



WORLD JOURNAL OF CURRENT MEDICAL AND PHARMACEUTICAL RESEARCH

www.wjcmpr.com

ISSN: 2582-0222

Review on obsessive-compulsive disorder

G Venkata Nagaraju¹, Shaik Karishma², Pothavarapu Tanuja², Kaki Sri Sushma², Shaik Sumayya², Vinodula Sumanth Shekar²

¹ Assistant Professor, Dept. of Pharmacy Practice, SIMS College of Pharmacy, Guntur, Andhra Pradesh, India

² B. Pharmacy final year, SIMS College of Pharmacy, Guntur, Andhra Pradesh, India

Abstract

OCD is a syndrome characterized by obsessions and compulsions, as well as other neuropsychiatric features, and is often associated with primary psychiatric disorders and various neurologic conditions. If severe, OCD can seriously interfere with the patient's quality of life. The mainstay of treatment is psychotherapy, especially cognitive-behavioural therapy, and pharmacologic interventions, especially selective serotonin reuptake inhibitors (SSRIs). Unfortunately, a significant proportion of patients are refractory to these treatment modalities. A new understanding about the neurobiology of OCD has led to novel investigational treatments, especially neuromodulation techniques.

Article History:



Received: 15.04.2022

Revised: 02.05.2022

Accepted: 28.05.2022

Keywords:

obsessions, compulsions, selective serotonin reuptake inhibitors, cognitive-behavioural therapy

*Corresponding Author

G Venkata Nagaraju

DOI: <https://doi.org/10.37022/wjcmpr.v4i3.216>

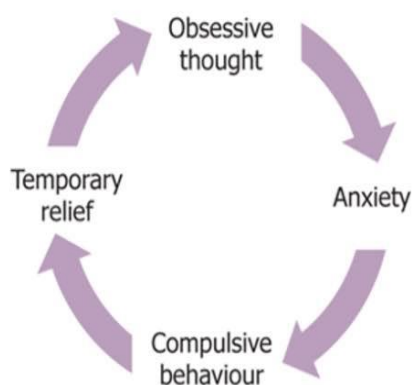
This article is licensed under a Creative Commons Attribution-Non-commercial 4.0 International License.

Copyright © 2022 Author(s) retain the copyright of this article.



Introduction

Obsessive-compulsive disorder (OCD) is a syndrome characterized by two main features: obsessions and compulsions. Obsessions consist of thoughts, images, or urges to perform a certain task that erupt into consciousness and which are frequently disturbing and anxiety provoking. Compulsions consist of the performance of repetitive motor acts executed with the sole purpose of ameliorating anxiety caused by either the obsession or a belief and conviction that things need to be a certain way [1].



Obsessions

Obsessions are recurrent and persistent thoughts, impulses, or images that cause distressing emotions such as anxiety or disgust.

These intrusive thoughts cannot be settled by logic or reasoning. Typical obsessions include excessive concerns about contamination or harm, the need for symmetry or exactness, or forbidden sexual or religious thoughts [2].

Compulsions

Compulsions are repetitive behaviours or mental acts that a person feels driven to perform in response to an obsession. The behaviours are aimed at preventing or reducing distress or a feared situation. Although the compulsion may bring some relief to the worry, the obsession returns and the cycle repeats over and over. Some of the common compulsions include cleaning, repeating, checking, ordering and arranging mental compulsions etc. [3].

Classification of OCD [4]

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

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

Clinical Features

- Obsessional thoughts.
- Obsessional ruminations.
- Obsessional doubts.
- Obsessional impulses.
- Obsessional rituals.
- Obsessional slowness.

Signs & Symptoms of Obsessions

1. Repeated thoughts about contamination (E.g. may lead to fear of shaking hands or touching objects).
2. Repeated doubts (E.g. repeatedly wondering if they locked the door or turned off an appliance).
3. A need to have things in a certain order (E.g. feels intense anxiety when things are out of place).
4. Thought of aggression (E.g. hurting a loved one).
5. Sexual imagery.
6. Washing and cleaning (E.g. excessive hand washing or house cleaning).



Fig 01: Symptoms of Obsessive-compulsive Disorder [5]

Diagnosis of OCD [1, 2, 6]

- Suggested by demonstration of ritualistic behaviour that is irrational excessive
- MRI and CT show enlarged Basal Ganglia in some patients.
- PET scanning shows an increase in glucose metabolism in part of basal ganglia.

Treatment Modalities [7]

1. Psychotherapy
 - a. Psychodynamic psychotherapy
 - b. Cognitive Behaviour therapy
 - c. Supportive therapy
2. Pharmacological treatment
3. ECT
4. Self-help and coping
5. Psychosurgery

Psychodynamic Psychotherapy [7, 8, 9]

This can be used for patients who are psychologically oriented. The therapy is based on psychoanalysis in which the patient is made conscious of their unconscious thoughts and motivations thus gaining insight.

Pharmacological Treatment

Benzodiazepines

- Alprazolam (0.5-1mg/day)
- Clonazepam(0.25-0.5 mg/day)

Antidepressants

- Clomipramine (75-300mg/day)
- Fluoxetine (20-80mg/day)
- Fluvoxamine (50-200mg/day)

Antipsychotics- these are occasionally used in low doses in the treatment of severe anxiety e.g.

- Haloperidol,
- Risperidone,
- Olanzapine.

Electro-Convulsive Therapy [10, 11, 12]

Electroconvulsive Therapy (ECT) In the presence of severe depression with OCD, ECT may be needed. ECT is particularly indicated when there is a risk of suicide and/or when there is a poor response to the other modes of treatment.

Self-Help and Coping

Obsessive-compulsive.

Obsessive

Compulsivedisordermamtabisht10Keeping a healthy lifestyle and being aware of warning signs and what to do if they return can help in coping with OCD and related disorders. Also, using basic relaxation techniques, such as meditation, yoga, visualization, and massage, can help ease the stress and anxiety caused by OCD

Psycho Surgery [13, 14, 15]

In severe chronic incapacitating cases, where all other treatments have failed, Stereotactic specific brain surgery has been reported to be successful. This surgery includes:

1. Anterior cingulotomy
2. Capsulotomy
 1. Limbic leucotomy
 2. These surgeries involve the separation of the frontal cortex from the deep limbic structure.

Prevention

1. There is no sure way to prevent obsessive-compulsive disorder.
2. Change your relationship with them and live a joyful mostly unimpaired life.

Conclusion

OCD commonly starts in childhood, and in addition to causing significant distress and impairment in children, it can persist into adult life where the WHO ranks it as one of the most impairing illnesses." National guidelines exist for the assessment and treatment of OCD, and children should be offered interventions according to guidelines incorporating these evidence-based treatments. A substantial proportion of children and adolescents will respond with full or partial remission to CBT, which may be combined with an SRI/SSRI. Unfortunately, inadequate provision of CBT means limitations in access to treatments, and current research aims to establish more accessible and economic formats of CBT. Ongoing research into the genetic and biological basis of OCD and its relationship with infections/autoimmunity may also in time increase understanding of mechanisms and offer new treatment possibilities.

Reference

1. Townsend Mary.C. psychiatric mental health nursing concepts of care. 4th edition. F. a. davis company publishers. Philadelphia USA. P 526-530.
2. Townsend Mary.C. psychiatric mental health nursing concepts of care. 5th edition. F. a. davis company publishers. Philadelphia USA. P 449-454.
3. Flament MF, Whitaker A, Rapoport JL, et al. Obsessive compulsive disorder in adolescence: an epidemiological study. *J Am Acad Child Adolesc Psychiatry* 1988; 27:764-71.
4. Heyman I, Fombonne E, Simmons H, et al. Prevalence of obsessive-compulsive disorder in the British nationwide survey of child mental health. *Br J Psychiatry* 2001; 179:324-9.
5. Douglass HM, Moffitt TE, Dar R, et al. Obsessive-compulsive disorder in a birth cohort of 18-year-olds: prevalence and predictors. *J Am Acad Child Adolesc Psychiatry* 1995; 34:1424-31.
6. Skoog G, Skoog I. A 40-year follow-up of patients with obsessive-compulsive disorder. *Arch Gen Psychiatry* 1999; 56:121-7.
7. Stewart S, Geller D, Jenike M, et al. Long-term outcome of pediatric obsessive compulsive disorder: a meta-analysis and qualitative review of the literature. *Acta Psychiatr Scand* 2004; 110:4-13.
8. Piacentini J, Bergman RL, Keller M, et al. Functional impairment in children and adolescents with obsessive-compulsive disorder. *J Child Adolesc Psychopharmacol* 2003; 13(2, Supplement 1):61-9.
9. Wewetzer C, Jans T, Muller B, et al. Long-term outcome and prognosis of obsessive-compulsive disorder with onset in childhood or adolescence. *Eur Child Adolesc Psychiatry* 2001; 10:37-46.
10. Micali N, Heyman I, Perez M, et al. Long-term outcomes of obsessive-compulsive disorder: follow-up of 142 children and adolescents. *Br J Psychiatry* 2010; 197:128-34.
11. Pauls DL. The genetics of obsessive compulsive disorder: a review of the evidence. *Am J Med Genet C Semin Med Genet* 2008; 148C:133-9.
12. Van Grootheest DS, Cath DC, Beekman AT, et al. Twin studies on obsessive-compulsive disorder: a review. *Twin Res Hum Genet* 2005; 8:450-58.
13. Eley TC, Bolton D, O'Connor TG, et al. A twin study of anxiety-related behaviours in pre-school children. *J Child Psychol Psychiatry* 2003; 44:945-60.
14. Stewart SE, Yu D, Scharf JM, et al. Genome-wide association study of obsessive-compulsive disorder. *Mol Psychiatry* 2013; 18:788-98.
15. Mattheisen M, Samuels JF, Wang Y, et al. Genome-wide association study in obsessive-compulsive disorder: results from the OCGAS. *Mol Psychiatry* 2014.
16. Taylor S. Molecular genetics of obsessive-compulsive disorder: a comprehensive meta-analysis of genetic association studies. *Mol Psychiatry* 2013; 18:799-805.
17. Pauls DL, Abramovitch A, Rauch SL, et al. Obsessive-compulsive disorder: an integrative genetic and neurobiological perspective. *Nat Rev Neurosci* 2014; 15:410-24.