1- Obsessive-compulsive disorder (OCD)

2- Trauma- and stressor-related disorders

OCD:

- characterized by persistent and recurring thoughts, urges, or images (obsessions) that lead to repetitive behaviors or mental acts (compulsions).

- Since obsessions are experienced as intrusive and involuntary as well as undesirable and unpleasurable, they generally cause anxiety or distress. While compulsive actions are generally not experienced as pleasurable, their performance may provide relief from the distress and anxiety caused by an obsession.

OCD epidemiology:

- Sex: females slightly more affected in adulthood, males slightly more affected in childhood.
- prev.: 2%

Etiology: multifactorial

- Genetics.
- neurobiologic (brain)
- serotonin imbalance.
- Psychological trauma.

Symptoms:

- **Ego-dystonic**: behavior or thought patterns that are inconsistent with or repulsive to one's sense of self
  - Lying to physician in order to get prescription for painkillers. (actions that simply don't fit with your values and beliefs.
- **Obsessions**: distressing thoughts, emotions, and/or sensations that are recurring.
- **Compulsions**: **repetitive actions** to provide **relief from anxiety** caused by obsessions.

Co-morbidities:

- Bipolar disorders
- Tic disorders
- Tourette syndrome (A neurobehavioral disorder characterized by both motor and vocal tics that manifests in childhood)

Diagnostic criteria (according to the DSM-5; Diagnostic and statistical manual of mental disorders, 5th edition)

- Obsessions and/or compulsions
  - **Obsessions** (e.g., thoughts about contamination, harm, or symmetry) defined by both:
    - Recurrent/persistent, intrusive (unwanted) thoughts, or urges that cause anxiety or distress
    - Attempts to suppress these thoughts or urges
  - **Compulsions** (e.g., repeatedly washing hands, opening and closing a door multiple times, or rearranging objects on a desk) defined by both:
    - Repetitive behaviors or mental exercises (e.g., counting, repeating words) that the individual feels compelled to perform in order to relieve anxiety brought upon by the obsessions.
    - These behaviors or mental actions may be performed in an attempt to prevent some perceived dreaded (fearful) event, though they tend to be excessive and not connected in any realistic way to the event.

Diagnostic criteria cont.

- **Time-consuming** (e.g., ≥ 1 hour/day), or result in **significant distress/impairment** (school, work)
- Not due to substance-use disorders or another medical condition
- Not due to another mental disorder (e.g., anxiety disorders, eating disorders)

treatment

- Cognative behavioral therapy.
- Antidepressants: TCA, SRI(venlafaxine).

Trauma- and stressor-related disorders

- a group of psychiatric disorders that arise following a stressful or traumatic event. They include acute stress disorder, post-traumatic stress disorder, and adjustment disorder. These three conditions often present similarly to other psychiatric disorders, such as depression and anxiety, although the presence of a trigger event is necessary to confirm a diagnosis.

1- Acute stress disorder (ASD)

- distressing symptoms related to the traumatic event that last between 3 days to 1 month following the exposure.

ASD epidemiology

- Occurs in ~ 50% of individuals experiencing interpersonal traumatic events (e.g., assault, rape)

ASD Risk factors

- Pre-existing mental disorder
- Poor social support

ASD Diagnostic criteria (according to DSM-5)

- 1- Exposure to **death** (actual or threatened), **injury**, or **sexual abuse** that occurs in ≥ 1 of the following:
- Direct experience of these events
- Witnessing these events
- Hearing about these events happening to close friends or family

CONT.

- At least 9 of the following 14 symptoms are present:
  - **Intrusion**
    - 1) Recurrent distressing memories
    - 2) Recurrent distressing dreams
    - 3) Flashbacks
    - 4) Severe psychological distress or physiological responses to internal or external cues related to the event
  - **Negative mood**
    - 5) Inability to feel positive emotions (e.g., happiness, satisfaction, or love)
  - **Dissociation**
    - 6) Altered sense of reality
    - 7) Loss of memory with regards to important details of the event
  - **Avoidance**
    - 8) Avoidance of memories, thoughts, or feelings related to the event
    - 9) Avoidance of external reminders (e.g., places, people, conversations, objects) related to the event
  - **Arousal**
    - 10) Sleep disturbance
    - 11) Irritable behavior
    - 12) Hypervigilance (highly sensitive to environmental stimulus)
    - 13) Poor concentration
    - 14) Heightened startle reflex

Cont.

- Duration: Symptoms last from **3 days** to **1 month** following the traumatic event.
- The affected individual has been experiencing significant distress or impaired social and/or occupational functioning since the traumatic event.
- Symptoms are not explained by substance misuse or another medical condition

treatment

- **Cognitive-behavioral therapy** is the first-line treatment.
- Pharmacotherapy is usually not indicated.
- Benzodiazepines can be administered to reduce agitation or sleep disturbance
- Note: Benzodiazepines should be used with caution because of the risk of comorbid substance-use disorders, especially among patients with active or previous alcohol or substance use disorder.

Post traumatic stress disorder (PTSD)

- distressing symptoms related to a specific traumatic event and lasting **> 1 month** following the event.

EPIDEMIOLOGY:

- Lifetime prevalence: 6–9%
- Sex: ♀ > ♂ (4:1)

Diagnostic criteria (according to DSM-5)

- Experience of a traumatic event involving death (actual or threatened), serious injury, or sexual violence that occurs in ≥ 1 of the following ways:
  - Direct experience of these events
  - Witnessing these events
  - Hearing about these events happening to close friends or family
  - Repeated exposure to unpleasant details of traumatic events occurring to others
- ≥ 1 of the following **intrusion symptoms** that begin after the traumatic event:
  - Intrusive thoughts: recollection of psychotraumatic events
  - Recurrent, distressing dreams
  - Flashbacks: Reexperiencing the traumatic event. Flashbacks can last from seconds to days.
  - Intense and persistent distress due to internal or external cues related to the traumatic event
  - Physiological reactions due to internal or external cues related to the traumatic event

CONT.

- **Avoidance** of triggering stimuli
- Inability to remember important details of the event
- Severe **negative thoughts** or expectations about oneself or the world
- **Distorted memories** of the cause and/or consequences of the event
- Constant negative emotions (e.g., fear, horror, distress, guilt)
- Reduced or absent interest in important life activities
- **Detachment** from others
- **Irritability** or angry outbursts
- **Heightened startle reflex**
- **Sleep disturbance** (e.g., nightmares, difficulty initiating or maintaining sleep)

CONT.

- Duration: Symptoms last > 1 month following the traumatic event.
- The affected individual has been experiencing significant distress or impaired social and/or occupational functioning since the traumatic event.

TREATMENT

- Psychotherapy: **first-line treatment;** with or without adjunctive pharmacotherapy [4]
  - **Trauma-focused cognitive-behavioral therapy**
    - Exposure therapy (e.g., showing war veterans images of war, returning to the scene of an accident)
    - Cognitive processing therapy
  - **Eye movement desensitization and reprocessing**: Under the guidance of a therapist, the patient recalls traumatic images while following the therapist's fingers with their eyes from left to right.
- Pharmacotherapy [5]
  - **SSRIs**, **SNRIs** (e.g., venlafaxine)
  - **Prazosin**: for nightmares
  - Consider atypical antipsychotics to augment SSRIs and SNRIs.
  - Benzodiazepines should generally be avoided due to the risk of drug misuse and lack of evidence supporting the benefits.
- **Prognosis**: Approx. 60% of patients receiving treatment have reported a full recovery within an average of 36 months

ADJUSMENT DISORDER

- a maladaptive emotional (e.g., anxiety) or behavioral (e.g., outburst) response to a stressor, lasting ≤ 6 months following resolution of the stressor

EPIDEMIOLOGY

- Occurs in ~ 5–20% of individuals undergoing outpatient mental health treatment
- Up to one-third of patients with a cancer diagnosis develop this disorder

Etiology

- a combination of intrinsic and extrinsic stressors (e.g., divorce, losing a job, academic failure, difficulties with a peer group, illness)

Diagnostic criteria (according to DSM-5)

- Emotions or behaviors in response to a stressor that occur within 3 months of onset
- Clinically significant responses that include ≥ 1 of the following:
  - A level of distress that is disproportionate to the expected response to the stressor
  - Impaired functioning in social, occupational, and/or other important areas
- Symptoms are not explained by another mental disorder.
- Symptoms are not explained by a normal response to grief.
- Symptoms last **≤ 6 months** following resolution of the stressor.

TREATMENT

- **Psychotherapy**
  - First-line treatment: **cognitive-behavioral therapy** or **psychodynamic psychotherapy**
  - May be provided as individual, family, or group support therapy
  - Interpersonal psychotherapy
- **Pharmacotherapy**
  - SSRIs: depressed mood
  - Benzodiazepines: anxiety or panic attacks

THANK YOU.

SOURCE OF INFORMATION: amboss.com