

CLASSIFICATION OF OCD

ICD-10 classifies OCD into 3 clinical subtypes according to the symptoms:

1. Predominantly obsessional thought or rumination
2. Predominantly compulsive acts.
3. Mixed Obsessional thoughts and acts.

CLINICAL FEATURES OF OCD


1. Washers (obsessional rituals)

This is the most common type. Here the obsession is of contamination with dirt, germs, body excretions and the like. The compulsion is washing of hands or the whole body, repeatedly many times a day. It usually spreads onto washing of clothes, bathroom, bedroom, door knobs and personal articles, gradually. The person tries to avoid contamination but unable to, so washing becomes a ritual.



2. Checkers (obsessional doubt)

In this type the person has multiple doubts that the activities may not have been completed adequately. for example the door has not been locked, kitchen gas has been left open, counting of money was not exact and etc.the compulsion, of course, is checking repeatedly to remove the doubt. Any attempts to stop the checking leads to mounting anxiety before one doubt has been cleared, other doubts may creep in.



3. Pure obsessions (intrusive thoughts)

This syndrome is characterized by repetitive intrusive thoughts, impulses or images which are not associated with compulsive acts.

The distress associated with these obsessions is dealt usually by counter thought for e.g praying, undoing actions et.c

- a. **Obsessional thoughts:** these are words . ideas and beliefs ghat intrude forcibly into the patients mind. They are usually unpleasant and shocking to the patient and may be obscene and blasphemous. E.g. Orderliness, sexual imagery repeated doubts et.c.



b. Obsessional images:

These are vividly imaginary scenes often of a violent or disgusting kind involving abnormal sexual practice

c. Obsessional impulses:

These are the urges to perform acts usually of a violent or embarrassing kind, such as injuring a child, shouting in church etc

c. Obsessional ruminations:

These involve internal debates in which arguments for and against even the simplest everyday actions are reviewed endlessly.



4. Primary obsessive slowing(symmetry)

- It is characterized by several obsessive ideas and or extensive compulsive rituals , in the relative absence of manifested anxiety. this leads to marked slowness in daily activity. usually the person demand on being need for symmetry and precise arranging so in order to neutralize it they will continue ordering, arranging, balancing, straightening until "just right" or perfect in their eyes.

DIAGNOSIS OF OCD

- Suggested by demonstration of realistic behavior that is irrational or excessive.
- MRI and CT shows enlarged Basal Ganglia in some patients.
- PET(Positron emission Tomography) shows increased glucose metabolism in part of the basal ganglia.
- ICD-10 criteria

TREATMENT MODALITIES

1. Psychotherapy

- Psychodynamic psychotherapy
- Cognitive Behavior therapy
- Supportive therapy

2. Phrmcological treatment

3. ECT

4. Self help and coping

5. Psychosurgery

PSYCHODYNAMIC PSYCHOTHERAPY

This can be used for the patients who are psychologically oriented.


The therapy is based on psychoanalysis in which the patient is made conscious about their unconscious thoughts and motivations thus gaining insight.



PSYCHODYNAMIC PSYCHOTHERAPY

A woman comes to therapist stating that she is chronically late and has done everything that she can to change this through a variety of organizational tools and methods but to not avail. Her behavior is interfering with her work and relationships.

The therapist and client discover that being early or even on time put her at risk of waiting for the person that she was meeting. Waiting evoked uncomfortable needful feelings, especially when she was waiting for someone on whom she was reliant. This in part had roots in traumatic experiences in her childhood around being forgotten by her parents and having to wait for them: in those situations she had felt helpless, frightened and dependent. With the help of her therapist, she gradually grew to tolerate her needful and dependent feelings and with that, no longer needed to eliminate these feelings either by being late or through other problematic behaviors.



COGNITIVE BEHAVIOR THERAPY

During treatment sessions, patients are exposed to the situations that create anxiety and provoke compulsive behavior or mental rituals. Through exposure, patients learn to decrease and then stop the rituals that consume their lives. They find that the anxiety arising from their obsessions lessens without engaging in ritualistic behavior. This technique works well for patients whose compulsions focus on situations that can be re-created easily.