

# Obsessive-compulsive Spectrum Disorder

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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.

Obsessive-Compulsive Spectrum Disorder

# 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

Obsessive-Compulsive Spectrum Disorder

### Similarities between OCD & OCD Spectrum disorders

Domain	Body Dysmorphic Disorder	Tourette's disorder	Hypochond- riasis	Trichotillo mania
Symptoms	+++	** .	++	++
Comorbidity with OCD	***	+++	+	•
Familial relationship	**	+++	•	+
Treatment response	**	0	•	+

1.	Symptoms	between	OCD	& 0	CSD
	•	BDD vs OC	D		

- 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

# 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.

# 1. Symptoms between OCD & OCSD Hypochondriasis vs OCD

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

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# 2. Comorbidity with OCD Strong Support BDD Tourette's Disorder Weaker Support Hypochondriasis Trichotillomania

# 3. Familial Relationship Strong Support Weaker Support Hypochondriasis Eating Disorder Impulse Control Disorder Trichotillomania Obsessive-Computative Spectrum Disorder

* BDD  SSRI (ex. Fluvoxamine), clomipramine  > MAOI > TCA  Long-term therapy seems to be necessary & Higher doses than those used in depressed partients are requised  * Touretts's Disorder: Antipsychotics  Hypochondriasis: SSRI, non-SSRI, ECT  Chessare Computer Systems Disorder  * Tricbotillomania  Naltexcone, SSRI + Dapamine blocker?  More short acting effects  Anorexix Nervosa: SSRI  Bullmin Nervosa: SSRI  Bullmin Nervosa: SSRI  Bullmin Nervosa: SSRI  Pathology Gambling: Flavoxamine, Naltexcone  Chassare-Computer Systems Disorder  Neurobiology  Neurochemistry  © OCD Tx: Clomipramine > designamine  Serotomin system played a specific role in the disorder  The completicy of the sentoming system means that simply pointing to 'serotomergic involvement' in any disorder constitutes an extreme oversimplification.  Response of OCD patients to SRI is often nonexistent or only partial.	4. Treatment Response	
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■ Dopamine blocker + SRI --- Refractory OCD, TD

# 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.

Obsessive-Compulsive Spectrum Disorde



### Somatoform Disorder Body Dysmorphic Disorder

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

Obsessive-Compulsive Spectrum Disorder



### 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

- ♣ The essential feature of hypochodriasis 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).

Obsessive-Compulsive Spectrum Disorde



### **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.

Cosessive-Computative Spectrum Disorder



# 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 similiar to those of anorectic patients in terms of obsessionality, 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 trichotillomanisa 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 (clornipramine, 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 noveltyseeking behaviour
- ♣ Treatment
  - Fluvoxamine: Significant reduction in gambling

behaviour

- Clomipramine
- Lithium : Helpful for gambler with concomitant bipolar disorder



# Tourette's Syndrome

- ♣ This syndrome has OCSx as a major component.
- 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.



# Tourette's Syndrome

- Tourette's syndrome, like OCD, may actually be a hyposerotonergic condition.
- **↓** Treatment
- Antipsychotics
- : Cognitive impairment & Neuromuscular side effects
- SSRI
- cf. Antipsychotics + SSRI
- Clomipramine
- Clonidine substitute for antipsychotics to
- avoid side effects
- Benzodiazepines

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