

Islamia University of Bahawalpur



Department of Applied Psychology

**Assignment
on
Obsessive-Compulsive and Related Disorders**

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Psychopathology

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Obsessive-Compulsive disorder

Obsessive-compulsive disorder (OCD) features a pattern of intrusive thoughts and worries (obsessions) that contribute to repeated (compulsive) behaviours. Such obsessions and compulsions interfere with day-to-day life and cause great distress.

Diagnostic Criteria:

A. Presence of obsessions, compulsions, or both:

Symptoms of Obsession:

OCD obsessions are repeated, persistent and unwanted thoughts, urges or images that are intrusive and cause distress or anxiety.

For example:

- Fear of dirt.
- Unwanted thoughts including aggression, or sexual or religious subjects.

Symptoms of Compulsive:

OCD compulsions are repetitive behaviours that you feel driven to perform. These repetitive behaviours or mental acts are meant to reduce anxiety related to your obsessions or prevent something bad from happening.

For example:

- Washing and cleaning
- Checking
- Orderliness

B. The obsessions or compulsions are time-consuming (e.g., take more than one hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. Differential diagnosis:

The disturbance is not better explained by the symptoms of another mental disorder (e.g. excessive worries, as in excoriation, hair pulling, ritualized eating behaviour, as in autism spectrum disorder).

Etiology of OCD:

Causes are not fully understandable. Regarding the cause of the obsessive-compulsive disorder main theories are as follow:

- **Biology:** OCD can be a consequence of changes in the natural chemistry or brain functions of the body itself.
- **Genetics:** OCD may have a genetic component but it has yet to recognize particular genes.
- **Learning:** You may develop irrational thoughts and compulsive behaviours by observing or slowly studying family members.

Intervention of OCD:

Treatment of obsessive-compulsive disorder does not result in a cure, but it can help regulate the symptoms so they do not dominate your everyday life. Many people may require long-term, ongoing, or more intensive care, depending on the severity of OCD.

Psychotherapy and medication are the two main therapies for OCD. Often treatment with a combination of these is the most effective.

1. Psychotherapy:

Cognitive behavioural therapy (CBT), a type of psychotherapy, is effective for many people with OCD. Exposure and response prevention (ERP), a component of CBT therapy, involves gradually exposing you to a feared object or obsession, such as dirt.

2. Medication:

Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first.

Body Dysmorphic Disorder

Body dysmorphic disorder Is a mental health condition where you cannot avoid worrying about one or more perceived faults or flaws in your appearance— a fault that appears to be insignificant or almost difficult to see. Yet you can feel so humiliated, insecure and nervous that many social interactions can be avoided.

Diagnostic Criteria:

- A.** Being extremely preoccupied with a perceived flaw in appearance that to others can't be seen or appears minor.
- B.** The preoccupation causes clinically significant distress or impairment in social, occupational, or other important area of functioning.
- C.** Diagnostic criteria is better explained if specify with:
 - a. With muscle dysmorphia:**
The individual is preoccupied with the idea that his or her body build is too small or insufficiently muscular.
 - b. With good or fair insight:**
The individual recognizes that the body dysmorphic disorder beliefs are definitely or probably not true or that they may or may not be true.
 - c. With absent insight/delusional beliefs:**
The individually completely convinced that the body dysmorphic disorder beliefs are true.

Etiology:

Like many other mental health disorders, body dysmorphic disorder can result from a variety of issues, such as the disorder's family history, brain anomalies, and negative body or self-image perceptions or experiences.

Most factors tend to raise the chance of developing or causing dysmorphic disorder in the body, including:

- having blood relatives with body dysmorphic disorder or obsessive-compulsive disorder.
- Adverse life experiences, such as childhood bullying, neglect or abuse.
- Certain personality characteristics, such as perfectionism Social pressure or appearance expectations.

Intervention:

Treatment for body dysmorphic disorder often includes a combination of cognitive behavioural therapy and medications.

1. Cognitive behavioural therapy:

Cognitive behavioural therapy for body dysmorphic disorder focuses on:

- Helping you understand how negative emotions, emotional responses and attitudes perpetuate issues over time.

- Challenging repetitive negative thoughts about your body image and finding more adaptive ways of thinking.

2. Medications:

SSRIs (Selective serotonin reuptake inhibitors) appear to be more effective for body dysmorphic disorder than other antidepressants and may help control your negative thoughts and repetitive behaviours.

Hoarding Disorder

Hoarding disorder is a persistent problem in discarding or separating from objects due to a perceived desire to save them. An individual with a hoarding condition is experiencing anxiety when thinking about getting rid of the objects. Excessive accumulation of objects happens, irrespective of the actual value.

Diagnostic Criteria:

- A.** The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including a safe environment for self and other).
- B.** The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-will syndrome).
- C.** The hoarding is not better explained by the symptoms of another mental (e.g., obsession in obsessive-compulsive disorder, delusions in schizophrenia or another psychotic disorder, restricted interests in autism spectrum disorder).

Etiology:

- 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 event
- Mental disorders such as depression or obsessive-compulsive disorder
- Uncontrollable buying habits

Intervention:

The main treatment for hoarding disorder is cognitive behavioural therapy. Medications may be added, particularly if you also have anxiety or depression.

Trichotillomania (Hair-pulling disorder)

Trichotillomania also called hair-pulling disorder is a mental disorder that involves recurrent, irresistible urges to pull out hair from your scalp, eyebrows or other areas of your body, despite trying to stop.

Diagnostic Criteria:

- A.** Repeated attempts to decrease or stop hair pulling.
- B.** The hair pulling causes clinically significant distress or impairment in social occupational or other important areas of functioning.
- C.** The hair pulling or hair loss is not attributable to another medical condition (e.g., dermatological condition).
- D.** The hair pulling is not better explained by the symptoms of another mental disorder (e.g., attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder).

Etiology:

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

Intervention:

Some treatment options have helped many people reduce their hair pulling or stop entirely.

1. Therapy
 - i. Habit reversal training
 - ii. Cognitive therapy
 - iii. Acceptance and commitment therapy
2. Medication

Excoriation (Skin-Picking) Disorder

Many people pick at their skin occasionally, but sometimes it crosses the line into a condition called skin-picking disorder (excoriation).

Some people with this disorder repeatedly scratch to try to remove what they see as some kind of imperfection in their skin.

Diagnostic Criteria:

- A.** Recurrent skin-picking result in skin lesions.

- B.** The skin picking is not attributable to psychological effects of a substance (e.g., cocaine) or another mental condition (e.g., scabies).
- C.** The skin picking is not better explained by the symptoms of another mental disorder (e.g., delusions or tactile hallucinations in psychotic disorder, attempts to improve a perceived defect or flaw in appearance in body dysmorphic disorder or intention to harm oneself).

Etiology:

- The exact cause of skin picking disorder remains unknown. That said, it may develop alongside other health conditions, such as obsessive-compulsive disorder (OCD), attention deficit hyperactivity disorder (ADHD), or autism.

Intervention:

Excoriation (skin-picking) disorder is treated with a variety of psychotropic medications. Attempts to treat it with a variety of psychotropic medication classes include antipsychotic agents, antianxiety agents, antidepressant agents, topical cortisone agents, and antiepileptic agents.

Substance/Medication-Induced Obsessive-Compulsive and Related Disorder

The essential features of substance/medication-induced obsessive-compulsive and related disorder are prominent symptoms of an obsessive-compulsive and related disorder that are judged to be attributed to the effect of a substance e.g. drug of abuse, medication.

Diagnostic Criteria:

- A.** The disturbance is not better explained by an obsessive-compulsive and related disorder that is not substance/medication-induced. Such evidence of an independent obsessive compulsive and related disorder could induce the following:
 - The symptoms precedes the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication.
- B.** The disturbance does not occur exclusively during the course of a delirium.

- C. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Etiology:

As with other mental health conditions, a number of factors that contribute to substance/medication-induced obsessive-compulsive disorder development. The main factors for this are:

- **Environment:** External factors, including the values and attitudes of your family and access to a peer group, which promotes substance use, tend to play a role in the initial use of substance such as in drugs addiction.
- **Genetics:** Once you have developed substance/medication-induced OCD such as in using a drug, the development into addiction may be influenced by inherited (genetic) traits, which may delay or speed up the disease progression.

Intervention:

While there is no remedy for substance/medication-induced OCD and related disorders, the recovery services listed below will help you resolve such disorders. Your care will focus on the medication you are taking and any related medical or mental health problems you might have. Long-term follow-up to avoid a relapse is critical.

1. Behavioural therapy
2. Self-help group

Obsessive-compulsive and Related Disorder Due to Another Medical Condition

Obsessions, compulsion, preoccupations with appearance, hoarding, skin picking, hair pulling, other body focused repetitive behaviours, or other symptoms characteristics of obsessive-compulsive and related disorder predominate in the clinical picture.

Diagnostic Criteria:

- A.** The disturbance is not better explained by another medical disorder.
- B.** The disturbance does not occur exclusively during the course of a delirium.
- C.** The disturbance cause clinically significant distress or impairment in social, occupational, or other important areas of functioning:

Specify if:

With obsessive-compulsive disorder-like symptoms

With appearance preoccupations

With hoarding symptoms

With hair pulling symptoms

With skin picking symptoms

Etiology:

This reaction may, for some reason, trigger the intrusive thoughts, rituals and emotional distress characteristic of OCD. Other mental health disorders. OCD may be related to other mental health disorders, such as anxiety disorders, depression, substance abuse or tic disorders.

Intervention:

1. Exposure and Response Prevention (ERP) Therapy for Obsessive-Compulsive and Related Disorders.
2. Cognitive Therapy for Obsessive-Compulsive and Related Disorders.

Other Specified Obsessive-Compulsive and Related Disorder

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

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 behaviours
3. Body-focused repetitive behaviour disorder
4. Obsessional jealousy
5. Shubo-kyofu
6. Koro
7. Jikoshu-kyofu

Unspecified Obsessive-Compulsive and Related Disorder:

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

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