

## Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is characterized by repetitive obsessions or compulsions that often interfere with a patient's daily functioning. Patients with OCD experience high levels of anxiety about not being in control or about losing control. Anxiety in these patients is manifested as an obsession, which can only be suppressed by actions called compulsions. Patients with OCD can spend upwards of one hour per day carrying out their compulsion(s), though they may or may not be aware that they are performing an action or activity repeatedly. Interventions used to treat or manage OCD include cognitive behavioral therapy (CBT) and other behavioral therapies such as limiting the time for rituals, systematic desensitization, and flooding. Drug therapy may include SSRIs, clomipramine, or venlafaxine.



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### Assessment

#### Repetitive and Intrusive Thoughts

##### Repetitive and Intrusive Thought-bubble

The patient with OCD may experience repetitive and intrusive thoughts, also known as an obsession. Obsessions vary between individuals, but may include worrying about having germs on their hands or about leaving the door to their house unlocked. These obsessions often manifest as compulsions. While the obsessive or compulsive thoughts and actions vary widely among patients, some common themes include cleaning (cleansing rituals related to fear of contamination), symmetry (orderliness, repeating and counting compulsions), forbidden or taboo (involving sexual, religious or aggressive compulsions) and harm (obsessions related to harm coming to oneself or others with resulting compulsive checks).

#### Suppressed by Thought or Action

##### Suppressed by Thought-bubble with Action

In patients with OCD, obsessions can usually only be suppressed by thoughts or actions called compulsions. For example, if the patient is worried about having germs on their hands, he or she may wash their hands excessively to alleviate their anxiety.

#### Interferes with Daily Functioning

##### Broken Daily Functions

Obsessions and compulsions often interfere with a patient's daily functioning. Patients with OCD can spend upwards of one hour per day carrying out their compulsions.

#### May or May Not Be Aware

##### Aware or Unaware

Although compulsions may be obvious to others, patients with OCD may or may not be aware that they are performing an action or activity repeatedly.

### Interventions

#### Cognitive Behavioral Therapy (CBT)

##### Cog Behavioral Therapist

Cognitive behavioral therapy (CBT) is a type of psychotherapy based on analyzing and reforming maladaptive thoughts that are contributing to emotional and behavioral distress. It is indicated in a wide variety of behavioral health disorders and has demonstrated benefit in patients with OCD.

While the research is not entirely clear, there is some conflicting indication that CBT in conjunction with a serotonergic reuptake inhibitor may be more beneficial than either therapy is alone. Other therapeutic interventions include limiting the time that a patient is allowed to spend on their compulsion, systematic desensitization, and flooding.

### **Selective Serotonin Reuptake Inhibitors (SSRIs)**

#### **Selective Silver-ionic Reuptake Tube with Inhibiting-Chains**

Selective serotonin reuptake inhibitors (SSRIs) are the drug of choice for treating OCD patients. However, conflicting research has suggested that combining SSRIs with CBT may be more beneficial than monotherapy. All the SSRIs except citalopram and escitalopram are approved for the treatment of OCD by the FDA.

### **Clomipramine**

#### **Clam-map-ramen**

This tricyclic antidepressant functions by inhibiting the reuptake of serotonin and norepinephrine and has demonstrated similar efficacy in the management of OCD as that of SSRIs. However, clomipramine is generally not as well tolerated by patients and remains a second-line agent to SSRIs.

### **Venlafaxine**

#### **Vanilla-fax**

While it would follow that this serotonin-norepinephrine reuptake inhibitor (SNRI), with its similar general mechanism to SSRIs and clomipramine, would demonstrate some benefit in the management of OCD, this doesn't appear to be the case. Currently, only minimal research investigating venlafaxine in the treatment of OCD has been performed and it has not shown efficacy in the treatment of OCD over placebo nor is it currently FDA approved to treat OCD, despite it still being used sparingly for that purpose.