



UW PACC

Psychiatry and Addictions Case Conference

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OCD: DIAGNOSIS AND TREATMENT

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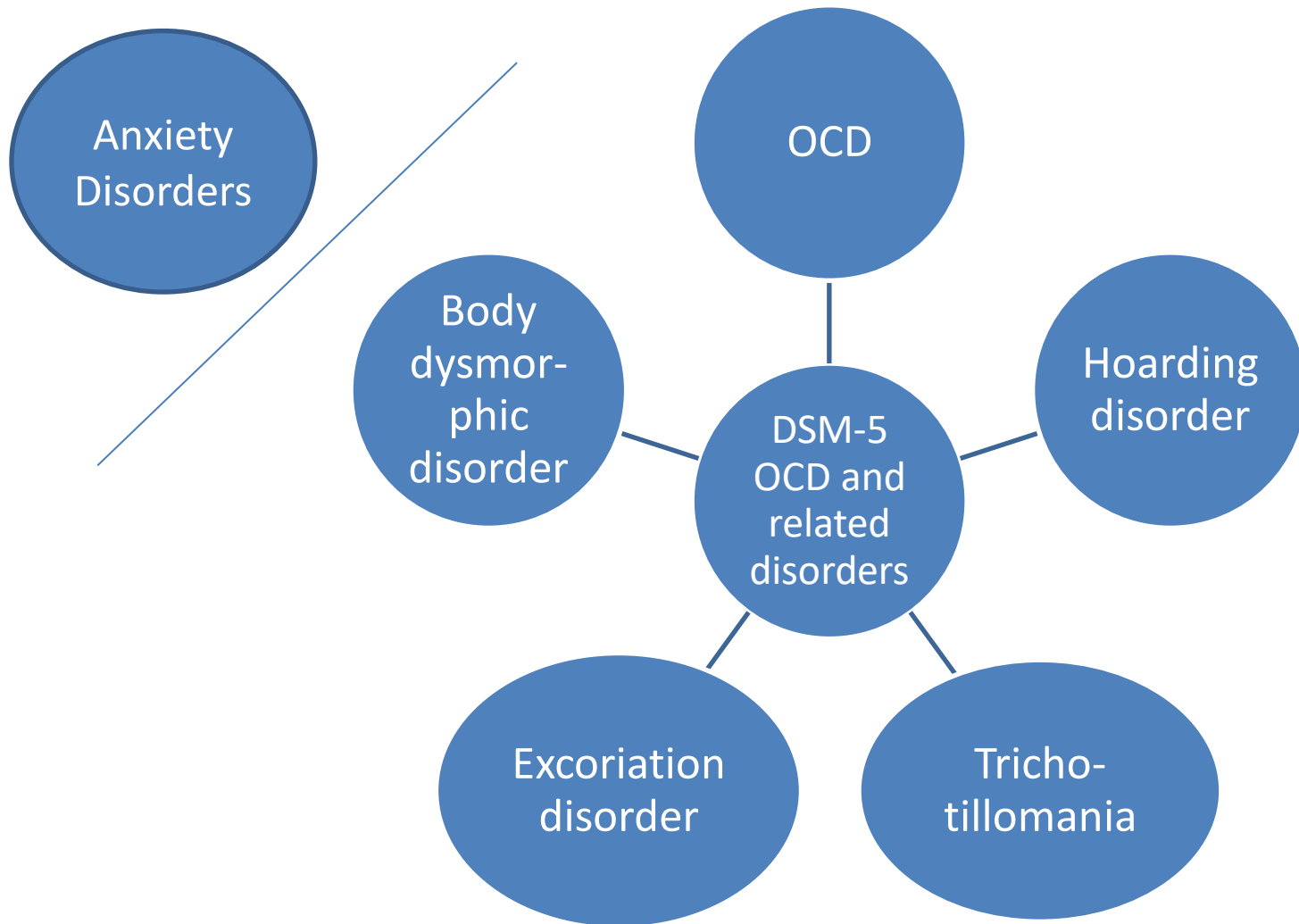


SPEAKER DISCLOSURES

✓ Any conflicts of interest? No

OBJECTIVES

1. Review the diagnosis of OCD and related disorders
2. Discuss the epidemiology, differential diagnosis, and comorbidity of OCD
3. Discuss treatment of OCD and related disorders



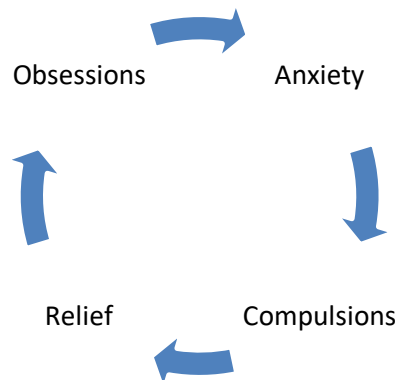
OCD SYMPTOMS

OBSESSIONS

- Dirt/germs
- Harm to self/others
- Unacceptable thoughts/ impulses
- Sacrilege/blasphemy
- Symmetry/exactness

COMPULSIONS

- Cleaning/washing
- Checking
- Repeating
- Counting
- Undoing/counteracting
- Ordering/arranging



CASE

- 27-year-old woman
- 3-year history of concerns about cleanliness, contamination, harm
- Showers for >5 hours a day
- Touches light switches odd number of times
- Doesn't use stovetop/oven

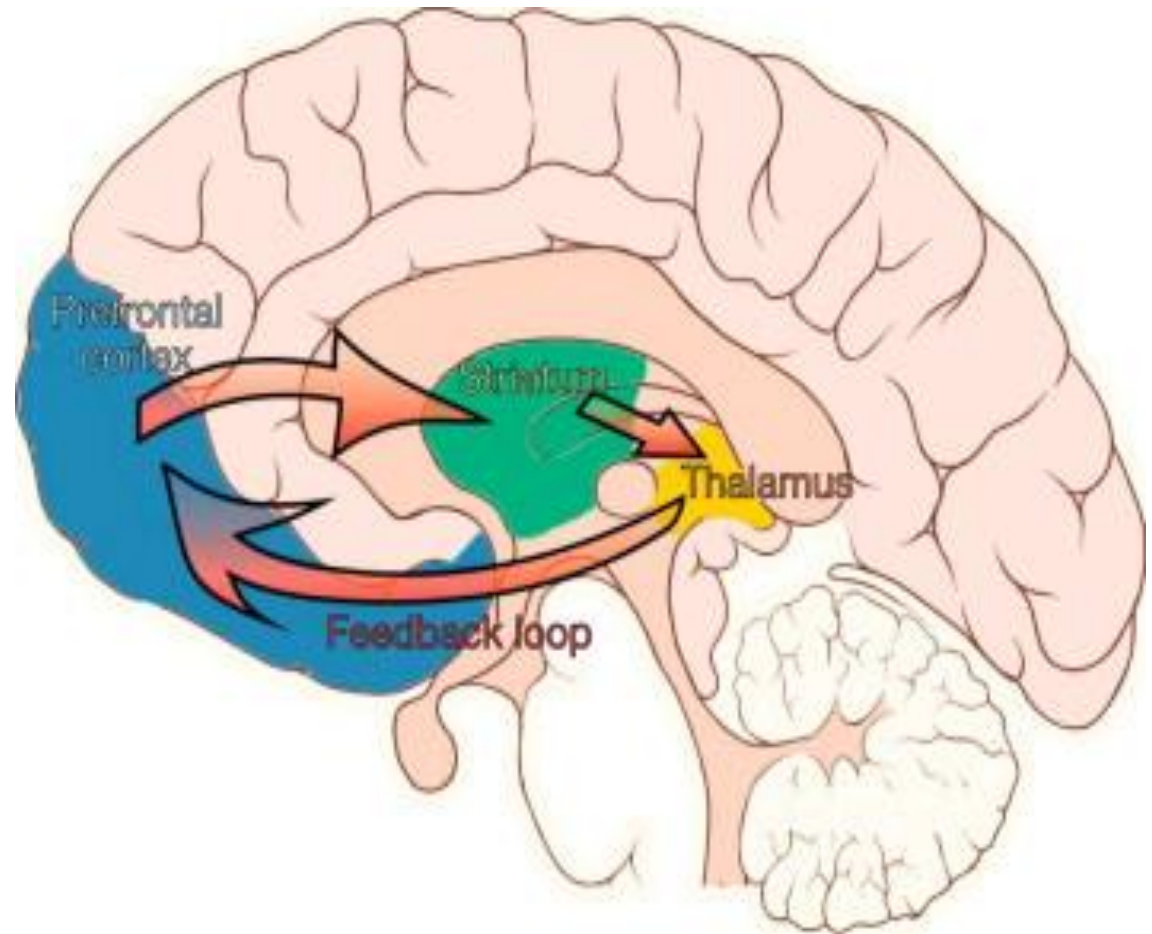
INSIGHT

- Diagnostic specifiers for insight in OCD, hoarding, BDD in DSM-5:
 - Good/fair
 - Poor
 - Absent

OCD EPIDEMIOLOGY

- 1.2% 12-month prevalence, 2-3% lifetime
- 1:1 male: female; prevalence similar across racial/ethnic groups
- Males have:
 - Younger age of onset (childhood/teens vs. teens to 20s in females; perinatal/postpartum onset)
 - Higher rate of comorbid tic disorders
- Age of onset after age 35 uncommon – look for another cause

OCD NEUROBIOLOGY



Cortico-striato-thalamo-cortical (CSTC) loop

OCD PATHOGENESIS

- Cortico-striatal-thalamic-cortical (CSTC) circuit
- Genetic/heritable (childhood onset, tics)
- Serotonergic
- Dopaminergic
- Glutamatergic
- Inflammation/infectious/immune
 - Spanish flu, Sydenham chorea, rheumatic fever, PANDAS

COMORBIDITY

- Anxiety disorders (about 75%)
- Mood disorders (over 60%)
 - Bipolar spectrum disorder (25%)
- ADHD (20%)
- Substance use disorders (about 40%)
 - Especially alcohol
 - » Stein et al., 2019

Y-BOCS

- Clinician-rated 10-point scale for rating severity of OCD symptoms
- 5 items re obsessions, 5 re compulsions
- Each item 0-4 (none to extremely); total score 0-40
- Items:
 - Time spent
 - Interference with functioning
 - Distress
 - Control
 - Resistance

» Goodman et al., Arch Gen Psychiatry 1989; 46:1006-1111

FACTOR STRUCTURE AND MEASUREMENT INVARIANCE OF THE YALE-BROWN OBSESSIVE COMPULSIVE SCALE ACROSS FOUR RACIAL/ETHNIC GROUPS

Garnaat SL, Norton PJ. J Anxiety Disorders 2010; 24 (7):723-728.

- Undergraduate (n=831) and outpatient (n=131) samples
- Overall, factor structure and measurement showed minimal variance across racial/ethnic groups (Asian, Black, White, Hispanic)
- YBOCS may underestimate severity of obsessions in Black individuals

OCI-R

- Obsessive-Compulsive Inventory – Revised
- In public domain
- Self report inventory
- 18 items, 0-4 (not at all to extremely)
- Total score 0-72
- 21 or higher indicates likely OCD
- Can use to assess treatment effects
- Child version available
 - Foa EB et al. Psychological Assessment 2002; 14:485-496.

OCI-R

- **I have saved up so many things that they get in the way**
- I check things more often than necessary
- I get upset if objects are not arranged properly
- I feel compelled to count while I am doing things
- I find it difficult to touch an object when I know it has been touched by strangers or certain people
- I find it difficult to control my own thoughts
- **I collect things I don't need**
- I repeatedly check doors, windows, drawers, etc.
- I get upset if others change the way I have arranged things
- I feel I have to repeat certain numbers
- I sometimes have to wash or clean myself simply because I feel contaminated
- I am upset by unpleasant thoughts that come into my mind against my will
- **I avoid throwing things away because I am afraid I might need them later**
- I repeatedly check gas and water taps and light switches after turning them off
- I need things to be arranged in a particular way
- I feel that there are good and bad numbers
- I wash my hands more often and longer than necessary
- I frequently get nasty thoughts and have difficulty in getting rid of them

OCD AND RELATED DISORDERS

Disorder	Core symptoms
Obsessive Compulsive Disorder (OCD)	Obsessive thoughts re harm/danger/impulses; rituals to combat/neutralize obsessions
Body Dysmorphic Disorder (BDD)	Imagined ugliness; preoccupation with body parts, repetitive behaviors
Hoarding Disorder	Urge to acquire, overvaluing and inability to get rid of possessions
Trichotillomania (hair pulling disorder)	Recurrent hair pulling, hair loss, bald patches; attempts to stop
Excoriation Disorder (skin picking disorder)	Recurrent skin picking, leading to skin lesions; attempts to stop

CASES

- 18-year-old, daily concerns about appearance, frequent checking, h/o cosmetic surgery x 3
- 55-year-old, keeps possessions/papers, piles throughout apartment/bath, family concerned
- 30-year-old with hair pulling (head, eyelashes), bald spots
- 25-year-old, daily picking of skin on chin, starting with pimples, now large skin lesions

OCD TREATMENT

- **Exposure and Ritual/Response Prevention (ERP)**
 - Repeated, prolonged exposure to feared stimuli/ situations
 - Strict abstinence from compulsive rituals
 - Hierarchy of feared situations
 - Focus on anxiety-provoking aspects of situation
 - 60-85% response rate; up to 5 years
 - Can combine with cognitive reappraisal

OCD TREATMENT

- **Medication**

- SSRIs, clomipramine

- 8-12 weeks

- May require high doses

- Optimal dose 40 mg fluoxetine/100 mg sertraline/20 mg escitalopram in recent systematic review and meta-analysis (Xu et al., Front Psychiatry 2021)

- 40-65% response rate (response = 35% reduction in symptoms)

- 25-40% relapse rate with discontinuation after 2 years

- SNRIs

MINORITY PARTICIPATION IN RANDOMIZED CONTROLLED TRIALS FOR OBSESSIVE COMPULSIVE DISORDER

Williams M, Powers M, Yun YG, Foa E. J Anxiety Disorders 2010; 24 (2):171-177.

- 21 North American RCTs reporting racial/ethnic data, 1995-2008
- N=2221
- 91.5% White/Caucasian, 1.3% Black/African-American, 1.0% Hispanic, 1.6% Asian, 1.5% other
- Recommendations:
 - Connections with minority communities and organizations
 - Broader advertising
 - Minority staff, faculty, consultants
 - Compensate for participation

BARRIERS TO TREATMENT AMONG AFRICAN AMERICANS WITH OBSESSIVE-COMPULSIVE DISORDER

Williams MT, Domanico J, Marques L, LeBlanc NJ, Turkheimer E. J Anxiety Disorders 2012; 26:555-563.

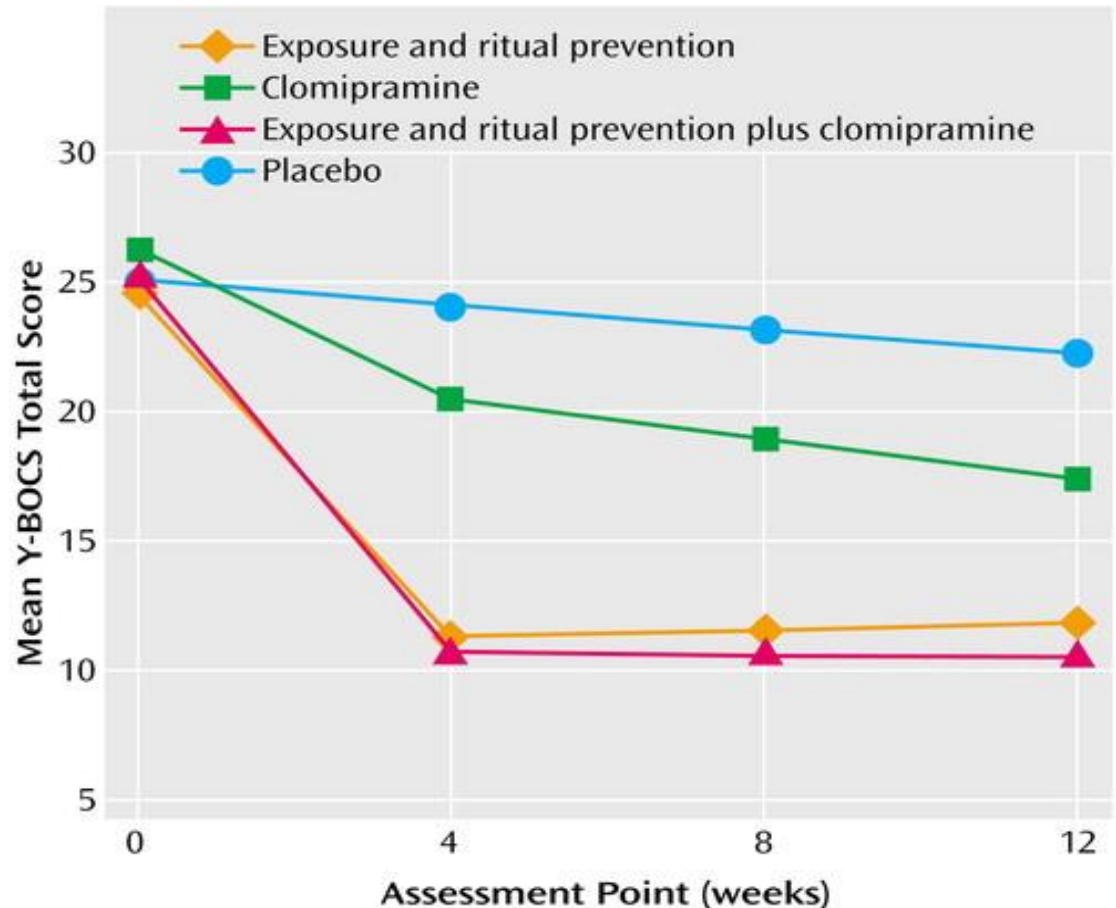
- Seven major barriers (n=71):
 - Cost of treatment
 - Stigma
 - Fear of receiving unwanted treatment, involuntary hospitalization
 - No perceived need for treatment/symptoms will resolve on their own
 - Unsure how to seek help, not knowing what to expect, concern that clinician will not be able to relate
 - Treatment will not work
 - Logistics (transportation, too busy/other commitments, too difficult to schedule)

COMBINED TREATMENT

Foa E et al., Randomized placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. *Am J Psychiatry* 2005; 162:151-161.

n=122 (84% Caucasian); 12 weeks

Response rates 70% for combined treatment, 62% ERP, 42% clomipramine, 8% placebo



TREATMENT-RESISTANT OCD

- 40-60% non-response to adequate SSRI/clomipramine trial
- Network analysis of 33 articles (34 studies; total n = 1216) of SSRI augmentation with antipsychotics/glutamatergic agents
- Trials placebo-controlled, 2-16 weeks
- Alternative augmentation strategies:
 - Aripiprazole (10-15 mg/day)
 - Lamotrigine (100 mg/day)
 - Memantine (5-10 mg/day)
 - Olanzapine (5-10 mg/day)
 - Quetiapine (50-300 mg/day)
 - Risperidone (0.5-2 mg/day)
 - Topiramate (150-200 mg/day; more side effects)
 - Zhou et al., 2019

Other options: IV citalopram, IV clomipramine, rTMS, tDCS, psychosurgery, DBS

OCD TREATMENT

- **TMS**
 - FDA-approved (2018) as adjunctive treatment for OCD
- **Psychosurgery/Deep Brain Stimulation (DBS)**
 - 30-60% response rates
 - DBS: anterior limb of internal capsule/nucleus accumbens or thalamus/subthalamic nucleus

MONITORING TREATMENT RESPONSE

Identify and monitor specific symptoms

Use rating scale to assess response

Only about 10% have full remission

Persistence of full/subthreshold OCD in up to 60% of children

TREATMENT OF OCD AND RELATED DISORDERS

Disorder	Treatment
Obsessive Compulsive Disorder (OCD)	Cognitive behavioral therapy (CBT/ERP) SSRIs; augmentation with atypical APs
Body Dysmorphic Disorder (BDD)	CBT SSRIs
Hoarding Disorder	CBT ?SSRIs, SNRIs
Trichotillomania (hair pulling disorder)	Behavioral interventions (habit reversal) ?N-acetylcysteine
Excoriation Disorder (skin picking disorder)	Behavioral interventions (habit reversal) N-acetylcysteine (1200-3000 mg/day)

EXCORIATION DISORDER TREATMENT

- 66 participants
- N-acetylcysteine (n=35) vs. placebo (n=31) for 12 weeks
- Dose 1200-3000 mg/day
- 47% vs. 19% much or very much improved
- Side effects:
 - Nausea (14% vs. 3% on placebo); dry mouth, constipation, dizziness; sulfur odor

» Grant et al., JAMA Psychiatry 2016

OCD AND COVID-19

- Distinguish rational response to COVID vs. exaggerated response/OCD symptoms, especially contamination, cleaning/washing
- Adjust CBT/ERP plan
 - Following CDC guidelines for handwashing instead of eliminating handwashing
 - Adjust/pause ERP and in vivo exposure
 - Imaginal exposure, cognitive reappraisal, behavioral activation and other therapy for depression, isolation
 - » Fineberg et al., 2020

TAKE HOME POINTS

- OCD and related disorders are common and cause significant distress and impairment
- The OCI-R can be used for screening and the Y-BOCS/OCI-R to monitor treatment response
- First-line treatments for OCD are cognitive behavioral therapy (especially exposure and response prevention/ERP) and SSRIs
- Interventions for treatment-resistant OCD include combining SSRIs/SNRIs, atypical antipsychotics, some glutamatergic agents
- There is a need for more studies (e.g., studies of treatments, addressing barriers to treatment) including people from racial/ethnic minority groups

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>**
- Fineberg NA, Van Ameringen M, Drummond L, et al. How to manage obsessive-compulsive disorder (OCD) under COVID-19: a clinician's guide from the International College of Obsessive-Compulsive Spectrum Disorders (ICOCS) and the Obsessive-Compulsive and Related Disorders Research Network (OCRN) of the European College of Neuropsychopharmacology. *Comprehensive Psychiatry* 2020; 100: 152174
- 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/>
- 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

QUESTIONS?
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