



## **Obsessive-compulsive disorder: A Brief Account.**



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**Abstract:** Obsessive-compulsive disorder (OCD) is a common psychiatric condition with a lifetime prevalence of 1-2 %. The onset of illness is usually seen during adolescence. It is characterized by obsessions and compulsions, which are distressing, ego-dystonic and time-consuming, leading to significant socio-occupational dysfunction.

### **Obsessive-compulsive disorder**

Obsessive-compulsive disorder (OCD) is a common psychiatric condition with a lifetime prevalence of 1-2 %. The onset of illness is usually seen during adolescence. It is characterised by obsessions and compulsions. The obsessions and compulsions are distressing and time-consuming, leading to significant socio-occupational dysfunction.

**Clinical features of OCD:** -People with OCD may have obsessions, compulsions, or both.

Obsessions are repeated, unwanted, intrusive thoughts, urges, or mental images that are distressing or induce anxiety.

Common obsessions include

- Contamination from dirt, germs
- Religious or blasphemous thoughts
- Sexual thoughts
- Thoughts of violence or aggression
- Excessive concern with order or symmetry

Compulsions are repetitive behaviours or mental acts performed in response to obsessions to relieve distress/ to prevent dreaded consequence. It includes

- Checking
- Cleaning, washing
- Counting
- Ordering, symmetry, or exactness
- Hoarding
- Mental compulsions (e.g. special words or prayers repeated in a set manner)

**Aetiology/ pathogenesis: -**

The exact cause of OCD is unknown. Multiple factors like genetics, childhood trauma, and stressful life events play a role in causation. The CSTC circuit (cortico-striato-thalamo-cortical circuit) involving the orbitofrontal cortex, the caudate, the anterior cingulate cortex, and the thalamus is implicated in OCD pathogenesis. OCD symptoms can also develop in children following streptococcal infection (PANDAS).

**Diagnosis: -**

It is based on structured clinical interviews. Y-BOCS scale is commonly used to assess symptom severity. Other disorders like [anxiety disorders](#), [major depressive disorder](#), [eating disorders](#), [tic disorders](#), ur, and obsessive- can coexist with OCD.

**Treatment: -**

The management of OCD includes pharmacotherapy and psychotherapy. Selective serotonin reuptake inhibitors (SSRIs) are the first-line drugs for the treatment of OCD.

The effective dosage is usually more than that for depression. For patients who fail to show improvement with SSRIs, second-line treatment such as [clomipramine](#) or atypical antipsychotic augmentation is considered. Cognitive behavioural therapy and exposure and response prevention are highly beneficial. The combination of pharmacotherapy and psychotherapy yields better outcomes. There is growing evidence to support the use of [deep brain stimulation](#) and [repetitive transcranial magnetic stimulation](#) for treatment-resistant obsessive-compulsive disorder.

**Conclusion: -**

Despite the availability of treatment for OCD, many people seek treatment after several years of suffering. This is largely due to a lack of awareness about the illness and the embarrassment associated with symptoms. Early detection and effective treatment often improve the prognosis in these cases.