Pediatric Mental Health Care Access Grant

Obsessive-Compulsive Disorder:

Conceptualizing Crippling Obsessive Thinking Patterns and the Need for Control

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OBJECTIVES

1. Outline the signs and symptoms of Obsessive-Compulsive Disorder (OCD)
2. Identify comorbidities and consequences
3. Discuss the main treatment approaches used for children and adolescents with OCD

OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

- Obsessive-Compulsive Disorder (OCD)
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania (Hair-Pulling Disorder)
- Excoriation (Skin-Picking) Disorder
- Substance/Medication-Induced Obsessive-Compulsive Related Disorder
- Obsessive-Compulsive and Related Disorder Due to Medical Condition
- Other Specified Obsessive-Compulsive and Related Disorder
- Unspecified Obsessive-Compulsive and Related Disorder

OBSESSIVE-COMPULSIVE DISORDER

DSM-5 DIAGNOSTIC CRITERIA

DSM-5 Diagnostic Criteria for Obsessive Compulsive Disorder

(A) Presence of obsessions and/or compulsions

OBSESSIONS are defined as:

(1) Recurrent and persistent thoughts, urges, or images that are experienced, at sometime during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety and/or distress.

(2) The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).

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COMPULSIONS are defined as:

(1) Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.

(2) The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent and are clearly excessive.

DSM-5 DIAGNOSTIC CRITERIA

DSM-5 Diagnostic Criteria for Obsessive Compulsive Disorder

(B) The obsessions or compulsions are time-consuming (e.g., take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

(C) The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition.

(D) The disturbance is not better explained by the symptoms of another mental disorder.

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

- Defined by the need for rigid control and excessive perfectionism
- NOT Obsessive-Compulsive Disorder
  - NOT clinically impairing to activities of daily living
  - NO recurrent intrusive thoughts, images, and/or urges
  - NO repetitive time-consuming behaviors to reduce anxiety related to these thoughts, images, or urges

REVIEW

- Obsessive-Compulsive Disorder (OCD) is characterized by an individual being consumed by chronic obsessions and/or time-consuming compulsions severe enough to cause impairment in daily functioning
  - Obsessions: persistent and intrusive thoughts, urges, and/or images
    - Dirt and germs
    - Violation of religious or moral rules
    - Harm to self or others
    - Body concerns
    - Sexual obsessions
    - Specific colors, words, and/or numbers

REVIEW

- Obsessive-Compulsive Disorder (OCD) is characterized by an individual being consumed by chronic obsessions and/or time-consuming compulsions severe enough to cause impairment in daily functioning
  - Compulsions: Uncommon repetitive behaviors and/or mental acts (not done for pleasure) which may relieve anxiety
    - Rituals that may or may not be purposeful
    - Hand-washing
    - Cleaning
    - Counting, checking, and ordering possessions (need for symmetry)
    - Repetitively seeking reassurance
    - Hoarding

COMORBIDITIES/OUTCOMES

- Most common comorbidities include:
  - Other anxiety disorders
  - Mood/depressive disorders
  - Tic Disorders
  - Disruptive behavior disorders
  - Pervasive Developmental Disorders (i.e., Autism Spectrum Disorder)
- Children with OCD who have perfectionistic tendencies have an increased likelihood of:
  - Interpersonal relationship difficulties
  - Academic difficulties
  - Attention difficulties

PREVALENCE/ONSET/COURSE

- The experience of OCD is pervasive across cultures
- Rare in children and adolescents
  - Prevalence in children and adolescents ranges from 1-4%
- Mean age of onset is 19.5 years old
- Males have an earlier age of onset
- Onset of symptoms is usually gradual but can be sudden
- OCD is largely considered a chronic condition

RISK AND PROGNOSTIC FACTORS

- Temperamental
  - Greater internalizing symptoms
  - Greater prevalence of negative emotions
  - Behavioral inhibition
- Environmental
  - Abuse/neglect
  - Stressful/traumatic events

RISK AND PROGNOSTIC FACTORS

- Genetic Risk
  - Rate is ten times as likely for children with first-degree relatives with OCD
- Suicide Risk
  - Suicidal thoughts occur in approximately ½ of individuals with OCD
  - Suicide attempts are reported to occur in ¼ of individuals with OCD

RISK AND PROGNOSTIC FACTORS

- Children with severe anxiety disorders such as OCD display a number of associated characteristics
  - Physical concerns and symptoms
  - Cognitive disturbances and consequences
  - Social deficits and consequences

PHYSICAL CONCERNS & SYMPTOMS

- Somatic complaints
  - Stomachaches and/or headaches may be more common
  - HPA Axis – Cortisol
  - Marked anxiety could lead to panic attacks
  - Escape/Avoidance
- Sleep-related problems
  - Nocturnal worry, obsessive thinking, panic

COGNITIVE DISTURBANCES AND CONSEQUENCES

- Achieving activities of daily living
  - Difficulty completing work in a timely manner
  - Despite average intelligence, deficits may be seen in attention and memory leading to poorer achievement and ability to complete activities of daily living
  - School failure and dropping out of school prematurely

SOCIAL DEFICITS AND CONSEQUENCES

- Avoidance of relationships
- Relationship stress
- Few significant relationships outside of the family
  - Lack of autonomy/independence
  - Could result in reliance on family support later in life

TREATMENT

- Treatment is directed at:
  - Increasing insight (based on developmental level)
  - Modifying distorted information processing (obsessions)
  - Modifying reactions to distorted thinking (compulsions)

TREATMENT

- Outpatient Therapy
  - Gold standard is Cognitive Behavioral therapy
    - Based on developmental level
  - Exposure and Response Prevention
    - Systematic Desensitization (in-clinic and potentially outside of clinic)
  - Family involvement to help with generalization to other environments
    - Addressing children's anxiety disorders in a family context may result in more dramatic and lasting effects
    - Provides education about the disorder
    - Helps families cope with their feelings

TREATMENT

- Intensive inpatient hospitalization
  - Allows for children to be monitored more closely
  - Allows for more frequent and intense therapy strategies
  - Based on the intensity of the impairment that obsessions and compulsions are creating
- Intensive outpatient following inpatient
  - Gradually stepping down intensity
- Medications can reduce symptoms of OCD
  - Medications are most effective when combined with therapy

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