


Psx\_002 Clinical Psychology - Pavel Humpolicek  
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# OCD

Obsessive Compulsive  
Disorder




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Prezi

## Introduction


### Debunking the myths of OCD





**TEDEd**  
Lessons Worth  
Sharing


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# History of OCD

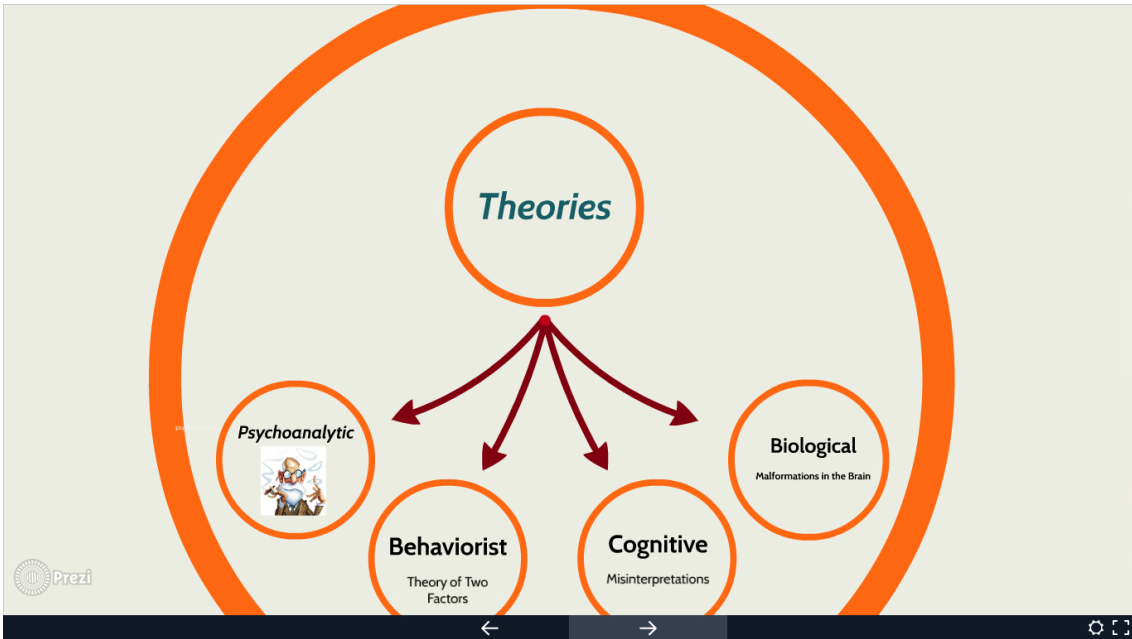
Middle Age - Bizarre 

XVII Century - Scientific Field 

XIX Century - Begins to take the form it has today 



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## Definition DSM-V

"OCD is an anxiety disorder characterized by the presence of **obsessions** and/or **compulsions**, both causing significant interference with functioning in several domains of life"

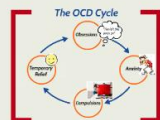


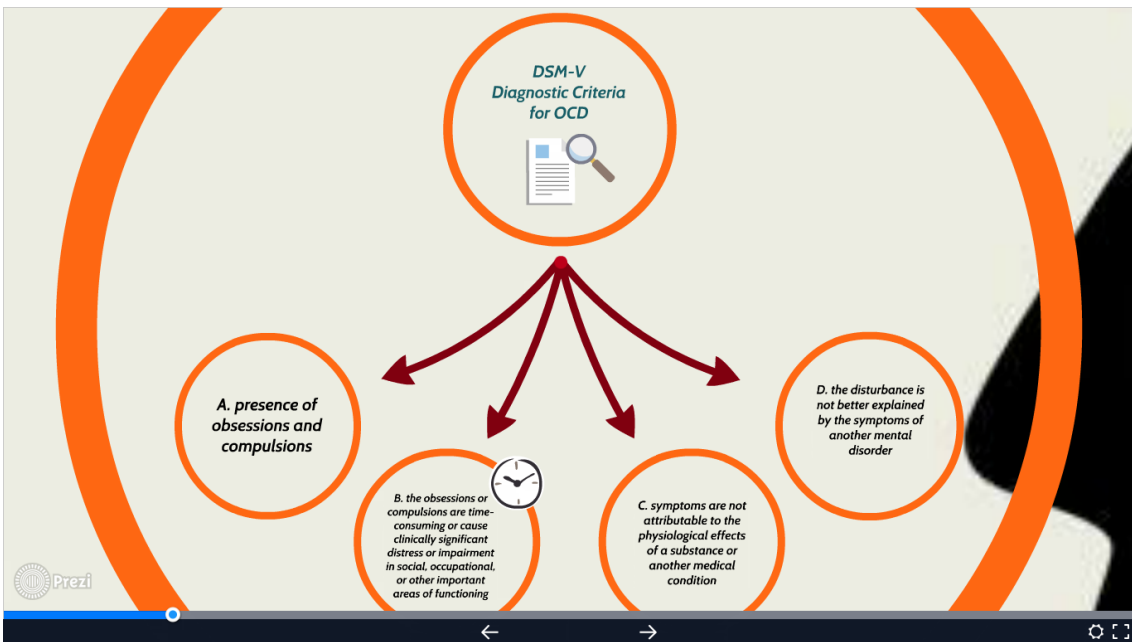
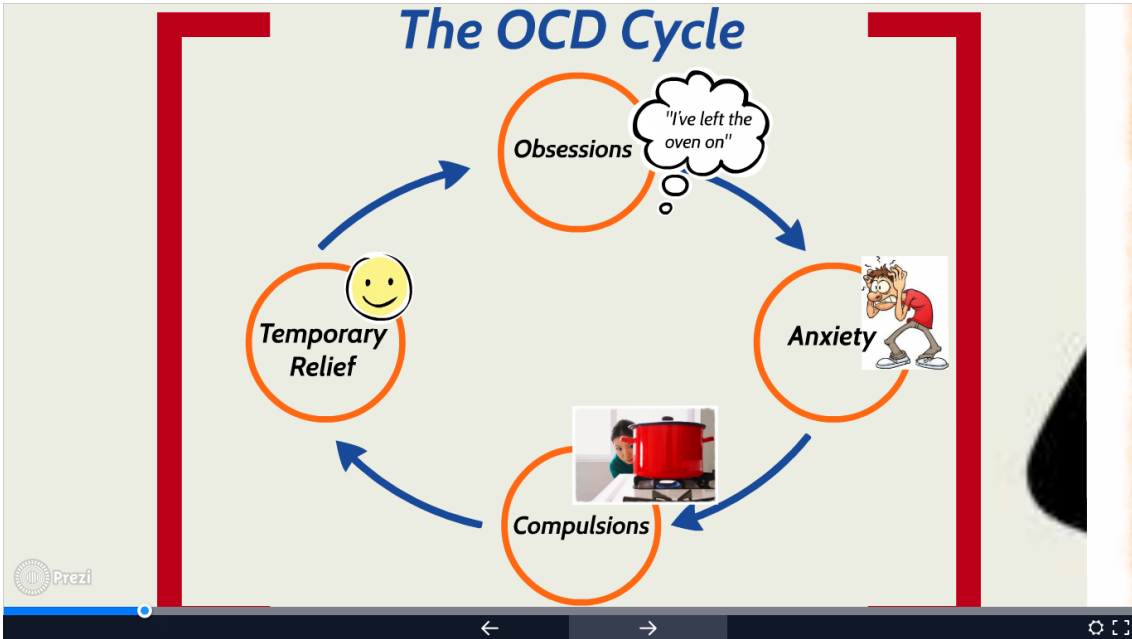
## Obsessions

*Recurrent and persistent thought, image, or impulse that are experienced as unwanted, intrusive and unacceptable, and that cause marked anxiety or distress.*

## Compulsions

*Repetitive behaviors or mental acts that an individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly*





# Specifiers

Individuals with OCD vary in the degree of insight

The diagram consists of a large orange circle containing a funnel shape. The funnel is divided into three horizontal sections, each with a corresponding text box. The top section is labeled 'Good or fair insight' and contains the text: 'Recognition that OCD beliefs are definitely or probably not true or that they may or may not be true'. The middle section is labeled 'Poor insight' and contains the text: 'The individual holds OCD beliefs that are probably true'. The bottom section is labeled 'Absent or poor insight' and contains the text: 'A full conviction that OCD beliefs are true'. A blue arrow points downwards from the top section towards the bottom section, indicating a progression or spectrum of insight.

**Good or fair insight**  
Recognition that OCD beliefs are definitely or probably not true or that they may or may not be true

**Poor insight**  
The individual holds OCD beliefs that are probably true

**Absent or poor insight**  
A full conviction that OCD beliefs are true

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## Good or fair insight

Recognition that OCD beliefs are definitely or probably not true or that they may or may not be true

This slide is a zoomed-in view of the top section of the funnel diagram from the previous slide. It features a large blue circle containing the text 'Good or fair insight' in orange and 'Recognition that OCD beliefs are definitely or probably not true or that they may or may not be true' in black. A red line and a blue line cross the circle from the right side.

**Good or fair insight**

Recognition that OCD beliefs are definitely or probably not true or that they may or may not be true

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*Poor insight*

**The individual thinks OCD beliefs are probably true**

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← →

⚙️

This slide features a large blue circle in the center containing the text. A red line starts from the top left and curves across the top of the circle. Another red line starts from the top left and goes down towards the bottom left. A black shape is visible on the right side of the slide.

*Absent insight/  
delusional beliefs*

**A full recognition that  
OCD beliefs are true**

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← →

⚙️

This slide features a large blue circle in the center containing the text. A red line starts from the top left, goes down, then curves across the top of the circle, and then goes down towards the bottom right. Another red line starts from the top left and goes down towards the bottom left. A small orange circle highlights the top-left corner of the slide. A black shape is visible on the right side of the slide.

## ICD - 10 Definition

"Obsessive-Compulsive Disorder consists of recurrent obsessional thoughts or compulsive acts."



## Obsessional thoughts

Images or impulses that enter the patient's mind repeatedly, in a stereotyped form.



## Compulsive Acts

Stereotyped behaviors that are constantly repeated again and that the patient recognizes that are pointless or ineffectual.



Predominantly of obsessional thoughts or ruminations

VS


Predominantly of compulsive acts


Con






**Epidemiology**

**Compulsions**  

  **Obsessions**



OCD in Children	
Obsessions and Compulsions	
Harm Avoidance	Checking
Cleanliness	Washing
Symmetry	Ordering

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**OCD in Children**


**Obsessions and Compulsions**

<b>Harm Avoidance</b>	<b>Checking</b>
<b>Cleanliness</b>	<b>Washing</b>
<b>Symmetry</b>	<b>Ordering</b>


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## Adults VS Children


**19 years**




**No gender differences**



**10 years**



**Boys**



*(Note: A vertical red line separates the two columns.)*

## Symptoms dimensions of OCD

**Cleaning**

Contamination obsessions and cleaning compulsions

**Symmetry**

Symmetry obsessions and repeating, ordering, and counting compulsions

**Forbidden or taboo thoughts**

e.g., aggressive, sexual, or religious obsessions and related compulsions




**Harm**

The fear of harming to oneself or others and by the checking compulsions

*(Note: A small legend box is located between the bottom two cards.)*

## Content of obsessions

There are three common themes, in descending order of frequency:

-  unwanted thoughts aggression/harm
-  unwanted sexual thoughts
-  blasphemous thoughts

## Etiology Causal Factors

Biological

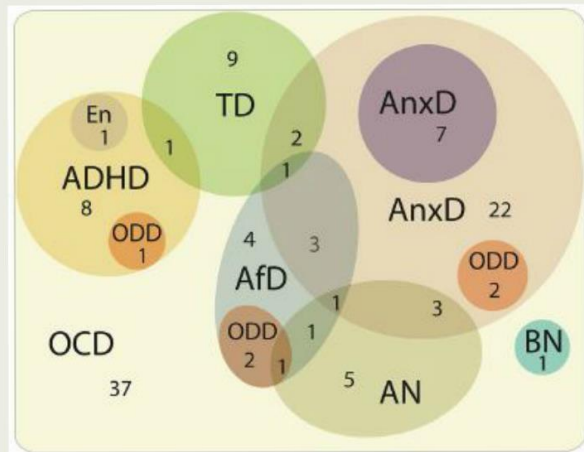


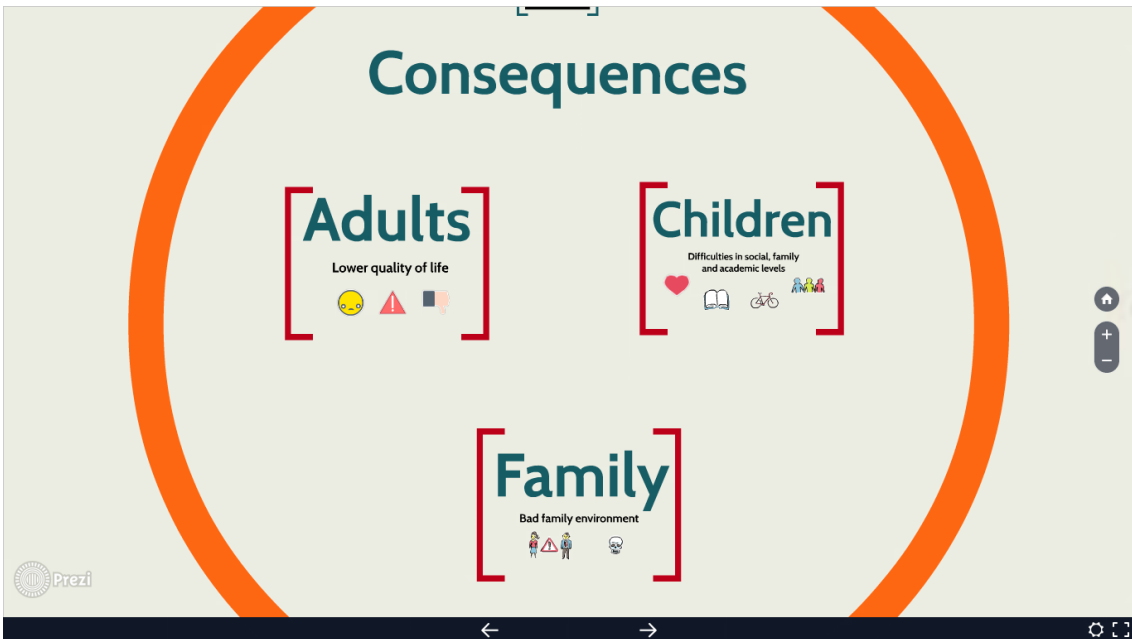
Psychological

# ADHD

## Comorbidity

The Obsessive-Compulsive Disorder has many and complex comorbidities, what suggests that it does not behave as a unitary disorder but rather as a constellation of symptoms or dimensions that interact with additional psychopathology, increasing the vulnerability for subsequent disorders (Torres, A. et al, 2016).





## TRAILER FOR UNSTUCK AN OCD KIDS MOVIE



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### Treatments

#### Psychological Interventions

#### Behavioral Therapy

##### Exposure and Response Prevention (ERP)

Consists of graded and prolonged exposure to fear-eliciting stimuli or situations, combined with instructions for strict abstinence from the rituals that cause him relieve.

Psychological Interventions  
Behavioral Therapy  
ERP

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## Psychological Interventions



### Cognitive Therapy



Teach patients to identify and correct dysfunctional beliefs about feared situations

The therapeutic reduction of false appraisals often lead to great relief and improvement for the patient

## PSYCHOLOGICAL INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE WITH OCD

### Cognitive Behavioral Therapy



Treatment of choice

- It's important to consider the **developmental differences** and some other aspects
- It's not possible to prevent OCD from starting - **Treatment** it's the best solution
- Involving parents in the treatment of their children - **good outcomes**

**Pharmacological treatment**

Robust data supports the effectiveness of Selective Serotonin Reuptake Inhibitors (SSRIs) - First-line pharmacological treatment of choice.

**SSRIs vs Clomipramine**

↓

Equivalent efficacy but SSRIs have less side effects

When the regular SSRI treatment doesn't work, evidence supports the use of adjunctive antipsychotic medication with the SSRI or the use of a high-dose SSRI.

**4 - 6 WEEKS**

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When the regular SSRI Treatment doesn't work, evidence supports the use of adjunctive antipsychotic medication with the SSRI or the use of a high-dose SSRI.

**4 - 6 WEEKS**

Regarding children, research has shown that children with early onset illness respond well to treatment, compared to adults if treatment is offered without delay (Fineberg, N. et al, 2015).

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# Conclusion

