

HOSPITAL PHYSICIAN®

PSYCHIATRY BOARD REVIEW MANUAL

STATEMENT OF EDITORIAL PURPOSE

The *Hospital Physician Psychiatry Board Review Manual* is a study guide for residents and practicing physicians preparing for board examinations in psychiatry. Each manual reviews a topic essential to the current practice of psychiatry.

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Obsessive-Compulsive Disorder

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Obsessive-Compulsive Disorder

Rafay Atiq, MD

INTRODUCTION

Once considered a rare condition, obsessive-compulsive disorder (OCD) is now recognized as the fourth most common psychiatric disorder.¹ It is also one of the most disabling medical illnesses, frequently associated with considerable psychosocial handicaps and a quality of life comparable with that experienced by patients with psychotic disorders.^{2,3}

Although OCD is a common psychiatric condition, it tends to be underdiagnosed and undertreated. Patients usually recognize their symptoms as unusual or bizarre, but because of fear or embarrassment, the patient will often present to the primary care physician with emotional or physical complaints rather than disclose underlying obsessions and compulsions. On average, the time from symptom onset to correct diagnosis is 17 years.⁴ During this time, symptoms can interfere with interpersonal relationships and occupational and academic achievement to a point where the symptoms become disabling. In a study by Hollander et al,⁵ 66% of patients with OCD had lowered career aspiration, 58% had lowered academic achievement, 47% experienced work interference, and 40% were unable to work for an average of 2 years due to their symptoms.

DEFINITION AND DIAGNOSTIC FEATURES

OCD is defined as a condition in which a person has distressing ideas, images, or impulses that repeatedly intrude into the patient's awareness (ie, obsessions) that are accompanied by persistent urges to perform repetitive rituals (ie, compulsions). These thoughts or obsessions are typically anxiety-arousing and inappropriate (egodystonic), and the rituals or compulsions serve to counteract this anxiety. Common obsessive themes include fear of contamination and fear of causing accidental harm to others. Common ritualistic behaviors include washing, checking, counting, and repeating. Other common obsessions and compulsions are outlined in **Table 1**.

Diagnostic criteria for OCD according to the DSM-

IV-TR are presented in **Table 2**.⁶ According to these criteria, compulsions and obsessions specific to OCD cause marked distress, are time-consuming (> 1 hr/day), and significantly interfere with the person's occupational, social, and interpersonal relationships. Some patients experience fewer symptoms than others.

EPIDEMIOLOGY AND COURSE OF ILLNESS

In the early 1980s, the prevalence of OCD was estimated at approximately 0.05% of the population.⁷ Based on a nationally representative sample and reliable diagnostic criteria, the first epidemiologic data for OCD were presented in the Epidemiological Catchment Area Study, which reported a lifetime prevalence rate of 2% to 3%.⁸ Another cross-national study using similar methods showed that the prevalence of OCD was relatively similar across many different populations.⁹ Several international epidemiologic surveys also confirmed these lifetime prevalence rates across cultural boundaries.¹⁰

Age of onset in OCD has a bimodal distribution. A study by Pauls et al¹¹ suggested that OCD begins in childhood in as many as 80% of cases.¹¹ Presentation in childhood is especially common in males and has greater familiarity and relation to tic disorders.¹² For others, OCD can occur later in life, such as after miscarriage, pregnancy, or parturition.^{13,14} Although men tend to have an earlier age of onset, roughly 50% of adults with OCD are women,¹⁵ unlike in many other anxiety and mood disorders in which prevalence is higher in females than in males. OCD is generally a chronic, unremitting illness with a waxing and waning course.¹⁶ Even with effective treatment, complete elimination of all symptoms is uncommon.

ETIOLOGY

PSYCHOLOGIC FACTORS

Although the precise underlying mechanism of OCD remains unknown, it appears to include a combination