Rosemary Marzouk

Prof. Haghighi

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Obsessive Compulsive Disorder

Obsessive-compulsive disorder (OCD) means that the person has illogical and irresistible thoughts or impulses (Obsessions) that they consider absurd and that they attempt to resist. They are acted out physically as a way to reduce the anxiety associated with the obsessions (compulsions). There is usually a feeling that something bad will happen if they do not act upon the obsessions (catch a disease, therefore they wash their hands very frequently and ritualistically).

The essential feature of obsessive-compulsive disorder is obsessional thoughts or compulsive acts that are recurrent. Obsessional thoughts are ideas, images or impulses that enter the individual's mind again and again. They are regularly distressing (because they are violent or obscene, or because they are perceived as senseless) and the sufferer often tries, unsuccessfully, to resist them. They are, however, recognized as the individual's own thoughts, even though they are involuntary and often disgusting. Compulsive acts or rituals are behaviors that are repeated again and again. They are not enjoyable, nor do they result in the completion of any useful tasks. The individual often views them as preventing some unlikely event, often involving harm to himself or herself. Usually, this behavior is recognized by the individual as pointless or ineffectual and repeated attempts are made to resist it. Autonomic anxiety symptoms are often present, but distressing feelings of internal

or psychic tension without obvious autonomic arousal are also common. There is a close relationship between obsessional symptoms, particularly obsessional thoughts, and depression. Individuals with obsessive-compulsive disorder often have depressive symptoms, and patients suffering from recurrent depressive disorder may develop obsessional thoughts during their episodes of depression. In either situation, increases or decreases in the severity of the depressive symptoms generally go along with changes in the severity of the obsessional symptoms.

Obsessive-compulsive disorder is equally common in men and women, and there are often obvious features in the underlying personality. Onset of OCD is usually in childhood or early adult life. The course is inconsistent and more likely to be chronic in the absence of significant depressive symptoms. For a diagnosis of OCD, obsessional symptoms or compulsive acts, or both, must be present on most days for at least 2 successive weeks and be distressful or interfere with activities. The obsessional symptoms should have the following characteristics: they must be recognized as the individual's own thoughts or impulses, there must be at least one thought or act that is still resisted unsuccessfully, even though others may be present which the sufferer no longer resists, the thought of carrying out the act must not in itself be pleasurable (simple relief of tension or anxiety is not regarded as pleasure in this sense), the thoughts, images, or impulses must be unpleasantly repetitive.

Differentiating between obsessive-compulsive disorder and a depressive disorder may be difficult because these two types of symptoms so frequently occur together. In a small episode of disorder, priority should be given to the symptoms that developed first. When both types are present but neither predominates, it is usually best to regard the

depression as primary. In chronic disorders the symptoms that most frequently persist in the absence of the other should be given priority. Occasional panic attacks or mild phobic symptoms are no restrain to the diagnosis. However, obsessional symptoms developing in the presence of schizophrenia, Tourette's syndrome, or organic mental disorder should be regarded as part of these conditions. Although obsessional thoughts and compulsive acts commonly coexist, it is useful to be able to specify one set of symptoms as predominant in some individuals, since they may respond to different treatments.

Predominantly obsessional thoughts may take the form of ideas, mental images, or impulses to act. They are very variable in content but nearly always distressing to the individual. A woman may be tormented, for example, by a fear that she might eventually be unable to resist an impulse to kill the child she loves, or by the obscene or blasphemous quality of a recurrent mental image. Sometimes the ideas are simply useless, involving an endless consideration of unthinkable alternatives. This indecisive consideration of alternatives is an important element in many other obsessional thoughts and is often associated with an inability to make trivial but necessary decisions in day-to-day living. The relationship between obsessional thoughts and depression is very close. A diagnosis of obsessive-compulsive disorder should be preferred only if thoughts arise or persist in the absence of a depressive disorder.

The majority of compulsive acts are concerned with cleaning (particularly hand-washing), repeated checking to make sure that a potentially dangerous situation has not been allowed to develop, or orderliness and tidiness. Underlying the obvious behavior is a fear, usually of danger either to or caused by the patient, and the ritual act is a hopeless or symbolic attempt to avoid that danger. Compulsive ritual acts may occupy many hours

every day and are sometimes associated with clear uncertainty and slowness. Overall, they are equally common in the two sexes but hand-washing rituals are more common in women and slowness without repetition is more common in men. Compulsive ritual acts are less closely associated with depression than obsessional thoughts and are more readily agreeable to behavioral therapies.

"Cognitive behavioral psychotherapy (CBT) is the psychotherapeutic treatment of choice for children, adolescents, and adults with OCD. In CBT, there is a logically consistent and compelling relationship between the disorder, the treatment, and the desired outcome. CBT helps the patient internalize a strategy for resisting OCD that will be of lifelong benefit" (Obsessive Compulsive Foundation). The BT in CBT stands for behavior therapy. Behavior therapy helps people learn to change their thoughts and feelings by first changing their behavior. Behavior therapy for OCD involves exposure and response prevention. Exposure means that the fear and anxiety of anything won't really go away until enough contact with it is established. Response prevention means that the compulsions, or acts associated with the obsessional thoughts, must be stopped. For example, is a person is obsessed with germs on their hands, not only must they stop washing their hands but they must also be near germy things. "Cognitive therapy (CT) is the other component in CBT. CT is often added to E/RP [exposure/ response prevention] to help reduce the catastrophic thinking and exaggerated sense of responsibility often seen in those with OCD. For example, a teenager with OCD may believe that his failure to remind his mother to wear a seat belt will cause her to die that day in a car accident. CT can help him challenge the faulty assumptions in this obsession" (Obsessive Compulsive Foundation).

Some of the medications used to treat OCD include Clomipramine (Anafranil, manufactured by Novartis); Fluoxetine (Prozac, manufactured by Lilly); Fluvoxamine (Luvox, manufactured by Solvay); Paroxetine (Paxil, manufactured by GlaxoSmithKline); Sertraline (Zoloft, manufactured by Pfizer); and Citalopram (Celexa, marketed by Forest Laboratories, Inc.). "Fluoxetine, fluvoxamine, paroxetine, citalopram, and sertraline are called selective serotonin reuptake inhibitors (SSRIs) because they primarily affect only serotonin. Clomipramine is a nonselective SRI, which means that it affects many other neurotransmitters besides serotonin. This means that clomipramine has a more complicated set of side effects than the SSRIs. For this reason, the SSRIs are usually tried first since they are usually easier for people to tolerate" (Obsessive Compulsive Foundation). The medications are usually paired up with CBT to get more successful results.

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