

Evaluation and Treatment of Obsessive-Compulsive Disorder: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- 1. A 45-year-old man reports concerns about obsessive thinking over the past 3 months. He describes unpleasant ruminations about being worthless because of not achieving goals he set for his life. He feels these are meaningful thoughts but painful and disturbing. He also reports feeling sad over the same time period and states that he has low energy and difficulty sleeping. He denies worry about everyday problems. What is this patient's most likely diagnosis?**
 - (A) Delusional disorder
 - (B) Generalized anxiety disorder
 - (C) Major depression
 - (D) Obsessive-compulsive disorder (OCD)
 - (E) Posttraumatic stress disorder
- 2. Which of the following would be the most appropriate first-line agent for OCD uncomplicated by any comorbid psychiatric disorders?**
 - (A) Buspirone
 - (B) Clomipramine
 - (C) Fluvoxamine
 - (D) Haloperidol
 - (E) Risperidone
- 3. A 35-year-old woman with OCD presents to her psychiatrist. She has been taking clomipramine 75 mg/d for 3 weeks and states that there has been no improvement in her symptoms. Which of the following would be the most appropriate treatment recommendation for this patient?**
 - (A) Augment with lithium
 - (B) Augment with trazodone
 - (C) Change to another tricyclic antidepressant
 - (D) Change to sertraline
 - (E) Gradually titrate clomipramine to 250 mg/d and continue the trial
- 4. A 55-year-old man presents to his primary care physician accompanied by his spouse. His wife is concerned that he may have OCD. She states that he sometimes is unsure if he has locked the door when leaving the house and walks back to check it. The patient agrees with his wife's statement but does not see it as a problem. They both agree that it does not interfere with his life. However, his wife is annoyed by the behavior and feels it is unnecessary. He denies any other repetitive behaviors or obsessive thoughts. No additional psychiatric symptoms are reported. What is the most likely diagnosis for this patient?**
 - (A) Anxiety disorder not otherwise specified
 - (B) Generalized anxiety disorder
 - (C) No psychiatric diagnosis
 - (D) Obsessive-compulsive personality disorder
 - (E) OCD
- 5. Which of the following conditions should always be considered in the differential diagnosis of a patient with suspected OCD?**
 - (A) Delirium
 - (B) Depersonalization disorder
 - (C) Malingering
 - (D) Neuroleptic-induced parkinsonism
 - (E) Tourette's disorder

(turn page for answers)

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ANSWERS AND EXPLANATIONS

1. **(C) Major depression.** Major depression is characterized by sadness, fatigue, sleep disturbance, and feelings of worthlessness.¹ The case patient is experiencing obsessive thinking, but it is a different type than seen with OCD. His ruminations are excessive but logical, rather than absurd and irrational, which is a characteristic of true obsessions.² His thought patterns are not suggestive of generalized anxiety disorder, which would require excessive worry about everyday life stressors. He does not have symptoms suggestive of delusional disorder or posttraumatic stress disorder.
2. **(C) Fluvoxamine.** Fluvoxamine and other selective serotonin reuptake inhibitors (SSRIs) have been shown to be effective for the treatment of OCD in numerous controlled studies.² Clomipramine, a tricyclic antidepressant, is considered to be slightly more effective for OCD than the SSRIs. However, the SSRIs have fewer side effects and are better tolerated by patients than clomipramine. Therefore, many experts recommend that a SSRI be tried first.^{2,3} Buspirone, risperidone, and haloperidol may be considered as augmentation strategies for selected patients but are not appropriate as first-line treatment.
3. **(E) Gradually titrate clomipramine to 250 mg/d and continue the trial.** An adequate therapeutic trial of any agent must be completed before changing agents or augmenting. For clomipramine, an adequate trial consists of a dose of 250 mg/d for 10 to 12 weeks.^{2,3} Sertraline is effective for OCD and would be an appropriate choice if the patient does not respond to or cannot tolerate an adequate trial of clomipramine. Lithium, trazodone, and tricyclic antidepressants other than clomipramine have generally not been found to be effective for OCD.^{2,3}
4. **(C) No psychiatric diagnosis.** The DSM-IV-TR states

that a diagnosis of obsessive-compulsive personality disorder requires 4 or more traits that represent a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control.¹ Further, for a diagnosis of OCD, the symptoms must cause marked distress, take more than 1 hour per day or significantly interfere with the person's functioning.¹ This individual has a mild compulsive trait that does not meet criteria for a psychiatric diagnosis. He does not have symptoms suggestive of generalized anxiety disorder or anxiety disorder not otherwise specified.

5. **(E) Tourette's disorder.** Tourette's disorder and OCD have a similar symptoms and age of onset.¹ Approximately 90% of those with Tourette's disorder have some compulsions, and up to 66% meet criteria for OCD.¹ Delirium, depersonalization disorder, neuroleptic-induced parkinsonism, and malingering do not have significant symptom overlap with OCD.

ACKNOWLEDGMENT

This work was supported in part by the Department of Veterans Affairs VISN 19 MIRECC.

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