

A comprehensive guide to obsessive-compulsive and related disorders

Michael Twohig*

Department of Psychology, Utah State University, USA

ABSTRACT:

Obsessive-Compulsive and Related Disorders (OCDs) encompass a group of conditions characterized by repetitive, intrusive thoughts (obsessions) and/or ritualistic behaviors (compulsions). These disorders significantly impact daily functioning and quality of life. The spectrum includes Obsessive-Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD), Hoarding Disorder (HD), TrichotilloMania (TTM), and excoriation (skin-picking) disorder. This review explores the clinical features, underlying neurobiological mechanisms, and treatment approaches for OCDs. Cognitive-Behavioral Therapy (CBT), particularly Exposure and Response Prevention (ERP), remains the gold standard for treatment, often supplemented by pharmacotherapy with Selective Serotonin Reuptake Inhibitors (SSRIs). Emerging research into the genetic and neurobiological underpinnings of OCDs is shedding light on novel therapeutic targets, offering hope for more effective and personalized interventions. Understanding the complex interplay of genetic, environmental, and psychological factors in OCDs is crucial for advancing diagnostic precision and treatment efficacy.

KEYWORDS: Body dysmorphic disorder, Trichotillomania.

INTRODUCTION

Obsessive-Compulsive and Related Disorders (OCDs) are a group of mental health conditions characterized by distressing, intrusive thoughts and repetitive behaviors. These disorders can significantly impair an individual's daily functioning and quality of life. Understanding the nature, symptoms, causes, and treatment options for these disorders is crucial for those affected and their loved ones. Obsessive-Compulsive and Related Disorders encompass a range of conditions that share similar features. The most well-known is Obsessive-Compulsive Disorder (OCD), but this category also includes Body Dysmorphic Disorder (BDD), Hoarding Disorder, Trichotillomania (Hair-Pulling Disorder), and Excoriation (Skin-Picking) disorder. OCD is characterized by the presence of obsessions and/or compulsions.

Obsessions are recurrent, persistent thoughts, urges, or images that cause significant anxiety or distress. Common obsessions include fears of contamination, fears of harm, and intrusive thoughts of a sexual or religious nature. Compulsions are repetitive behaviors or mental acts that an individual feels driven to perform in response to an

obsession or according to rigid rules. Examples include excessive hand washing, checking, counting, and arranging (Abramowitz JS, 2015).

OBSESSIVE-COMPULSIVE DISORDERS: Obsessive-Compulsive and Related Disorders (OCDs) are a group of mental health conditions characterized by distressing, intrusive thoughts and repetitive behaviors. These disorders can significantly impair an individual's daily functioning and quality of life. Understanding the nature, symptoms, causes, and treatment options for these disorders is crucial for those affected and their loved ones. Obsessive-Compulsive and Related Disorders encompass a range of conditions that share similar features. The most well-known is Obsessive-Compulsive Disorder (OCD), but this category also includes Body Dysmorphic Disorder (BDD), Hoarding Disorder, Trichotillomania (Hair-Pulling Disorder), and Excoriation (Skin-Picking) Disorder. OCD is characterized by the presence of obsessions and/or compulsions. Obsessions are recurrent, persistent thoughts, urges, or images that cause significant anxiety or distress. Common obsessions include fears of contamination, fears of harm, and intrusive thoughts of a sexual or religious nature. Compulsions are repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rigid rules. Examples include excessive hand washing, checking, counting, and arranging (Dell'Osso B, 2007).

BDD involves a preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others. This preoccupation

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*Correspondence regarding this article should be directed to: MichaelTwohig@usu.edu

leads to repetitive behaviors such as mirror checking, excessive grooming, or skin picking, and can result in significant emotional distress and impairment. Hoarding Disorder is characterized by persistent difficulty discarding or parting with possessions, regardless of their actual value. This difficulty is due to a perceived need to save items and distress associated with discarding them. The accumulation of items can clutter living areas and compromise their intended use. Trichotillomania involves recurrent pulling out of one's hair, leading to noticeable hair loss. This behavior is often accompanied by a sense of tension before pulling or when attempting to resist, followed by relief or gratification after pulling. Excoriation Disorder involves recurrent skin picking, resulting in skin lesions. Similar to Trichotillomania, individuals often experience tension before picking and relief or satisfaction afterward (Jenike MA, 1989).

The exact cause of OCRDs is not fully understood, but a combination of genetic, biological, and environmental factors is believed to contribute to their development. Family studies suggest a genetic component to OCRDs, as these disorders often run in families. Specific genes related to serotonin regulation and glutamate signaling have been implicated in OCD and related disorders. Neuroimaging studies have identified abnormalities in the brain circuits involved in regulating behavior and emotions in individuals with OCRDs. Dysregulation of neurotransmitters, particularly serotonin, is also thought to play a role. Stressful life events, trauma, and childhood adversity can trigger or exacerbate symptoms of OCRDs. Additionally, certain infections and autoimmune responses have been associated with the sudden onset of OCD symptoms in some children, a condition known as Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). The symptoms of OCRDs can vary widely depending on the specific disorder but generally involve repetitive behaviors or mental acts performed in response to intrusive thoughts or perceived defects. Diagnosis typically involves a thorough clinical assessment by a mental health professional, including a detailed history and evaluation of symptoms (Lewin AB, 2014).

Effective treatment for OCRDs often involves a combination of psychotherapy, medication, and lifestyle changes. Cognitive Behavioral Therapy (CBT) is the most widely used and effective form of psychotherapy for OCRDs (Marras A, 2016). A specific type of CBT called Exposure and Response Prevention (ERP) is particularly effective for OCD. ERP involves gradually exposing individuals to feared situations or thoughts without engaging in compulsive behaviors, helping them build tolerance to anxiety and reduce compulsive responses (Mataix-Cols D, 2006). For BDD, Hoarding Disorder, Trichotillomania, and Excoriation Disorder, tailored CBT approaches addressing specific symptoms and behaviors are also effective. For example, cognitive restructuring can help individuals with

BDD challenge distorted beliefs about their appearance, while skills training can assist those with Hoarding Disorder in organizing and discarding items. Selective Serotonin Reuptake Inhibitors (SSRIs) are commonly prescribed for OCRDs, particularly OCD. These medications help regulate serotonin levels in the brain, reducing the severity of symptoms. In some cases, other types of medications, such as tricyclic antidepressants or antipsychotics, may be used, particularly if SSRIs are ineffective (Murphy YE, 2015).

Lifestyle changes, such as regular exercise, adequate sleep, and stress management techniques, can complement psychotherapy and medication. Support groups and peer support can also provide valuable encouragement and shared experiences, helping individuals feel less isolated and more understood (Pellegrini L, 2021). Living with an OCRD can be challenging, but with appropriate treatment, many individuals experience significant improvement in their symptoms and quality of life. Early intervention is crucial, as it can prevent symptoms from worsening and reduce the impact on daily functioning. Continued research into the underlying causes and effective treatments for OCRDs holds promise for developing more targeted and effective interventions. Increased awareness and understanding of these disorders can also reduce stigma and encourage more individuals to seek help (Phillips KA, 2015).

Obsessive-Compulsive and Related Disorders encompass a range of conditions characterized by distressing thoughts and repetitive behaviors. While these disorders can significantly impact daily life, effective treatments, including psychotherapy, medication, and lifestyle changes, can lead to substantial improvement. Understanding and addressing the unique challenges of each disorder is crucial for providing the best possible care and support for those affected (Van Ameringen M, 2014).

CONCLUSION

Obsessive-Compulsive and Related Disorders encompass a range of conditions characterized by distressing thoughts and repetitive behaviors. While these disorders can significantly impact daily life, effective treatments, including psychotherapy, medication, and lifestyle changes, can lead to substantial improvement. Understanding and addressing the unique challenges of each disorder is crucial for providing the best possible care and support for those affected.

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