

Psychiatry Hub

OCD and related disorders Quiz

With Answers

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1) What is an obsession?

A thought, image or impulse that occurs over and over again that feels out of a person's control. The person finds them disturbing and unwanted and usually knows that they don't make sense. They come with uncomfortable feelings such as fear, disgust, doubt or a feeling that things need to be done "just right". They take a lot of time and get in the way of important things that the person values.

2) What is a compulsion?

Repetitive behaviors or thoughts that a person engages into neutralize, counteract, or make their obsessions go away. People with OCD realize this is only a temporary solution, but without a better way to cope they rely on the compulsion as a temporary escape. Compulsions can also include avoiding situations that trigger their obsessions. Compulsions are time consuming and get in the way of important activities the person values (socializing, working, going to school, etc.).

3) What criteria must be met to make a diagnosis of OCD in addition to the presence of obsessions and compulsions?

a) The compulsions take up one or more hours in a day

OR

b) The compulsions interfere with the patient's functioning

4) Name some other disorders related to the OCD spectrum and describe what they are:

a) Trichotillomania (compulsive hair pulling). A person can be diagnosed with trichotillomania if:

- The repeated pulling out of one's hair results in noticeable hair loss, and
- There is an increasing sense of tension immediately before pulling out the hair or when attempting to resist the behavior, and
- There is pleasure, satisfaction, or relief when pulling out the hair,
- Not due to another mental or medical condition
- Condition causes significant distress

b) Body Dysmorphic Disorder. The criteria include:

- Thinking too much about an imagined or slight flaw in a person's own looks. If there is a slight flaw, the person's concern is extreme.
- These unhappy feelings are consuming. These feelings cause harmful beliefs and attitudes that affect thoughts, emotions and behaviors. These can then harm all areas of a person's life, such as their social activities and job.
- No other mental disorders, for example eating disorders, cause these consuming feelings.

c) Skin picking disorder

A disorder where a person:

- Picks their skin over and over again, AND
- The picking is often or bad enough to cause tissue damage AND
- It causes a lot of distress and/or problems with work, social, or other daily activities

d) Tourette's Syndrome

Tourette Syndrome is a childhood neuropsychiatric disorder that involves multiple tics—repetitive sudden movements (motor tics) and vocal outbursts (phonic tics) that seem largely outside of the person's control. Tourette's Syndrome is one kind of a spectrum of tic disorders that includes transient tics (tics of less than a year's duration) and chronic tics (tics typically lasting more than a year.) Tics tend to occur many times each day (often in flurries), typically wax and wane in their severity, change in form over time, and may disappear for weeks or months before coming back.

5) Name some conditions that are frequently co-morbid with OCD:

- a) 76% have a lifetime diagnosis of an anxiety disorder (panic d/o, social anxiety disorder, generalized anxiety disorder, specific phobia)
- b) 63% have any depressive or bipolar disorder (41% major depressive disorder)
- c) 23-32% also have OCPD
- d) 30% have a lifetime tic disorder - in children, triad of OCD, ADHD and tic disorder can also be seen

6) Name two first-line treatments for OCD.

- a) Exposure and Response Prevention (a form of cognitive behaviour therapy)
- b) Treatment with an anti-depressant (sertraline, citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, clomipramine, venlafaxine)

7) What psychoeducation would be useful for OCD?

- About 70% of people will benefit from either a medication or CBT.
- Patients who respond to medication often show a decrease of 40-60% of symptoms while patients who engage in therapy show an 80% decrease in symptoms – the goal of treatment is to make life manageable rather than to entirely eliminate obsessions and compulsions.
- In order for medications to work they need to be taken on a daily basis and results may not be seen for 10-12 weeks – patience is important.
- In order for the therapy to work the patient must engage actively in the treatment and be prepared to complete homework.
- The best approach is to combine medication use with CBT
- Family psychoeducation can be very helpful as well.