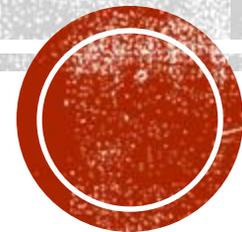


Obsessive–compulsive Disorder (OCD)

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- **Obsessive–compulsive disorder (OCD)**

Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition characterized by **persistent, intrusive thoughts** (obsessions) and **repetitive behaviors or mental rituals** (compulsions). These symptoms can significantly interfere with daily life, causing distress and anxiety.



- **Obsessions** are recurrent, persistent, intrusive, and unwanted thoughts, images, or impulses that cause marked anxiety and interfere with interpersonal, social, or occupational function. The person knows these thoughts are excessive or unreasonable but believes he or she has no control over them.



- **Compulsions** are ritualistic or repetitive behaviors or mental acts that a person carries out continuously in an attempt to neutralize anxiety. Usually, the theme of the ritual is associated with that of the obsession, such as repetitive hand washing when someone is obsessed with contamination or repeated prayers or confession for someone obsessed with blasphemous thoughts.



Common Compulsions Include

1. Cleaning & Contamination

- Excessive handwashing or showering
- Cleaning surfaces repeatedly (e.g., doorknobs, phones)
- Avoiding public places due to fear of germs
- Changing clothes excessively



2. Checking Behaviors

- Repeatedly checking locks, appliances, or lights
- Reading or writing things over and over to ensure accuracy
- Checking for mistakes in work excessively
- Replaying conversations in the mind to avoid perceived mistakes



3. Counting & Repeating

- Counting objects, steps, or actions to feel "safe"
- Repeating words, phrases, or prayers silently or aloud
- Performing actions a specific number of times to prevent bad outcomes



4. Ordering & Arranging

- Needing objects to be perfectly aligned or symmetrical
- Rearranging items repeatedly until they feel "just right"
- Feeling distress when objects are out of order



Onset and Clinical Course OCD

- 1. can start in childhood, especially in males.
- 2. In females, it more commonly begins in the 20s.
- 3. Overall, distribution between the sexes is equal. Onset is typically in late adolescence, with periods of waxing and waning symptoms over the course of a lifetime.
- 4. Individuals with early-onset OCD (average age of 11) and those with late-onset OCD (average age of 23) differ in several ways.
- 5. Early onset is more likely to affect males, has more severe symptoms, more comorbid diagnoses, and a greater likelihood of a family history of OCD



Related Disorders

- **self-soothing behaviors**, such as trichotillomania, dermatillomania, or onychophagia;
- **reward-seeking behaviors**, such as hoarding, kleptomania, pyromania, or oniomania;
- **disorders of body appearance** or function, such as body dysmorphic disorder (BDD).



Self-Soothing Behaviors

- These behaviors are often performed to relieve stress, anxiety, or tension, even though they may cause harm:
- **Dermatillomania (Skin Picking Disorder):** Repetitive picking at the skin, leading to sores or scarring.
- **Onychophagia:** Compulsive nail-biting, which can damage nails and surrounding skin.



Trichotillomania: Compulsive hair-pulling, often from the scalp, eyebrows, or eyelashes. Onset in childhood is most common, but it can also persist into adulthood with development of anxiety and depression.



Reward-seeking Behaviors

- These behaviors provide a sense of pleasure, excitement, or relief, despite potential negative consequences:
- **Hoarding Disorder:** Excessive accumulation of items, even if they are useless, leading to clutter. Diagnosis most commonly occurs between the ages of 20 to 30.
- **Kleptomania:** Compulsive stealing of items that are often unnecessary or of little value. Kleptomania is more common in females with frequent comorbid diagnoses of depression and substance use
- **Pyromania:** An impulse to deliberately start fires to feel pleasure or relieve tension.



- **Oniomania (Compulsive Buying Disorder):** Uncontrollable shopping and spending beyond financial means.
- Approximately 80% of compulsive buyers are females with onset of the behavior in the early 20s; it is often seen in college students. Compulsive shopping runs in families who also have a high comorbidity for depression and substance use



- **Body dysmorphic disorder (BDD):** An obsessive focus on perceived flaws in physical appearance, leading to distress and compulsive behaviors like excessive mirror-checking or cosmetic procedures.



Cause Of OCD

1. Biological Causes

-  **Brain Chemistry & Neurotransmitters**
 - Imbalances in **serotonin, dopamine, and glutamate** (neurotransmitters that regulate mood and behavior) are linked to OCD.
 - Medications like **SSRIs (Selective Serotonin Reuptake Inhibitors)** help balance serotonin levels, reducing OCD symptoms.



- **Brain Structure & Function**

- Studies show differences in the **orbitofrontal cortex, anterior cingulate cortex, and basal ganglia**, which are involved in decision-making, habit formation, and fear response.
- These brain areas may be **overactive**, leading to repetitive thoughts and compulsions.



Genetic Causes

-  **Family History & Heredity**
 - OCD tends to run in families, suggesting a genetic component.
 - People with a **first-degree relative (parent, sibling) with OCD** are at a **higher risk** of developing the disorder.
 - Specific genes related to **serotonin and brain connectivity** are being studied, but OCD is influenced by multiple genes rather than a single one.



Treatment

- medication, SSRI antidepressants, such as fluvoxamine (Luvox) and sertraline (Zoloft), are first-line choices, followed by venlafaxine (Effexor). Treatment-resistant OCD may respond to second-generation antipsychotics such as risperidone (Risperdal), quetiapine (Seroquel), or olanzapine (Zyprexa).



- Behavioral therapy specifically includes exposure and response prevention. Exposure involves assisting the client in deliberately confronting the situations and stimuli that he or she usually avoids. Response prevention focuses on delaying or avoiding performance of rituals. The person learns to tolerate the thoughts and the anxiety and to recognize that it will recede without the disastrous imagined consequences



Nursing Diagnosis

- Ineffective Coping: Inability to form a valid appraisal of stressor, inadequate choices of practiced responses, and/or inability to use available resources



Nursing Intervention

- Offer encouragement, support, and compassion.
- Be clear with the client that you believe he or she can change
- Encourage the client to talk about feelings, obsessions, and rituals in detail
- Gradually decrease time for the client to carry out ritualistic behaviors
- Assist the client in using exposure and response prevention behavioral techniques.
- Encourage the client to use techniques to manage and tolerate anxiety responses.
- Assist the client in completing daily routine and activities within agreed-upon time limits.
- Encourage the client to develop and follow a written schedule with specified times and activities.



CLIENT EDUCATION for OCD

- Teach about OCD
- Review the importance of talking openly about obsessions, compulsions, and anxiety.
- Emphasize medication compliance as an important part of treatment.
- Discuss necessary behavioral techniques for managing anxiety and decreasing prominence of obsessions.
- Tolerating anxiety is uncomfortable but not harmful to health or well-being.



Family EDUCATION for OCD

- Avoid giving advice such as, “Just think of something else.”
- Avoid trying to fix the problem; that never works.
- Be patient with your family member’s discomfort.
- Monitor your own anxiety level, and take a break from the situation if you need to.



Thank
you!

