

Obsessive Compulsive Disorder

I have no financial relationships to disclose.

History

- OCD had historically been felt to be the quintessential psychodynamic illness
- The PANDAS studies have cast doubt on this
- Researchers feel that obsessive compulsive disorder can be the result of an autoimmune inflammation of the CSTC (cortical-striatal-thalamic-cortical) circuit in the brain. It is now listed as a poststreptococcal infection sequelae.

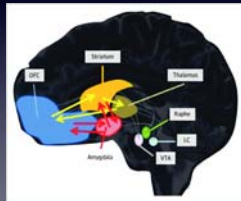
OCD

- This finding strengthens the link between traditional psychiatry and neurology.
- It points to the idea that for anything a human being experiences, there must be a neural correlate.
- Therefore, the understanding of neuroanatomy and neurophysiology is very important.

Link Between Psychiatry and Neurology

- The PANDAS
- Pediaatric autoimmune neuropsychiatric disorders
- Associated with
- Streptococcal infection

CSTC Circuit



Symptoms of OCD

- Recurrent thoughts, urges, and images that are intrusive and unwanted causing anxiety.
- Behaavioral or mental acts that are aimed at preventing or reducing anxiety, distress, or some dreadful event or situation

Symptomatic Concerns

- Aggression
- Contamination
- Pathologic doubt
- Religious scrupulosity
- Sexuality
- Superstition
- Symmetry and exactness

Onset

- Typical age of onset is between 19 and 25 years
- It can certainly begin at a younger age\
- De novo ocd in geriatrics is unusual; an exception to this is the distinct subgroup of patients with compulsive hoarding symptoms, a syndrome often comorbid with OCD.
- Many patients with OCD do not seek treatment until after 50 years of age.

Spectrum

- Some no longer consider OCD an anxiety disorder, but rather a part of a spectrum of disorders:
- Body dysmorphic syndrome
- Chronic picking
- Hoarding
- Obsessive personality disorder
- Genetic, neurochemical, and environmental risk factors interact

Differential Diagnosis

- ADHD
- Autistic spectrum
- Anxiety
- Depression
- Psychosis

Comorbidities

- 90% of patients with ocd will at some time meet criteria for another psychiatric diagnosis
- Suicidality is a concern

Treatment

- Cognitive -behavioral therapy: mainly exposure/response therapy
- SSRIs
- Antipsychotics
- SNRIs
- Clomipramine
- Interventions under study: glutamnergic, acetylcysteine, deep brain stimulation, ondansteron, anticonvulsants, stimulants, pindolol

Follow Up

- Patient report
- Family and caregiver reports
- Yale-Brown obsessive compulsive scale
