

# Obsessive-compulsive Spectrum Disorder

인재의대 일산백병원  
이 강 준

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## Obsessive-Compulsive Spectrum Disorder

- ↓ Major characteristic of OCD  
: Constant presence of abnormal thought, perception, and motor activity
- ↓ Association of phenomenological, anatomical, hormonal, and neurohistochemical factors constitutes the main OCD spectrum core.

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## Compulsivity vs Impulsivity

### ■ Compulsivity

- Harm avoidance
- Reduce anxiety
- OCD
- ↑ Serotonin activity
- Frontal hyperactivity
- Resistance to Sx

### ■ Impulsivity

- Risk seeking
- Maximise pleasure
- Impulsive disorder
- Serotonin hypofunction
- Prefrontal function loss
- Regret after acting out

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## Similarities between OCD & OCD Spectrum disorders

| Domain                   | Body<br>Dysmorphic<br>Disorder | Tourette's<br>disorder | Hypochond-<br>riasis | Trichotillo-<br>mania |
|--------------------------|--------------------------------|------------------------|----------------------|-----------------------|
| Symptoms                 | +++                            | ++                     | ++                   | ++                    |
| Comorbidity<br>with OCD  | +++                            | +++                    | +                    | +                     |
| Familial<br>relationship | ++                             | +++                    | +                    | +                     |
| Treatment<br>response    | ++                             | 0                      | +                    | +                     |

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### 1. Symptoms between OCD & OCSD BDD vs OCD

- BDD is most similar to OCD  
: Unusually obsessions, repetitiv behaviors
- BDD - Poorer insight, rejection sensitivity, beliefs of being defective and unlovable
- OCD – Overresponsibility and perfectionism

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### 1. Symptoms between OCD & OCSD Tourette's disorder, Trichotillomania vs OCD

- Tourette's disorder has phenomenologic similarities with OCD
- Tourette's disorder, trichotillomania is not characterized by prominent obsession, cognitions.

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# 1. Symptoms between OCD & OCSD

Hypochondriasis vs OCD

- Hypochondriasis is similar to OCD
  - : Preoccupied with illness and engage in repetitive behaviors
- Hypochondriasis - Poorer insight than *OCD*

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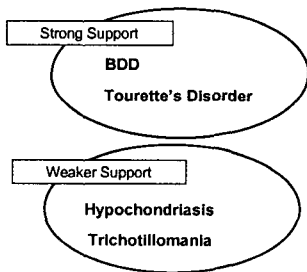
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# 2. Comorbidity with OCD



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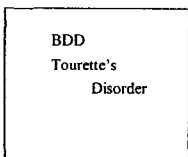
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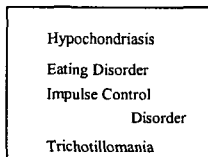
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# 3. Familial Relationship

↓ Strong Support



↓ Weaker Support



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#### 4. Treatment Response

- ↓ BDD
  - : SSRI (ex. Fluvoxamine), clomipramine
  - > MAOI > TCA
  - : Long-term therapy seems to be necessary & Higher doses than those used in depressed patients are required
- ↓ Tourette's Disorder : Antipsychotics
- ↓ Hypochondriasis : SSRI, non-SSRI, ECT

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#### 4. Treatment Response

- ↓ Trichotillomania
  - : Naltrexone, SSRI + Dopamine blocker ?
  - : More short acting effects
- ↓ Anorexia Nervosa : SSRI
- ↓ Bulimia Nervosa : SSRI
- ↓ Self mutilation : SSRI
- ↓ Pathology Gambling : Fluvoxamine, Naltrexone

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#### Neurobiology Neurochemistry

- OCD Tx ; Clomipramine > desipramine
- Serotonin system played a specific role in the disorder
- The complexity of the serotonin system means that simply pointing to 'serotonergic involvement' in any disorder constitutes an extreme oversimplification.
- Response of OCD patients to SRI is often nonexistent or only partial.
- Dopamine blocker + SRI --- Refractory OCD, TD

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## Neurobiology Neuroanatomy

- ↳ OCD : Basal ganglia, frontal pathology  
Frontal-striatal circuit involved
- ↳ Tourette's disorder and trichotillomania have been associated with structural changes in the putamen and globus pallidus.
- ↳ Neurochemical and neuroanatomy findings in OCD have been weaker and more inconsistent.

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## Somatoform Disorder Body Dysmorphic Disorder

- ↳ Sx : Faulty belief & Bodily dysperception
- ↳ Personality
  - Narcissism
  - Schizoid traits
  - Avoidant & obsessive-compulsive behaviors
- ↳ BDD be classified as a form of OCD and that patients be treated with SSRI or pimozide.
- ↳ Tx : SSRI, Dopamine blocker

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## Somatoform Disorder Body Dysmorphic Disorder

- ↳ cf. Dopamine blocker : Stimulate resocialization and encourage the verbalization of delusional symptomatology.
- ↳ BDD & Anatomy correlates

| Region             | Deficit                                      |
|--------------------|--|
| Visual cortex      | Perception                                   |
| Somatosensory area | Reception-perception                         |
| Temporal lobe      | Higher visual correlation                    |
| Parietal lobe      | Interpretation of integration of information |
| Prefrontal lobe    | Judgment                                     |

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## Somatoform Disorder Hypochondriasis

- ↓ The essential feature of hypochondriasis is preoccupation with having a serious disease based on misinterpreting one or more bodily signs or symptoms.
- ↓ Treatment
  - Pharmacotherapy relies on treatment of its most prominent symptoms (depression, obsessive-compulsive symptoms, anxiety).

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## Eating Disorder Anorexia Nervosa

- ↓ Depression and obsessive-compulsive features were the most frequently reported symptoms.
- ↓ Sx : Urge to eat, urge not to eat, rituals surrounding food preparation.
  - Patients spend most of their time obsessing about food.
- ↓ Anorexic patients display constriction, conformity, and obsessionality.

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## Eating Disorder Anorexia Nervosa

- ↓ Personality : Perfectionism, high goals, high expectations of life.
- ↓ Family
  - High incidence of phobic avoidance
  - Obsessive character trait
  - High level of obsessionality in father
- ↓ Treatment
  - Clomipramine, TCA, SSRI

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## Eating Disorder Bulimia Nervosa

- ↓ Depression and OCD appear to play a significant role in the clinical development of BN.
- ↓ Precipitating factors : OCD, depression, substance abuse, personality disorder.
- ↓ The personality characteristics of bulimic patients are similar to those of anorectic patients in terms of obsessiveness, perfectionism.
- ↓ Although the centrality of obsessive-compulsive symptomatology is not accepted in BN dynamics, a trend is evident.

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## Impulse Control Disorder Trichotillomania

- ↓ Higher OCD rate in trichotillomania families suggests that trichotillomania is an OCD spectrum disorder along with other pathological grooming behaviors.
- ↓ DDx
  - Trichotillomania
    - High level of pleasure experienced during hair pulling
    - Lower anxiety levels and depression
    - Fewer obsessions and compulsions

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## Impulse Control Disorder Trichotillomania

- ↓ DDx
  - OCD
    - No pleasure during compulsion performance
- ↓ Treatment
  - Antidepressant (clomipramine, SSRI - fluvoxamine)  
cf. SSRI + pimozide
  - Lithium > buspirone, clonazepam, trazodone

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## Impulse Control Disorder Pathologic gambling

- ↳ The condition is characterised by a progressive failure to resist impulses to gamble.
- ↳ Noradrenergic process may mediate the arousal and novelty-seeking behaviour
- ↳ Treatment
  - Fluvoxamine : Significant reduction in gambling behaviour
  - Clomipramine
  - Lithium : Helpful for gambler with concomitant bipolar disorder

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## Tourette's Syndrome

- ↳ This syndrome has OCSx as a major component.
- ↳ The apparent high rate of tics and Tourette's syndrome in OCD patients and their relatives was consistent with the hypothesis that in some cases, OCD and Tourette's syndrome may be alternative manifestation of the same pathology.
- ↳ OCD-Tourette's syndrome comorbidity have significantly more violent behavior, symmetrical obsessions, touching, counting, and self-harm.

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## Tourette's Syndrome

- ↳ Symptomatology
  - Aggression (65% of OCD)
  - Hyperactive behavior (25% of OCD)
- ↳ Epidemiology
  - There may be genetic subtypes of OCD and agoraphobia with panic attacks as a result of partial expression of the Tourette's syndrome gene.

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## Tourette's Syndrome

### ↓ Pathogenesis

- Tourette's syndrome, like OCD, may actually be a hyperserotonergic condition.

### ↓ Treatment

- Antipsychotics
  - : Cognitive impairment & Neuromuscular side effects
- SSRJ *cf. Antipsychotics + SSRI*
- Clomipramine
- Clonidine substitute for antipsychotics to avoid side effects
- Benzodiazepines

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