

Obsessive/Compulsive Disorder

An Overview of the Diagnosis, Symptoms,
Assessment and Treatment in Behavioral Health

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Case of M

- M presents for evaluation of anger, sadness and “out of control” episodes at home, school and in the community over the last month.
- He has always been shy and reserved though good natured, pleasant and friendly in his interactions with others until recently.
- His mother is on Xanax for situational anxiety. His uncle has anxiety attacks and rarely leaves home. His grandmother has difficulties with hoarding.

Case of M

- His sister just had her tonsils and adenoids removed.
- He has been healthy other than “typical childhood illnesses.”
- He has average to above average grades in school with traditionally getting along with peers and teachers. His grades have dropped dramatically over the last month as well as worsening of his handwriting and ability to remain seated in school.
- He is best behaved and calmest when attending church.

Definition of OCD

- DSM-5 Diagnostic Criteria
 - Presence of obsessions, compulsions, or both.
 - The obsessions or compulsions are time-consuming (take more than one hour per day) or cause clinically significant distress or impairment in social, occupational or other important area of functioning.
 - The obsessive-compulsive symptoms are not attributable to the physiological effects of a substance or another medical condition.
 - The disturbance is not better explained by the symptoms of another mental disorder.

Obsessions

- Recurrent and persistent thoughts, urges or images that are experienced as intrusive and unwanted and that in most individuals would cause marked anxiety or distress.
- The individual attempts to ignore or suppress such thoughts, urges or images or to neutralize them with some other thought or action (by performing a compulsion).

Compulsions

- Repetitive behaviors or mental acts that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
- 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, or are clearly excessive.

Compulsions in Young Children

- Young children may not be able to articulate the aims of these behaviors or mental acts.

Feelings of anger, frustration, fearfulness, dread, agitation and aggression may be the means of expression.

Actions of destructiveness and hyperactivity may also be the means of of expression.

OCD is a Spectrum Illness

- OCD symptoms can overlap with symptoms of other illnesses.
- Related Disorders in DSM-5 – grouped together.
 - Body Dysmorphic Disorder
 - Hoarding Disorder
 - Trichotillomania (Hair-Pulling) Disorder
 - Excoriation (Skin-Picking) Disorder

Common Obsessions

- Contamination
- Fear of causing harm to self or others.
- Intrusive sexual or violent thoughts or images.
- Excessive focus on religious or moral ideas.
- Perfectionism – fear of making a mistake, losing something, etc.

Common Compulsions

Behaviors

Hand washing

Ordering

Checking

Mental Acts

Praying

Counting

Repeating Words Silently

Undoing an Act

Data

- 12-month prevalence is 1.2% in the U.S.
- Females are affected slightly more than males in adulthood.
- Males are more commonly affected in childhood.
- Mean age of onset is 19.5 years.
 - 25% of cases start by age 14 .
 - 25% of males have onset before age 10.
 - 40% of individuals with onset of OCD in childhood or adolescence may experience remission in adulthood.

Differential Diagnosis

- Anxiety disorders.
- Major depressive disorder.
- Eating disorders.
- Tics and stereotyped movements.
- Psychotic disorders – delusional disorder, schizophrenia.
- Obsessive-Compulsive personality disorder

OCD and PANDAS/PANS

- Acute onset of severe OCD symptoms in PANDAS/PANS versus gradual onset with standard OCD.
- Post-Step Infection.
- Autoimmune response in the brain.

Other Psychiatric Illnesses Associated with PANDAS/PANS

- Attention Deficit Hyperactivity Disorder
- Anorexia Nervosa
- Anxiety Disorders
 - Separation Anxiety Disorder
 - Generalized Anxiety Disorder
 - Panic Disorder with or without agoraphobia

Treatment of OCD and PANDAS/PANS

- Antibiotics, Steroids, NSAIDS, Plasmapheresis and IVIG.
- Cognitive Behavioral Therapy (CBT)
- Psychiatric Medications

CBT and PANDAS/PANS

- Utilizes standardized manuals using Exposure Response Prevention for treatment of OCD.
- Acute response/benefit.
- Remission.
- Small research evidence supporting effectiveness – Storch, 2006.

Psychiatric Medications with PANDAS/PANS

■ SSRI'S

- Sertraline, Fluvoxamine, Fluoxetine, Paroxetine, Citalopram and Escitalopram
- Clomipramine – tricyclic SSRI is gold standard for OCD medications.
- Start low, go slow and be vigilant for negative effects.

Psychiatric Medications with PANDAS/PANS

- Antipsychotics/Neuroleptics
 - Risperidone, Olanzapine, Quetiapine, Ziprasidone and Aripiprazole – atypicals.
 - Haloperidol and Pimozide – typicals.
 - Start low, go slow and be vigilant for negative effects.

Psychiatric Medications with PANDAS/PANS

- Treat symptoms with medications used to treat these symptoms in other Disorders for example stimulant medication when inattention symptoms are prominent.
- An N = 1 perspective in treating patients with illnesses that have limited research data available to guide us. Collect data (e.g. CYBOS rating scale) to assess response, negative effects and guide treatment of future patients.

Contact Information

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