

Module 9: Obsessive-Compulsive and Related Disorders

Module 9 Outline

- 9.1. Clinical Presentation
- 9.2. Epidemiology
- 9.3. Comorbidity
- 9.4. Etiology
- 9.5. Treatment

Module 9 Learning Objectives

- Describe how obsessive-compulsive disorders present.
- Describe the epidemiology of obsessive-compulsive disorders.
- Describe comorbidity in relation to obsessive-compulsive disorders.
- Describe the etiology of obsessive-compulsive disorders.
- Describe treatment options for obsessive-compulsive disorders.

9.1 Clinical Presentation

Section 9.1 Learning Objectives

- Describe how obsessive-compulsive disorder (OCD) presents.
- Describe how body dysmorphic disorder (BDD) presents.
- Describe how hoarding presents.

Section 9.1 Key Terms

Body dysmorphic disorder: A type of obsessive disorder, but the obsessive thoughts are focused on perceived defects or flaws in one's physical appearance.

Compulsions: Repetitive behaviors or mental acts that an individual performs to alleviate the anxiety caused by obsessive thoughts.

Hoarding: The persistent over-accumulation of possessions, including worthless possessions, such as garbage.

Obsessions: Repetitive and persistent thoughts, urges, or images; these obsessions are intrusive, time-consuming, and unwanted, often causing significant distress and affect an individual's daily functioning.

Muscle dysmorphia: The belief that one's body is too small or lacks the appropriate amount of muscle definition; although not a formal diagnosis, it is common in body dysmorphic disorder, particular in men.

Obsessive-compulsive disorder: Involves obsessive thoughts and compulsive behaviors.

Section 9.1 Key Takeaways

- As part of OCD, obsessions are repetitive and persistent thoughts, urges, or images while compulsions are repetitive behaviors or mental acts that an individual performs in response to an obsession.
- BDD is characterized by obsessions over perceived defects or flaws in one's physical appearance. Muscle dysmorphia refers to the belief that one's body is too small or lacks the appropriate amount of muscle definition and is a type of BDD common to men.
- Hoarding disorder is characterized by accumulating items without discarding possessions, regardless of their value or sentiment.

Section 9.1 Review Questions

1. Define obsessions and compulsions. Provide a list of examples of each thought/behavior.
2. What is body dysmorphic disorder? Give examples of characteristics that would not be consistent with a BDD diagnosis.
3. Many of us save items throughout our lifetime that remind us of specific events. How is this different from hoarding?

9.2 Epidemiology

Section 9.2 Learning Objectives

- Describe the epidemiology of OCD. Describe the epidemiology of BDD.
- Describe the epidemiology of hoarding.

Section 9.2 Key Terms

N/A

Section 9.2 Key Takeaways

- The prevalence rate for OCD is about 1.2% while BDD is 2.4% and hoarding is estimated at 2-6%.
- In terms of gender, more males are diagnosed with OCD and are thought to have hoarding disorder though clinical samples are more highly represented by females likely due to their greater likelihood to seek treatment. More females are diagnosed with BDD.

Section 9.2 Review Questions

1. What are the key gender differences in prevalence rates and presentation of symptoms for individuals with OCD?
2. What are some of the explanations regarding the lack of information regarding prevalence rates in hoarding disorder?

9.3 Comorbidity

Section 9.3 Learning Objectives

- Describe the comorbidity of OCD.

- Describe the comorbidity of BDD.
- Describe the comorbidity of hoarding.

Section 9.3 Key Terms

N/A

Section 9.3 Key Takeaways

- OCD is shown to have a high comorbidity with anxiety and depressive disorders as well as Tic disorder and ADHD in children.
- BDD has a high comorbidity with major depressive disorder.
- Hoarding has a high comorbidity with mood and anxiety disorders.

Section 9.3 Review Questions

1. What is the comorbidity rate between OCD and other anxiety disorders?
2. This section discussed the OCD triad in children. What two other disorders complete this triad?

9.4 Etiology

Section 9.4 Learning Objectives

- Describe the biological causes of obsessive-compulsive disorders.
- Describe the cognitive causes of obsessive-compulsive disorders.
- Describe the behavioral causes of obsessive-compulsive disorders.

Section 9.4 Key Terms

Hereditary transmission: The degree to which a psychological disorder is influenced by genetics.

Section 9.4 Key Takeaways

- Biological causes of obsessive-compulsive disorders include hereditary transmission, neurotransmitter deficits particularly in relation to serotonin, and abnormal functioning in brain structures.
- Cognitive causes of obsessive-compulsive disorders include distorted thinking such as overestimating the probability of harm, loss of control, or uncertainty in their life, and negative cognitive biases such as disconfirmation bias.
- Behavioral causes of obsessive-compulsive disorders include classical conditioning.

Section 9.4 Review Questions

1. What are the biological implications regarding the etiology of OCD and related disorders? What brain structures have been linked to these disorders?

2. Discuss identified cognitive biases that are related to the development and maintenance of OCD and related disorders?
3. The behavioral model discusses how classical conditioning may explain the development and maintenance of these disorders. What are some identified unconditioned and conditioned stimulus?

9.5 Treatment

Section 9.5 Learning Objectives

- Describe treatment options for OCD.
- Describe treatment options for BDD.
- Describe treatment options for hoarding.

Section 9.5 Key Terms

Exposure and response prevention (ERP): A treatment for OCD in which individuals are repeatedly exposed to their obsession, thus causing anxiety/fears, while simultaneously prevented from engaging in their compulsive behaviors.

Motivational interviewing: A counseling approach developed in part by clinical psychologists William R. Miller and Stephen Rollnick; it is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence.

Section 9.5 Key Takeaways

- Treatment options for OCD include exposure and response prevention, as well as SSRIs though the drug does not provide an added benefit in treatment.
- Treatment options for BDD include exposure and response prevention and drugs clomipramine and SSRIs.
- Treatment options for hoarding include exposure treatment, cognitive restructuring, and motivational interviewing.

Section 9.6 Review Questions

1. Discuss the various types of treatments for OCD. Which treatment option has the best outcome?
2. What are the different components of Exposure and Response Prevention? How do they work together to reduce OCD symptoms?
3. According to Frost and Hartl (1996) what are the main components that contribute to the maintenance of hoarding disorder?