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A Different Approach to Obsessive Compulsive Disorder

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Abstract

Obsessive-compulsive disorder (OCD) is a very common and chronic condition that is significantly associated with global disability. OCD is the key example of 'obsessive-compulsive and related disorders', a group of conditions currently classified with the Diagnostic and Statistical Manual of Mental Disorders. It is often underdiagnosed and undertreated. OCD is also an important example of a neuropsychiatric disorder where rigorous research into phenomenology, psychobiology, pharmacotherapy, and psychotherapy has contributed to better recognition, assessment, and outcomes. Although OCD is a relatively homogeneous disorder with similar symptom dimensions globally, individualized assessment of symptoms, degree of insight, and extent of comorbidity are required. Various neurobiological mechanisms underlying OCD have been identified, including the specific brain circuits that support OCD. Additionally, laboratory models have shown how cellular and molecular dysfunction promotes repetitive stereotypes, and the genetic architecture of OCD is increasingly understood. Effective treatments for OCD include serotonin reuptake inhibitors and cognitive-behavioral therapy, and neurosurgery for those with persistent symptoms. The integration of global mental health and translational neuroscience approaches can further advance knowledge about OCD and improve clinical outcomes. Common obsessions and compulsions in OCD patients include concerns about contamination with washing or cleaning, concerns about harming self or others with control, intrusive aggressive or sexual thoughts with mental rituals, and concerns about symmetry with ordering or counting. Not throwing things away is characteristic of hoarding disorder, but hoarding to prevent harm, for example, can also be seen in OCD. These symptom dimensions have been observed worldwide, showing that in some ways OCD is an apparently homogeneous disorder. However, OCD may

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present with less common symptoms such as fussiness, obsessive jealousy, and musical obsessions. Avoidance is another key feature of OCD; individuals may restrict a range of activities to avoid triggering obsessions.

Keywords: *OCD, Obsessive Compulsive Disorder, OCD Patients, Obsessions*

1. Introduction

Although there is substantial overlap between OCD and other OCRDs, including cross-cutting comorbidities and family history, there are also important differences in their biology, assessment, and management. This Primer discusses the epidemiology and assessment, pathogenesis and underlying mechanisms of OCD, and its clinical management. Additionally, this Primer discusses OCD-related quality of life (QOL) issues and important research questions.

OCD was initially believed to be quite rare. However, the first rigorous population studies using operational criteria for diagnosing mental disorders have shown OCD to be one of the most common mental disorders, and OCD is estimated to be a significant contributor to the global burden of disease. More recent nationally representative studies have confirmed that the lifetime prevalence of OCD is 2-3% and is associated with significant comorbidity and morbidity, although figures vary between regions. Few sociodemographic associations of OCD or its symptomatology have been demonstrated in epidemiological studies. While OCD is more common in women than men in the general population, the ratio of women to men in clinical samples is generally quite equal. Similarly, OCD is found in low-income, middle-income, and high-income countries as well as in individuals of socioeconomic classes.

OCD typically begins early in life and has a long duration. In the National Comorbidity Study Recurrence (NCS-R) study, about a quarter of men had it started before age 10. OCD usually occurs during adolescence in women, although it can occur in some women during the peripartum or postpartum period. Consistent with the age of early onset, age is the strongest sociodemographic predictor of lifetime OCD, with the highest probability of onset in individuals aged 18-2914. However, several onsets occur in people older than 30 years of age. Longitudinal clinical and

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community studies have shown that OCD symptoms can persist for decades, although remission can occur in a significant number of individuals.

2. Clinical and Community Studies

Clinical features of OCD are similar in patients in clinical and community studies. A number of studies in clinical settings found that obsessions and compulsions fell into few symptom dimensions, including concerns about contamination (with subsequent cleaning), concerns about harm (by next check), and concerns about symmetry (with next order). Similar symptom profiles in OCD have been observed in population surveys in different countries. While social and cultural factors can certainly influence the expression and experience of obsessive -compulsive symptoms (for example, concerns about contamination may focus on syphilis in one region and HIV in another), there is also a significant worldwide uniformity of OCD symptoms.

3. Comorbidity and Morbidity

OCD is characterized by significant comorbidity. In the NCS-R, 90% of participants with lifetime OCD (based on DSM-IV criteria) met the DSM-IV diagnostic criteria for another lifetime disorder; The most common of these disorders are anxiety disorders, mood disorders, impulse control disorders, and substance use disorders. Tic disorders and other OCDs also often co-occur with OCD. While OCD started after the accompanying anxiety disorders in 79.2% of cases, the probability of OCD to start before or after a mood disorder was approximately equal, and impulse-control and substance use were observed in 92.8% and 58.9% of cases, respectively. It started after the breakdown. In addition, some evidence points to an increased comorbidity of general medical disorders in individuals with OCD19.

4. What is OCD?

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Obsessive-compulsive disorder (OCD) is a mental health condition that includes distressing, intrusive, obsessive thoughts and repetitive, compulsive physical or mental actions. About 2% of the population has OCD. About half the time, symptoms appear during childhood or adolescence, and this rarely happens after age 40. OCD is an anxiety disorder and one of several conditions involving obsessive thoughts and compulsive behaviors. Having OCD can significantly affect a person's quality of life and well-being.

OCD is a mental health condition that includes an obsession or compulsion, distracting actions, and repetitive thoughts. It may be difficult for a person with OCD to carry out routine tasks.

- *have thoughts, images, or impulses that they feel they cannot control*
- *not wanting to have these intrusive thoughts and feelings*
- *He experiences a significant amount of discomfort, possibly involving fear, disgust, doubt, or a belief that things should be done a certain way.*
- *these obsessions and engaging in compulsions that interfere with personal, social, and professional activities*

What is obsessive compulsive personality disorder?

OCD can affect different people in different ways. It may include:

Worry about control

OCD may feel the need to check repeatedly for problems. This may include:

- *for example , controlling taps, alarms, door locks, home lights and appliances to prevent leaks, damage or fire*
- *checking their bodies for signs of illness*
- *verify the authenticity of memories*

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- *Repeatedly checking communications, such as emails, for fear of making a mistake or offending the recipient*
- *contamination fears*
- *OCD feel the constant, overwhelming need to bathe. They may fear that the objects they touch are contaminated.*
- *excessive brushing or hand washing*
- *repeatedly cleaning the bathroom , kitchen and other rooms*
- *avoiding crowds for fear of getting infected*
- *Some people experience a feeling of pollution when they feel that someone is mistreating or criticizing them. They can try to get rid of this feeling by washing.*
- *stacking*
- *This includes a person who feels unable to throw away their used or useless items.*
- *intrusive thoughts*
- *This includes the feeling of not being able to block repetitive unwanted thoughts. These may include violence, including suicide or harming others .*

Thoughts can cause intense distress, but the person is unlikely to act in a way that reflects this violence. A person with this type of OCD may fear they are a pedophile even if there is no evidence to support this.

5. Symmetry and Regularity

this type of OCD may feel the need to arrange objects in a certain order to avoid discomfort or harm. For example, they may repeatedly arrange books on a shelf.

6. Symptoms

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OCD includes obsessions , compulsions, or both. These can cause distress and interfere with a person's ability to perform routine activities. While everyone can worry, anxiety and anxiety can take over in people with OCD , making it difficult to carry out daily tasks.

Common themes of this concern are:

- *Contamination with body fluids, microbes, dirt and other substances*
- *Loss of control, such as fear of hurting oneself or acting out of an urge to hurt others*
- *Perfectionism, which can include fear of losing things or an intense focus on certainty or remembering things*
- *Harm , including fear of being responsible for a catastrophic event*
- *Unwanted sexual thoughts , including thoughts about inappropriate activities*
- *religious or superstitious beliefs, such as fear of offending God or stepping on cracks in the pavement*
- *compulsions*

Not every repetitive behavior is a compulsion. Most people use repetitive behaviors, such as bedtime routines, to help them manage daily life. But for a person with OCD , the need to engage in repetitive behavior is intense, frequent, and time-consuming. Behavior can take a ritualistic aspect.

Some examples include:

- *hand washing*
- *body for symptoms*
- *repeating routine activities, such as getting up from a chair*
- *mental compulsions, such as reviewing an event over and over*

7. OCD in children

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OCD usually appear during adolescence, but sometimes appear in childhood.

, including children with OCD , include:

- *insecure _*
- *broken routines*
- *difficulty completing schoolwork*
- *physical illness due to stress, for example*
- *friendships and other relationships*

When OCD begins in childhood, it may be more common in men than women. However, it affects men and women equally in adulthood.

8. Causes

Experts don't know what causes OCD , but there are several theories. Genetic, neurological, behavioral, cognitive, and environmental factors can all contribute.

genetic causes

OCD seems to run in families, suggesting a possible genetic link that experts are investigating.

Imaging studies have suggested that the brains of people with OCD operate with characteristic differences. Genes that affect how the brain responds to neurotransmitters dopamine and serotonin, for example, may play a role in causing the disorder.

Autoimmune related causes

Sometimes, OCD symptoms occur in children after an infection , such as:

- *group A streptococcal infections , including strep throat*

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- *Lyme disease*
- *H1N1 flu virus*

Clinicians sometimes refer to the occurrence of these OCD symptoms as the pediatric acute onset neuropsychiatric syndrome (PANS). In a child with PANS , symptoms begin abruptly and reach full intensity within 24-72 hours. They may disappear later, but may come back at a later date.

9. Behavioral Causes

One theory suggests that a person with OCD learns to avoid the fear associated with certain situations or objects by performing rituals to reduce perceived risk . The initial fear may begin around a period of intense stress, such as a traumatic event or significant loss. When a person associates an object or situation with this feeling of fear, they begin to avoid that object or situation, which characterizes OCD . This may be more common in people with a genetic predisposition to the disorder.

10. Cognitive Causes

Another theory is that OCD begins when people misinterpret their own thoughts. Most people have unwanted or intrusive thoughts from time to time, but for people with OCD , the importance of these thoughts becomes more intense or extreme. Take a person who looks at a baby under intense pressure and accidentally has the thought of harming the baby. A person can often ignore these thoughts, but if the thoughts persist, they can take on undue importance. A person with OCD may be convinced that the action in thought is likely to happen. In response, they take extreme, sustained action to avoid threat or danger.

11. environmental reasons

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can trigger OCD in people with a genetic or other predisposition . Many people report that symptoms appear within 6 months of events such as:

- *birth*
- *pregnancy or childbirth*
- *violent conflict*
- *serious illness*
- *traumatic brain injury*

may also co-occur with OCD, post- traumatic stress disorder or PTSD.

12. Diagnosis

Doctors look for certain criteria when diagnosing OCD , including :

- obsessions , compulsions, or both
- obsessions and compulsions that are time-consuming or cause significant distress or impairment in social , occupational, or other important settings
- OCD symptoms not caused by a substance or drug use
- OCD symptoms not better explained by another health problem

Many other disorders, such as depression and anxiety, have features similar to OCD and can occur alongside OCD .

13. Treatment

There are effective treatments for OCD. The right approach depends on a person's symptoms and the extent to which they affect a person's life and well-being. Some effective options Trusted Source include:

cognitive behavioral therapy

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This type of psychotherapy, sometimes called CBT, can help a person change the way they think, feel, and act.

It may involve two different treatments: exposure and response prevention (ERP) and cognitive therapy. ERP includes:

Exposure: This exposes the person to situations and objects that trigger fear and anxiety. Over time, through a process called habituation, repeated exposure causes anxiety to decrease or disappear.

Response: This teaches the person to resist engaging in compulsive behavior.

Cognitive therapy begins by encouraging the person to identify and reevaluate their beliefs about the consequences of engaging in or avoiding compulsive behaviors.

Next, the therapist encourages the person to:

- *examine the evidence supporting and not supporting the obsession*
- *identify cognitive distortions related to obsessions*
- *developing a less threatening alternative response to the intrusive thought, image, or idea*

14. Medicines

number of medications can help treat OCD , including selective serotonin reuptake inhibitors (SSRIs) , a type of antidepressant .

- *escitalopram (Lexapro)*
- *fluvoxamine (Luvox)*
- *paroxetine (Paxil)*
- *fluoxetine (Prozac)*
- *sertraline (Zoloft)*

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A doctor may prescribe a higher dose to treat OCD compared to depression . Still, a person may not notice results for up to 3 months.

OCD do not respond to SSRI treatment alone, and doctors may also prescribe antipsychotic medications.

Also, in 2010, some researchers noted that CBT , as well as the tuberculosis drug D- cycloserine (Seromycin), could help treat OCD. It can also help people with social anxiety.

Statistical Manual of Mental Disorders (DSM)-5 published by the American Psychiatric Association (APA) in 2013, obsessive -compulsive disorder is under its own category of obsessive-compulsive and related disorders, and the following subcategories are placed:

- *obsessive-compulsive disorder (OCD)*
- *body dysmorphic disorder (BDD)*
- *stacking disorder*
- *trichotillomania*
- *excoriation (skin picking) disorder*
- *Substance/drug induced obsessive - compulsive and related disorder*
- *Obsessive - compulsive and related disorder as a result of another medical condition*
- *Other specified obsessive -compulsive and related disorder*
- *Unspecified obsessive -compulsive and related disorder*

Presence of obsessions, compulsions, or both:

Obsessions are defined by the following two points:

a. Recurrent thoughts, urges, or images that are experienced as unwanted at any time during the disturbance and cause marked distress in most individuals. The individual tries to suppress such thoughts, impulses or images with another thought or action (i.e. by replacing them with a compulsion). Compulsions are defined by the following two points:

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Repetitive behaviors or mental acts that the person feels compelled to perform in response to an obsession.

Behaviors or mental acts aim to reduce anxiety or distress or prevent a feared situation; however, these behaviors or mental acts are not realistically linked to what they were designed to avoid or are clearly excessive.

b. The obsessions are time-consuming or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
c. Obsessive-compulsive symptoms are not caused by the physiological effects of a substance (eg , a drug of abuse, a drug) or another medical condition.
d. The symptoms of another mental disorder do not better explain the disorder (for example, excessive worry, as may be found in a generalized anxiety disorder; preoccupation with appearance, as in body dysmorphic disorder; difficulty putting things away or parting with possessions; found in hoarding disorder; hair pulling, a hair-picking disorder, as in trichotillomania; skin picking, as in skin-picking disorder; stereotypes, as in stereotypical movement disorder; eating disorders; preoccupation with substances or gambling, as in substance-related and addictive disorders; illness is associated with having an illness, as in anxiety disorder. preoccupation; sexual urges or fantasies, as in paraphilic disorders; disruptive impulses, as seen in impulse control and behavioral disorders; criminal ruminations, as in major depressive disorder ; schizophrenia spectrum and delusional preoccupations, as in sch other psychotic disorders; or repetitive patterns of behavior, as in an autism spectrum disorder).

Obsessions are defined as intrusive thoughts or impulses that cause significant distress; The patient tries to neutralize this distress by diverting thoughts or performing rituals . Compulsions are actions that the patient feels compelled to take in response to anxiety/troubling obsessions or to prevent a distressing situation from occurring. These compulsions may be unreasonable or excessive.

The most common obsessions include fears of contagion, aggression/fears of harming, sexual fears, religious fears, and the need to do things "right". Compensatory compulsions for these

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obsessions include washing and cleaning, checking, reassuring, repetition, ordering, and organizing.

Because OCD has the potential to hinder one's social growth and development, WHO lists OCD as one of the ten most disabling conditions due to financial loss and decline in quality of life.

Dubbed "obsessive neurosis" by Freud in 1895, OCD has been recognized for centuries. However, the DSM has listed OCD as less of an "anxiety" disorder and more of a disorder similar to hoarding, body dysmorphia , trichotillomania (hair-pulling disorder), and excoriation (skin-picking) disorder. The use of modern technology has allowed us to map the areas of the brain affected by this disorder. These areas of the brain are typically incompatible with anxiety and fear as previously thought, distinguishing OCD as an "anxiety" disorder.

15. etiology

The exact cause of obsessive compulsive disorder (OCD) is unknown, but it is likely multifactorial. Since 45-65% of the variance in OCD is due to genetic factors, there is a genetic predisposition. In mice and human experiments, mutated NMDA can cause an increase in OCD-like behavior. For example, mutations in the NMDA subunit “NR2” have been associated with fears of contamination and forced cleaning.

The inability to deal with uncertainty, increased sense of responsibility, and magical thinking seem to predispose these individuals to obsessive -compulsive habits. A Streptococcus The earlier onset of OCD that precedes an infection is known as PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections). Sydenham While chorea can occur as a sequela from Streptococcus infections, the theory behind OCD is similar in that strep infection through molecular mimicry causes autoimmune antibodies against the basal ganglia that lead to obsessive thoughts and compulsive habits. However, the term PANDAS is being discredited rather than childhood acute neuropsychiatric symptoms (CANS), allowing the development of OCD in the pediatric population to be attributed to other sources other than Strep , such as metabolites and

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toxins. OCD appears to be hereditary, confirmed by both twin and family studies. Studies have shown that heritability is as high as 45% to 65% in children and as high as 27% to 45% in adults. Having a family with OCD increases the risk of developing OCD . OCD with other neurological disorders, particularly Parkinson's disease, Sydenham chorea , traumatic brain injury (TBI), Tourette syndrome is linked to those that affect the cortico-striato-thalamo-cortico circuits, such as Huntington's disease and epilepsy . The lifetime prevalence of obsessive - compulsive disorder (OCD) in the population is 1.6% to 2.3%; spot prevalence is 1%. The average age of onset is 19.5. In about 50% of those with OCD , symptoms begin during childhood and adolescence. It is unusual for OCD to be over 40 years of age at onset.

The average duration of treatment is 11 years. There is speculation of delay in treatment, as those with OCD may be embarrassed by their intrusive thoughts, such as inappropriate sexual beliefs or ritualistic behavior .

OCD have comorbid psychiatric diagnoses, most commonly anxiety disorders.

Males occur earlier, but more females are affected in adulthood. Postpartum women are twice as likely to develop OCD as the general female population .

16. Pathophysiology

As noted above, the exact cause of obsessive -compulsive disorder (OCD) is still a mystery.

By evaluating individuals who developed OCD after suffering a brain lesion or stroke, we were able to localize OCD symptoms to specific regions of the brain.[6] Now, through fMRIs , DTI, and SPECT imaging, OCD 's It has been observed to be associated with cortico - striato - thalamo - cortical circuits, especially orbitofrontal cortex, caudate , anterior cingulate cortex and thalamus, is probably dopaminergic and glutamatergic overactivity in the frontostriatal pathways and decreased serotonergic and GABAergic neurotransmission in the frontolimbic systems.

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17. Toxicokinetics

Tourette in patients with obsessive compulsive disorder (OCD) syndrome is 7% and the probability of developing a tic is 20%. Because OCD treatment includes selective serotonin reuptake inhibitors (SSRIs) and possible antipsychotics, the side effects of these drugs include, but are not limited to, weight gain, tardive dyskinesia , and dystonia .

18. History and Physics

When taking a detailed history of a patient to assess obsessive-compulsive disorder (OCD), any time a patient spends more time than they would like (less than an hour) or interferes with their life rumination or persistent intrusive thoughts should be asked. in any way. The same should be questioned about compulsions or repetitive behaviors, such as the desire to touch, count, rearrange, or act in any way that puts their mind at ease. It is necessary to look for rigid habits, aggressive outbursts, and compulsive behaviors, such as angry responses that are easily triggered by petty provocations.

Because the disorder has an inherited component, it's also important to ask if any family members have been diagnosed or have experienced similar symptoms .

OCD increases or decreases; the severity of symptoms can vary. To receive a formal diagnosis, the DSM V needed to be consumed by obsessions or compulsions, or for more than 1 hour per day to cause significant daily stress. The 12-month prevalence of OCD in the United States is 1.2%, with a similar incidence internationally (1.1-1.8%). Although men are more often affected in childhood, women are affected in adults at a slightly higher rate than men.

OCD may present evidence of their rituals , such as chapped hands from compensatory overwashing, or being thin due to food restrictions secondary to fears of contamination . It is important to have a keen eye for OCD symptoms as patients are less likely to seek treatment early as they may be embarrassed by their obsessions and compulsions .

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Patients ' obsessions are ego-dystonic and may appear anxious when they are unable to neutralize their "fear". This disorder may appear similar to panic disorder.

19. Evaluation and Conclusion

It is important to screen for the correct signs of obsessive-compulsive disorder. A common tool is the short OCD scanner. With a length of six questions and an accuracy of 97%, it is a simple and effective way to screen patients for OCD symptoms . However, the most widely accepted tool for screening for OCD is the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS).

Y-BOCS rates range from 0 to 40 (40 being the most severe of the symptomatology). Requires the patient to rank by severity:

- *Time occupied by obsessive thoughts and compulsions*
- *Intervention of obsessive thoughts*
- *Troubles with obsessive thoughts*
- *Resistance to obsessions*
- *Degree of control over obsessive thoughts*
- *Time taken up by compulsive behavior*
- *Intervention of compulsive behavior*
- *distress associated with compulsive behavior*
- *Resistance to compulsive behavior*
- *Degree of control over compulsive behaviors*
- *Treatment / Management*

The mainstay of treatment for obsessive compulsive disorder (OCD) is exposure and response prevention (ERP), SSRIs , and cognitive behavioral therapy (CBT). Historically, the tricyclic antidepressant (TCA) clomipramine has been used as the first choice for OCD due to its strong affinity for serotonin. But given the side-effect profile , SSRIs have gained traction.

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