



Obsessive Compulsive Disorder (OCD) Clinical Guidelines

In Collaboration with FBH Partners' Providers, MHCBBC and JCMH

DSM-IV-TR Diagnostic Code: 300.3

Screening/Diagnosing Guidelines:

1. A diagnosis of (OCD) requires the following:

- 1) Presence of obsessions and/or compulsions
- 2) Recognition that the obsessions or compulsions are excessive or unreasonable
- 3) The obsessions or compulsions cause marked distress, are time consuming or significantly interfere with functioning
- 4) The content of the obsessions and compulsions is not accounted for by another Axis I disorder, and
- 5) Obsessions or compulsions are not due to a substance or a general medical condition.

2. When determining a diagnosis of OCD, consider that **obsessions are not simply excessive worries about real-life problems. In addition, although **compulsions** (internal mental rituals and/or external behaviors) provide the function of preventing or reducing distress, these behaviors only provide temporary relief, and not performing them markedly increases subjective anxiety. Useful diagnostic tools include the Yale Brown Obsessive Compulsive Scale (Y-BOCS) and The Anxiety Disorders Interview Schedule for DSM-IV: Lifetime Version.**

3. Differential diagnosis should include: depressive disorders, eating disorders, anxiety disorder due to a general medical condition, PTSD, ADHD, substance-induced anxiety disorder, Tourette's disorder, tic disorder, higher functioning autism spectrum disorders, hypochondriasis, and GAD. For example, differentiate depressive ruminations from obsessions by identifying thought content and resistance to such thoughts.

4. The symptom presentation in OCD, compared to other anxiety disorders, is more diverse and unique to the personal concerns and life experiences of the individual. There are a number of common **symptom subtypes including compulsive washing and checking. Obsession subtypes typically include: fear of contamination/disease, pathologic doubt, unacceptable behavior, somatic, need for symmetry, and failure.**

5. Assess for co-occurring mental health problems. Research demonstrates that more than half of individuals with OCD have at least one additional disorder including major depressive disorder, anxiety spectrum disorders, disruptive behavior disorders, tic disorders, learning disabilities, autism spectrum disorders, and eating disorders. Other obsessive-compulsive type disorders to consider include body dysmorphic disorder, trichotillomania, and habit problems (e.g., nail biting), although these are less common.

6. The **age of onset for OCD is earlier for males than females, 6-15 years old and 20-29 years respectively. The adulthood incidence is about the same for both genders. Young adults between 18 and 24 years are at the highest risk for developing OCD.**

Treatment Guidelines:

- 1.** A **primary goal** of treatment is to establish a strong therapeutic relationship in which the consumer feels safe and supported. This will allow the individual to fully engage in the therapeutic process and commit to the difficult work that treatment will require.
- 2.** The following should be **assessed regularly**: suicidal risk, depressive symptoms, substance use/abuse, and psychosocial impairment. Though suicidal obsessions are common in OCD, less than 1% of people with OCD commit suicide.
- 3.** Regardless of a person's age at onset, the content of obsessions does not determine prognosis. The factors associated with a **good prognosis** include the following: 1) Milder symptoms; 2) Brief duration of symptoms; and 3) Good functioning before full onset. It is important to intervene as early as possible to prevent worsening of the individual's condition.
- 4.** The Yale-Brown Obsessive Compulsive Scale (Y-BOCS) is a useful **clinical tool** to assist in the detection of specific symptoms to target during treatment.
- 5. The recommended treatment for OCD is Exposure with Response Prevention (ERP)**, a form of behavior therapy. In this treatment, the individual is repeatedly exposed to the source of their obsession(s) while being prevented from engaging in the avoidance behavior (compulsion/ritual). Additionally, adding an imaginal exposure component, (i.e. revisiting the experience in imagination by describing the emotional details), to the in vivo exposure can enhance long term outcomes.
- 6. ERP** has been shown to be more effective than relaxation or anxiety management training. It is essential that the clinician is familiar with the underlying principles of behavior therapy and is able to provide interventions accordingly. Supervision is recommended, unless well experienced with this treatment.
- 7. Pharmacologic treatment**, specifically, serotonergic medications, have been shown to be effective for OCD. However, no study has found clear, long term superiority for combined pharmacotherapy plus ERP over ERP alone. The symptom reduction with psychotropics can allow consumers to tolerate the distress associated with ERP; thus, premedication may be helpful in promoting readiness. Additionally, medications may be used to treat associated symptoms.
- 8.** The attached **medication algorithm** is recommended in prescribing medications for consumers with OCD. Clinical rationale for deviations from this algorithm should be documented in the clinical record.
- 9. Self-help or support groups** provide persons with OCD the opportunity to share their challenges and achievements with others. Talking with a trusted friend or member of the clergy can also provide support, but it is not a substitute for care from a mental health professional.
- 10.** Family and friends are very important in the recovery of a person with an OCD. **Education for family and friends** about how to be supportive without helping to perpetuate the symptoms should be included in the treatment program. Through education family and friends can learn supportive techniques such as patience and praise for small successes. It is important for family members to refuse to participate in rituals actively and unconsciously. Family members should know that this is a very real and treatable condition.