



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

OBSESSIVE COMPULSIVE DISORDER: DIAGNOSIS AND MANAGEMENT.

MATTHEW HOPPERSTAD, MD

8/8/24, UW PSYCHIATRY AND ADDICTIONS CASE CONFERENCE (PACC)

UNIVERSITY OF WASHINGTON

MHMD@UW.EDU



NO DISCLOSURES

OBJECTIVES

- 1) Discuss diagnosis of OCD and related disorders
- 2) Introduce approaches to treatment of OCD
- 3) Discuss cases, answer questions.

INTRODUCTION

- Definition: Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition characterized by uncontrollable, recurrent thoughts and feelings (obsessions) and behaviors (compulsions) that the person feels the urge to repeat.
- Prevalence in US
 - past year 1.2%
 - Lifetime 2.3%
- Impact: Can significantly impair daily functioning, relationships, and quality of life.

UNDERSTANDING OCD

- Obsessions: recurrent unwanted thoughts, urges, or mental images and associated distress
- Compulsions: Repetitive physical behaviors or mental acts performed to decrease distress associated with the obsession

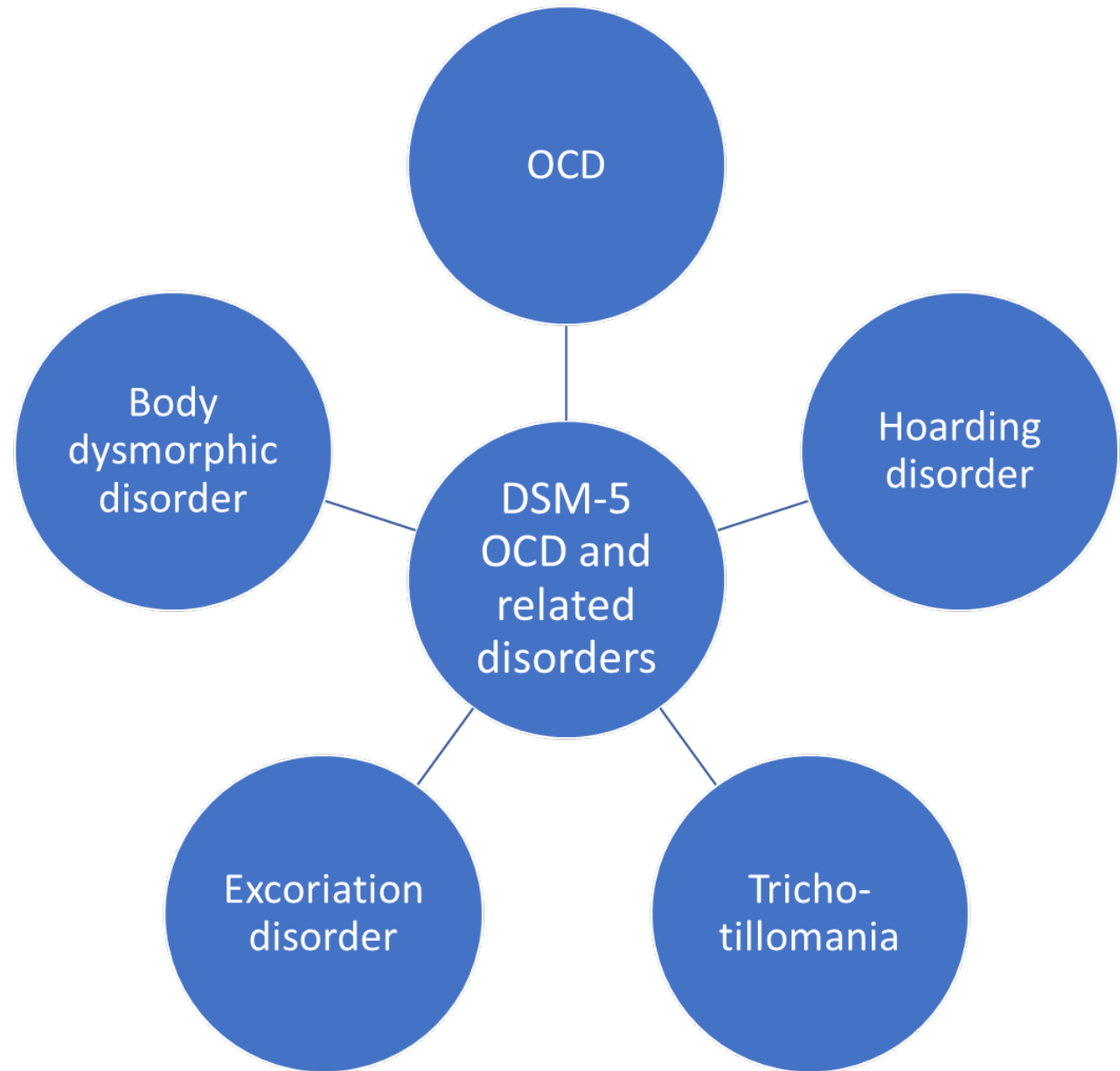
COMMON THEMES

- **Common Obsessions**
 - Contamination
 - Fear of causing harm (or having caused harm)
 - Unwanted thoughts/images about sex, violence, religion or other taboo topics
 - Distress associated with asymmetry, imperfection, disorganization
- **Common Compulsions**
 - Hand washing, sanitizing
 - Checking, counting, organizing
 - Reassurance seeking
 - Ruminating
 - Avoidance

DSM-5 DIAGNOSIS

- **Diagnostic Criteria (DSM-5)**
 - Presence of obsessions, compulsions, or both.
 - Obsessions/compulsions are time-consuming (take more than 1 hour per day) or cause significant distress or impairment.
 - Not due to substance use or medical issue
 - Not due to other psychiatric disorder-- GAD, social anxiety, BDD, hoarding disorder, eating disorder, illness anxiety disorder, etc.

DSM-5 OCD AND RELATED DISORDERS



COMMON COMORBIDITIES

- Anxiety disorders (about 75%)
- Mood disorders (over 60%)
- Impulse control disorders (55%)
- Substance use disorders (about 40%)

»Stein et al., 2019

OTHER COMMON OVERLAPPING DISORDERS

- Obsessive compulsive personality disorder (OCPD)
- Tic disorders
- ASD (repetitive behaviors)
- Illness anxiety disorder
- Eating disorders

ASSESSMENT INSTRUMENTS

- Y-BOCS
 - Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
 - List of OCD symptoms, and measures severity
 - Scoring: Total score ranges from 0 to 40, with higher scores indicating greater severity.
 - Use: Gold standard assessment and monitoring instrument, in research and general clinical care.

ASSESSMENT INSTRUMENTS

- Florida Obsessive-Compulsive Inventory (FOCI)
 - Self administered symptom checklist: 20 items (10 obsessions, 10 compulsions)
 - Total score ranges from 0-20
 - Well correlated with YBOCS scores, faster and easier to use.

SCREENING QUESTIONS

Obsessions

- Do you have frequent unwanted feelings, thoughts, images, or urges

Compulsions

- Do you try to ignore or suppress these thoughts and feelings?
- Do you feel compelled to perform certain actions repeatedly to reduce anxiety?

Impact

- Do these thoughts and behaviors interfere with your life? Take up your time? How big a problem is it for you on scale of 1-10?

TREATMENT

Behavioral Therapy

- Exposure and response prevention (ERP)
- Acceptance and Commitment Therapy (ACT)

Medications

- SSRIs, SNRIs, Clomipramine, atypical antipsychotics

Choosing Treatment

Initial treatment considerations--
medication, therapy or both?

- Severity
- Patient preference
- Availability of therapists
- Comorbidity
- Insight

Medication (1)

SSRIs for OCD with typical daily doses:

Fluoxetine (Prozac): 40-80 mg

Sertraline (Zoloft): 150-200 mg

Paroxetine (Paxil): 40-60 mg

Fluvoxamine (Luvox): 200-300 mg

Escitalopram (Lexapro): 20-40mg*

Side Effects: Nausea, headache, sexual dysfunction, insomnia, weight gain.

Medication (2)

SSNIs for OCD with typical daily doses

- Venlafaxine (Effexor): 225-375mg
- Duloxetine (Cymbalta): 60-120mg

Clomipramine (tricyclic antidepressant)

- Dosage: Up to 250 mg/day¹
- Side Effects: Dry mouth, constipation, urinary retention, blurred vision, weight gain, sexual dysfunction, cardiac effects (prolonged QTC), decreased seizure threshold

Add on medications

- Atypical antipsychotics
- Benzodiazepines
- Glutamate modulating agents.

TMS

Referring for Therapy

Exposure and Response Prevention Therapy

- The best supported treatment, generally straightforward, around 60% response rate.

Acceptance and Commitment Therapy

- Also good evidence for ACT, different from ERP in some basic ways, may be easier to engage with for some patients. May be appropriate if they haven't responded to ERP

Thank you

Questions?
mhmd@uw.edu

RESOURCES

- **Stein DJ, Costa DLC, Lochner C, et al. Obsessive-compulsive disorder. Nature Reviews 2019; 5:52;**
<https://doi.org/10.1038/s41572-019-0102-3>
- NIMH website:
<https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>
- International OCD Foundation: <https://iocdf.org/>;
<https://iocdf.org/low-cost-treatment-options-for-ocd/>
- Body-focused repetitive behavior resources:
<https://www.bfrb.org>
- Treatments that Work manual (ERP):
https://www.amazon.com/Exposure-Response-Prevention-Obsessive-Compulsive-Disorder/dp/0195335287/ref=sr_1_2?dchild=1&keywords=Treatments+that+work+ocd&qid=1590530983&s=books&sr=1-2