Diagnosis: Obsessive Compulsive Disorder

Criteria:
- **Obsessions**
  - Recurrent or persistent thoughts or impulses that cause marked anxiety
  - Not simply excessive worries about real life problems
  - Patient attempts to ignore, suppress or neutralize them with some thought or action
  - Not a product of thought insertion or other thought disorder process
- **Compulsions**
  - Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession
  - The behaviors are aimed at reducing distress or preventing a dreaded situation, however, the acts are not connected to the obsession in a real way
- The person recognizes the acts as unreasonable (ego dystonic)
- Marked distress

Epidemiology:
- 2-3% lifetime prevalence
- female=male
- female onset earlier than male
- white>black
- onset in early 20s
- 5% with onset after 40

Etiology:
  - **Biological:**
    - ADHD, tics, and OCD associated in children (PANDAS in children)
    - 20% have tics (changes in basal ganglia, cingulum, striatum, frontal lobes)
    - Multiple neurotransmitter model (particularly responsive to serotonin meds)
    - high concordance in monozygotic twins
    - 35% in first degree relatives of probands
  - **Psychological:**
    - Undoing psychodynamic defense

Differential Diagnosis:
  - **Medical:**
    - TBI
    - Post encephalopathy
    - Tourettes
    - TLE
  - **Psychiatric:**
    - Schizophrenia
    - OCPD
Phobia
Delusional D/O

Treatment:
Bio:
- Serotonin medications
- Augment with lithium
- MAOI
- Clonazepam
- Buspirone
- ECT
- Psychosurgery (cingulate)

Psycho:
- CBT

Social:
- Psychoeducation

Prognosis:
- 1/3 of OCD have MDD
- Variable course
- Poor prognosis associated
  Early onset
  Severity
  Poor premorbid function
  Comorbid Axis I or II
- 1/3 improve
- 1/3 moderate improvement
- 1/3 little improvement