



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

**IN THE NAME OF ALLAH, MOST GARCIOUS, THE MERCIFUL**

Islamia University of Bahawalpur



Department of Applied Psychology

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


**Course title:**  
Psychopathology

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# Index

- 
- Obsessive-Compulsive Disorder
  - Body-Dysmorphic Disorder
  - Hoarding Disorder
  - Trichotillomania (hair pulling) Disorder
  - Excoriation (skin-picking) Disorder
  - Substance/Medication-Induced Obsessive-Compulsive and Related Disorder
  - Obsessive-Compulsive and related Disorder Due to Another Medical Condition
  - Other Specified Obsessive-Compulsive and Related Disorder
  - Unspecified Obsessive-Compulsive and Related Disorder

# 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. 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.
- B. 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:

OCD can be consequences of changes in the natural chemistry of brain or may be due to learning compulsive behaviours by observing others.

## Intervention:

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

# 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.

## 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.

## Intervention:

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

# 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.

## Etiology:

The cause of hoarding disorder is unknown. Doctors have identified several risk factors associated with the condition like brain injury that triggers the need to save things.

## 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.

## Etiology:

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

## Intervention:

Therapy and Medication treatment options have helped many people reduce their hair pulling or stop entirely.

# 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).

## 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

## 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.

## 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 and Genetics.

## 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.

## 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.