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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

OBSESSIVE COMPULSIVE DISORDER

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UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest? No

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OBJECTIVES

At the conclusion of this presentation, participants will be able to:

1. Discuss the diagnosis and differential diagnosis of obsessive compulsive disorder (OCD).
2. Discuss screening for OCD and monitoring of treatment outcome.
3. Describe evidence-based treatments for OCD and related disorders.

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CASE #1

A 15 year old Korean American boy is brought in by his parents because for the past 3 months he has been washing his hands over 50 times a day, so that his hands are red and chapped. His teachers complain that he leaves class frequently to go and wash his hands. He seems distracted during the visit with you and looks up at the ceiling repeatedly. When you ask him why, he says that otherwise he fears the ceiling will fall down, even though he knows rationally that this won't happen. He has a history of motor tics.

OBSESSIVE COMPULSIVE DISORDER

- Obsessions
  - Recurrent, persistent, intrusive, unwanted thoughts
  - Attempts to ignore/suppress/neutralize them

- Compulsions
  - Repetitive behaviors
  - Driven to perform, reduce anxiety/distress, neutralize obsessions

  - More than one hour/day; causes significant distress/impairment

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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

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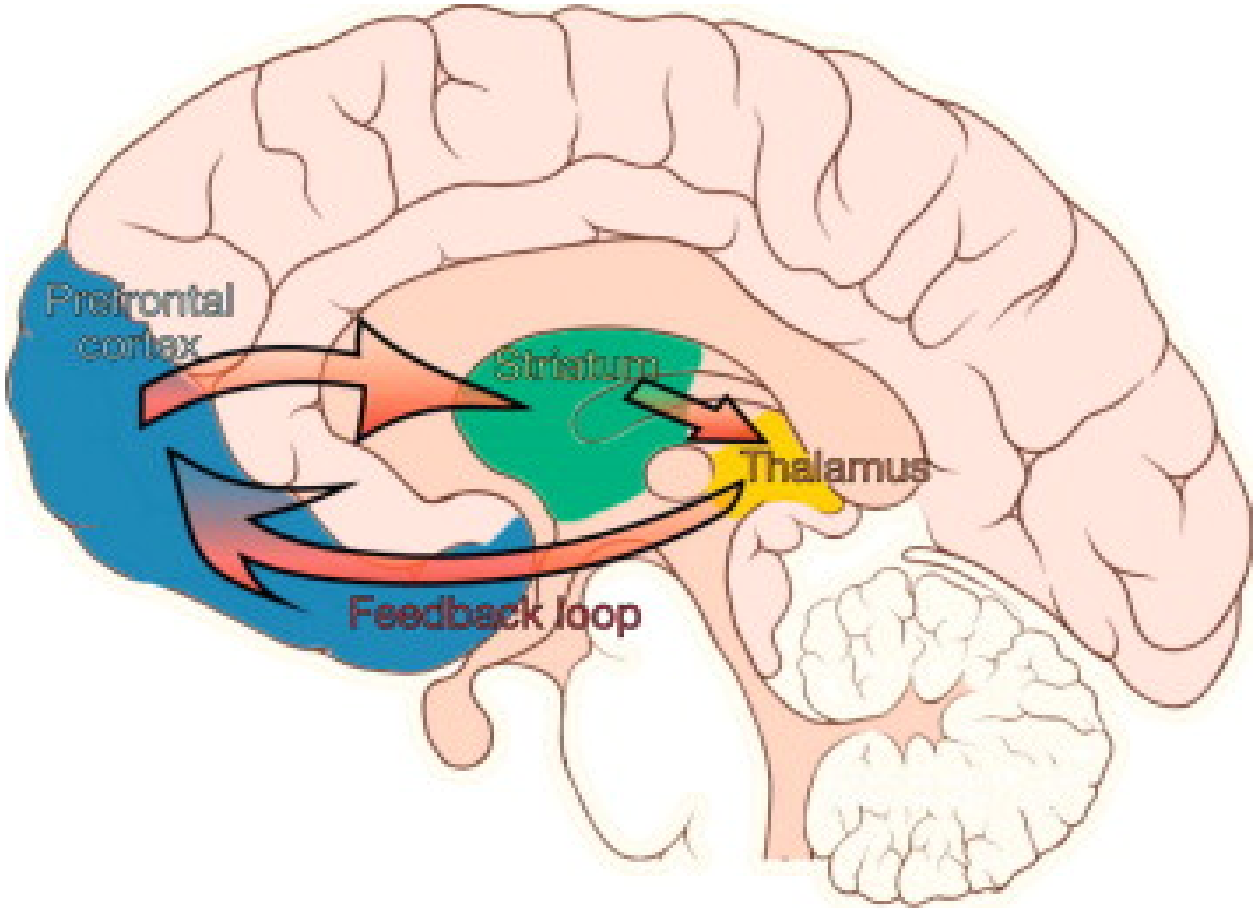
OCD EPIDEMIOLOGY

- 1.2% 12-month prevalence, 2.3% lifetime
- 1:1 male: female
- Males have:
  - Younger age of onset (childhood/teens vs. teens to 20s in females)
  - Higher rate of comorbid tic disorders
- Age of onset after age 40 uncommon – look for another cause

OCD NEUROBIOLOGY



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OCD PATHOGENESIS

- Cortico-striatal-thalamic-cortical (CSTC) circuit
- Genetic/heritable (espec. childhood onset)
- Serotonin
- Glutamatergic transmission

OCD DIFFERENTIAL DIAGNOSIS

- Psychiatric disorders
  - Anxiety disorders
  - Schizophrenia
  - Depression
  - Somatic disorders
- Neurological
  - Tourette's
  - Parkinson's
  - Other basal ganglia disorders

CASE #1

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CASE #2

- A 60 year old man with a history of intermittent, mild depression presents complaining of a 4-month history of worries and rituals. He checks the house for 30-60 minutes before leaving and has his wife check the house for at least 30 minutes before he can go to bed. He fears leaving appliances or lights on and starting a fire or leaving doors or windows open and allowing intruders in. He realizes that this is irrational but feels intolerable anxiety if he tries not to check. He has never had similar symptoms.

Y-BOCS

- 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

OCD TREATMENT

- **Exposure and Response Prevention (ERP)**
  - Repeated, prolonged exposure to feared stimuli/ situations
  - Strict abstinence from compulsive rituals
  - Feared situations approached according to hierarchy
  - Focus on anxiety-provoking aspects of situation
  - 60-85% response rate; up to 5 years

OCD TREATMENT

- **Medication**
  - SSRIs, clomipramine
    - High dose, 10-12 weeks
    - 40-65% response rate (response = 35% reduction in symptoms)
    - 25-40% relapse rate with discontinuation after 2 years
  - SNRIs
  - Augmentation with antipsychotics
    - e.g. risperidone
  - Glutamatergic agents
    - e.g. lamotrigine, topiramate, N-acetylcysteine, memantine, glycine

MONITORING TREATMENT RESPONSE

- Target specific symptoms
- Best treatment ERP + SSRI
- Use YBOCS
- Only about 10% have full remission

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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, 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

INSIGHT

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

TREATMENT OF OCD AND RELATED DISORDERS

Disorder	Treatment
Obsessive Compulsive Disorder (OCD)	Cognitive behavioral therapy (ERP) SSRIs
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)

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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

RESOURCES

- Grant J. Obsessive-compulsive disorder. NEJM 2014; 371:646-653.

- NIMH website: https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml

- International OCD Foundation: https://iocdf.org/

- Treatments that Work manual (ERP)

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