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# **Obsessive Compulsive and Related Disorders**

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# CONTENT

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- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (Hair Pulling) Disorder
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- Substance/Medication-Induced OC and Related Disorder
- OC and Related Disorder Due To Another Medical Condition
- Other Specified OC And Related Disorder
- Unspecified OC And Related Disorder



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# OBSESSIVE COMPULSIVE DISORDER AND RELATED DISORDERS

(OCD) is characterized by recurrent, persistent, unwanted, and intrusive thoughts, urges, or images (obsessions) and/or by repetitive behaviours or mental acts that patients feel driven to do (compulsions) to try to lessen or prevent the anxiety that obsessions cause.

## Diagnostic criteria

A) Presence of obsessions, compulsions or both

### Examples

- Washing (e.g. hand washing) Checking (e.g., that doors are locked)
- Counting
- Ordering





- B) The obsessions or compulsions are time-consuming
- C) The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance

### **Etiology**

- Compulsions are learned behaviours, which become repetitive and habitual when they are associated with relief from anxiety.
- OCD is due to genetic and hereditary factors.
- Chemical, structural and functional abnormalities in the brain are the cause.
- Distorted beliefs reinforce and maintain symptoms associated with OCD.

### **Treatment**

- Exposure and ritual prevention therapy
- SSRI or clomipramine

# BODY DISMORPHIC DISORDER

Body dysmorphic disorder is a mental health disorder in which you can't stop thinking about one or more perceived defects or flaws in your appearance — a flaw that appears minor or can't be seen by others.

- Strong belief that you have a defect in your appearance that

## **Diagnostic criteria**

- Being extremely preoccupied with a perceived flaw in appearance that to others can't be seen or appears minor makes you ugly or deformed
- Belief that others take special notice of your appearance in a negative way or mock you



## **Causes**

- BDD's cause is likely intricate, altogether biopsychosocial factors.
- genetic, physical (e.g. disabilities),
- developmental, psychological, social, and cultural.

## **Treatment**

Cognitive behavioural therapy focuses on:

- Helping you learn how negative thoughts and behaviours maintain problems over time.
- Challenging automatic negative thoughts about your body image and learning more-flexible ways of thinking.

## **Medication**

Selective serotonin reuptake inhibitors (SSRI).

Other medications in addition to an SSRI, depending on your symptoms.



# HOARDING DISORDER

Hoarding disorder is a persistent difficulty discarding or parting with possessions because of a perceived need to save them.



## Diagnostic criteria

- A. Excessively acquiring items that are not needed or for which there's no space
- B. Persistent difficulty throwing out or parting with your things, regardless of actual value
- C. Feeling a need to save these items, and being upset by the thought of discarding them

## **Causes**

The cause of hoarding disorder is unknown. Doctors have identified several risk factors associated with the condition.

They include:

- Having a relative with the disorder
- Brain injury that triggers the need to save things
- Traumatic life events
- Mental disorders such as depression or OCD

## **Treatment**

- (CBT) as a therapeutic intervention for compulsive hoarding.
- Medication
  - Serotonergic antidepressants such as SSRIs or the tricyclic antidepressant clomipramine although the presence of hoarding predicts relatively poor treatment response.

# TRICHOTILLOMANIA

(Hair pulling disorder)

Trichotillomania involves recurrent, irresistible urges to pull hair from the scalp, eyebrows, eyelids, and other areas of the body, despite repeated attempts to stop or decrease hair pulling.

## Diagnostic criteria

- Repeated attempts to decrease or stop hair pulling
- Hair pulling causes distress or impairment in social, occupational, or other areas of functioning
- An increasing feeling of tension before the hair pulling, or when trying to resist pulling
- A feeling of relief after pulling
- Noticeable hair loss



## **Causes**

The cause of trichotillomania is unclear. But like many complex disorders, trichotillomania probably results from a combination of genetic and environmental factors.

## **Treatment of Trichotillomania**

- Habit reversal
- Cognitive therapy
- Self-awareness training
- Relaxation training
- Deep breathing training
- Medication



## EXCORIATION (SKIN PICKING) DISORDER

It is characterized by repeated picking at one's own skin which results in skin lesions and causes significant disruption in one's life.

### Diagnostic criteria

- A. Recurrent skin picking that results in skin lesions
- B. Repeated attempts to stop the behavior
- C. The symptoms cause clinically significant distress or impairment



## **Etiology**

Skin picking disorder often develops in one of two ways:

- After some kind of rash, skin infection, or small injury. You may pick at the scab or rash, which causes more injury to the skin and keeps the wound from healing.
- More itching leads to more picking and more scabbing, and the cycle continues.
- During a time of stress.

## **Treatment**

Evidence suggests that both medication and cognitive- behavioral therapy (CBT) may effectively reduce symptoms of excoriation disorder.

## **SUBSTANCE/MEDICATION-INDUCED OBSESSIVE COMPULSIVE AND RELATED DISORDERS**

It occurs as a direct result of using drugs, such as prescribed medications, illicit substances, alcohol, or exposure to certain toxins.

### **Symptoms**

- A. Severe, intrusive obsessive thoughts or compulsive behaviors (i.e. obsessive checking, hand washing, skin picking)
- B. Symptoms begin within one month of drug or medication use, or upon withdrawal from a substance or medication known to cause OCD anxiety symptoms



## **Etiology**

This disorders can result from exposure to a variety of medications and substances including:

- Amphetamines (prescription) – often prescribed for ADHD or purchased and used illegally
- Antipsychotics (olanzapine) prescribed for schizophrenia
- Hypnotics (prescription), but sometimes used illicitly for recreation
- Sympathomimetic (i.e. epinephrine or norepinephrine) and other bronchodilators

## **Treatment**

- Treatment may include stopping prescription medications determined to cause the OCD and replacement with a different drug.
- Antidepressants commonly used in treating OCD and its related disorders.



# **OBSESSIVE COMPULSIVE AND RELATED DISORDERS DUE TO ANOTHER MEDICAL CONDITION**

## **Diagnostic criteria**

- A. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.
- B. The disturbance does not occur exclusively during the course of a delirium.

## **Causes**

Certain medical conditions can cause psychiatric symptoms. Therefore, a medical evaluation should be performed to rule out a medical condition that might be causing the psychiatric symptoms.

# Treatment

These treatments include:

- ☐ Medication therapy with selective serotonin uptake inhibitors (SSRIs).
- ☐ Cognitive behavioral therapy as both work to help people manage symptoms and compulsive urges.



## **OTHER SPECIFIED OBSESSIVE COMPULSIVE AND RELATED DISORDERS**

This category applies to presentations in which symptoms characteristic of an obsessive compulsive and related disorder that cause clinically significant distress or in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the obsessive-compulsive and related disorders diagnostic class.

### **Examples**

Examples of presentations that can be specified using the “other specified” designation include the following:

1. Body dysmorphic disorder-like disorder with actual flaws
2. Body dysmorphic disorder-like disorder without repetitive behaviors
3. Body-focused repetitive behavior disorder

1. Obsessional jealousy
2. Shubo-kyofu
3. Koro
4. Jikoshu-kyofu

## **UNSPECIFIED OBSESSIVE COMPULSIVE AND RELATED DISORDERS**

The unspecified obsessive-compulsive and related disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific obsessive-compulsive and related disorder, and includes present citations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).





Thank  
You

**ANY QUESTIONS?**