hoarding have a relative who also hoards

Hoarding Disorder

- ▶ Course and Prognosis
- ▶ begins in early teens get worse with time and tend to be chronic
- ▶ Seventy-five percent of individuals have comorbid mood (MDD) or anxiety disorder (social anxiety disorder)
- ▶ Twenty percent of individuals have comorbid OCD

Hoarding Disorder

- ▶ Treatment
- ▶ Very difficult to treat
- ▶ Specialized CBT for hoarding
- ▶ SSRIs can be used.

Trichotillomania



Trichotillomania

- ▶ Hair-Pulling Disorder
- ▶ is when someone cannot resist the urge to pull out their hair



Trichotillomania

- ▶ Diagnosis
- ▶ Recurrent pulling out of hair, resulting in hair loss
- ▶ Repeated attempts to decrease or stop hair pulling
- ▶ Causes significant distress
- ▶ not due to another medical condition or psychiatric disorder.
- ▶ involves the scalp, eyebrows, or eyelashes. May include facial, axillary, and pubic hair

Trichotillomania

- ▶ Epidemiology and Etiology
- ▶ Lifetime prevalence: 1-2% of the adult population
- ▶ More common in women than in men (10:1 ratio)
- ▶ Onset usually at puberty. Frequently associated with a stressful event
- ▶ Etiology may involve biological, genetic, and environmental factors
- ▶ Increased incidence of comorbid OCD, major depressive disorder, and excoriation (skin-picking) disorder

Trichotillomania

- ▶ **Course**
- ▶ Course may be chronic with waxing and waning periods. Adult onset is generally more difficult to treat.
- ▶ **Treatment**
- ▶ Treatment includes SSRIs, second-generation antipsychotics, lithium, or N-acetylcysteine.
- ▶ Specialized types of cognitive-behavior therapy (e.g., habit reversal training)

excoriation (
Skin-Picking)
Disorder



Skin-Picking

- ▶ diagnosis
- ▶ recurrent picking of one's skin resulting in skin lesions
- ▶ Repeated attempts to decrease or stop skin picking
- ▶ Causes significant distress
- ▶ Skin picking is not due to a substance, another medical condition

Skin-Picking

- ▶ Epidemiology and Etiology
- ▶ Lifetime prevalence: 1.4% of the adult population
- ▶ More than 75% of cases are women.
- ▶ More common in individuals with OCD and first-degree family members



Skin-Picking

- ▶ Course
- ▶ Skin picking begins in adolescence.
- ▶ Course is chronic with waxing and waning periods if untreated.
- ▶ Comorbidity with OCD, trichotillomania, and MDD.

Skin-Picking

- ▶ Treatment
- ▶ Specialized types of cognitive-behavior therapy (habit reversal training)
- ▶ SSRIs have shown some benefit

Trauma and Stressor-Related Disorders

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the slide, creating a modern, layered effect. The text is positioned on the left side of the slide, set against a plain white background.

Post traumatic Stress Disorder (PTSD) and Acute Stress Disorder

- ▶ PTSD is the development of multiple symptoms after exposure to one or more traumatic events like:
- ▶ intrusive symptoms (e.g., nightmares, flashbacks)
- ▶ Avoidance
- ▶ negative alterations in thoughts and mood
- ▶ increased arousal.
- ▶ Symptoms last >1 month , at any time after the trauma



Post traumatic Stress Disorder (PTSD) and Acute Stress Disorder

- ▶ Acute Stress Disorder similar symptoms as PTSD but for a shorter duration
- ▶ Less than one month
- ▶ The onset of symptoms occurs within 1 month of the trauma



Post traumatic Stress Disorder (PTSD)

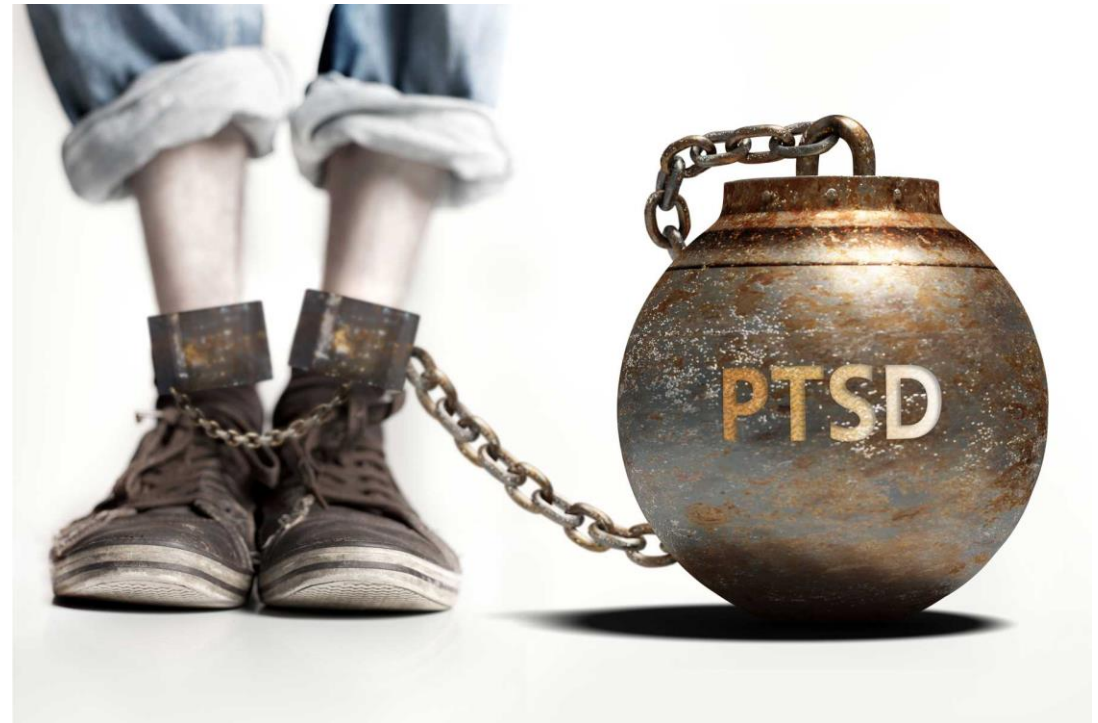
- ▶ Diagnosis
- ▶ The patient has to be exposed to actual or threatened death, serious injury, or sexual violence
- ▶ Recurrent intrusions of re-experiencing the event via memories, nightmares, or dissociative reactions like flashbacks
- ▶ intense distress at exposure to cues relating to the trauma
- ▶ physiological reactions to cues relating to the trauma.

Post traumatic Stress Disorder (PTSD)

- ▶ Active avoidance of triggering stimuli like memories, feelings, people, places, objects
- ▶ **two of the following negative cognitions/mood**
- ▶ dissociative amnesia
- ▶ negative feelings of self/others/world
- ▶ self-blame
- ▶ negative emotions like fear, horror, anger, guilt
- ▶ Anhedonia (**the inability to feel pleasure**)

Post traumatic Stress Disorder (PTSD)

- ▶ feelings of detachment/estrangement
- ▶ inability to experience positive emotions.



Post traumatic Stress Disorder (PTSD)

- ▶ two of the following symptoms of increased arousal
- ▶ Hypervigilance
- ▶ exaggerated startle response
- ▶ irritability/angry outbursts
- ▶ impaired concentration
- ▶ insomnia.

Post traumatic Stress Disorder (PTSD)

- ▶ not caused by a substance or another medical condition
- ▶ Symptoms result in significant impairment in social or occupational functioning.
- ▶ The presentation differs in children less than 7 years

Post traumatic Stress Disorder (PTSD)



- ▶ Epidemiology and Etiology
- ▶ Lifetime prevalence of PTSD: >8%.
- ▶ Higher prevalence in women due to greater risk of exposure to traumatic events
- ▶ Exposure to prior trauma, especially during childhood, is a risk factor for developing PTSD

Post traumatic Stress Disorder (PTSD)

- ▶ Course
- ▶ begins within 3 months after the trauma.
- ▶ Symptoms may manifest after a delayed expression.
- ▶ Fifty percent of patients recover within 3 months.
- ▶ Symptoms diminish with older age.
- ▶ Eighty percent of patients with PTSD have a comorbid mental disorder

Post traumatic Stress Disorder (PTSD) treatment

Pharmacological

- ▶ First-line antidepressants SSRIs or SNRIs
- ▶ Prazosin, α_1 -receptor antagonist, for nightmares and hypervigilance
- ▶ atypical (second-generation) antipsychotics in severe cases

Psychotherapy

- ▶ Specialized forms of CBT like exposure therapy, cognitive processing therapy
- ▶ Supportive and psychodynamic therapy.
- ▶ Couples/family therapy.

Adjustment Disorders



Adjustment Disorders

- ▶ an emotional or behavioral reaction to a stressful event or change in a person's life.
- ▶ Like divorce, death of a loved one, or loss of a job
- ▶ It differ from (ptsd) that its not life threatening

Adjustment Disorders

- ▶ Diagnosis
- ▶ Development of emotional or behavioral symptoms within 3 months in response to stressful life event causing distress and impairment in daily functioning
- ▶ symptoms are not those of normal bereavement
- ▶ Symptoms resolve within 6 months
- ▶ The stress-related disturbance does not meet criteria for another mental disorder.

Adjustment Disorders

- ▶ **Epidemiology**
- ▶ Five percent to twenty percent of patients in outpatient mental health clinics have an adjustment disorder.
- ▶ May occur at any age.
- ▶ **Etiology**
- ▶ Triggered by psychosocial factors.

Adjustment Disorders

- ▶ **Prognosis**
- ▶ May be chronic if the stressor is chronic or recurrent
- ▶ **Treatment**
- ▶ Supportive psychotherapy.
- ▶ Group therapy.
- ▶ pharmacotherapy can target associated symptoms (insomnia, anxiety, or depression).



Thank You!