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Clinical Features of Obsessive-Compulsive Disorder

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder featuring intrusive and troubling symptoms, which are perceived as the products of one's own mind unlike schizophrenia. Obsessive-Compulsive Disorder (OCD) is characterized by absurd, recurrent and persistent thoughts (obsessions) followed by certain stereotyped actions (compulsions). The OCD patients realize the irrational nature of thoughts and rituals but feel helpless and hopeless about controlling them. The obsessive thoughts about cleanliness, exactness and household tools responsible for anxiety are apparently neutralized by repetitive rituals such as excessive and repetitive cleaning, arranging, checking and rechecking. Numerous genes modulating the serotonin and dopaminergic systems are thought to participate in the pathophysiology of OCD. There have been positive results with the association between polymorphism in the gene coding for D_4 dopamine receptor and OCD. Obsessive-Compulsive Disorder can impair all areas of brain functioning and produce devastating effects on patients and their families. Selective serotonin reuptake inhibitors (SSRIs) and to some extent tricyclic antidepressants form the main stay in the symptomatic treatment of OCD. However, none of these drugs provide complete relief and permanent cure.

Key words :
Obsession,
Compulsion,
Genetics,
Treatment.

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Background:

Obsessive-Compulsive Disorder (OCD) is characterized by absurd, recurrent and persistent thoughts (obsessions). The Patient affected by OCD feels compelled to carry out certain stereotyped actions, although he recognizes that his behavior is at times irrational. OCD may be looked upon as a condition in which the affected person frequently experiences irresistible urges to perform repetitive rituals (compulsions). OCD may be defined as the irruption in the mind of uncontrollable, egodystonic and recurrent thoughts, impulses or images. In OCD, repetitive rituals serve to counteract the anxiety precipitated by obsessions. The OCD patients realize the irrational nature of thoughts and rituals but feel helpless and hopeless about controlling them. Obsessive-Compulsive Disorder can impair all areas of brain functioning and produce devastating effects on patients and their families.

Classic psychoanalysis, as pioneered by Freud, interpreted obsessive-compulsive disorder as unconscious conflicts, which were defensive and punitive (Rapoport *et al.*, 1993). In modern psychoanalysis, obsessive-compulsive disorder is described as a portrayal of ambivalence, with confusion of thoughts and actions that are paradoxically manifested by rigidity and abnormal behaviors. Dynamic psychiatry interprets obsessive-compulsive symptoms as a reflection of feelings and thoughts that provoke aggressive or sexual actions that might produce shame, weakness or loss of pride (Baer, 1993). The thoughts and behaviors associated with OCD are viewed as senseless and egodystonic and they stand contradictory to the individual's motives, goals, identity and self-perception thereby creating significant subjective distress. The excessive nature of the compulsion, however, creates its own distress and it appears that the individual may be caught up in a kind of negative reinforcement loop (David *et al.*, 2004) The obsessive-compulsive spectrum disorders are Tourette's disorder, Body dysmorphic disorder, Hypochondriasis, Pathological jealousy, Trichotillomania, Skin picking, Nail biting, Compulsive buying, Kleptomania, Pathological gambling, Nonparaphilic sexual disorders, Obsessive compulsive personality disorder.

Clinical feature:

The OCD is clinically manifested by a wide range of symptoms. The most common types of obsessions are related to contamination, pathological doubts, somatic dysfunctions, need for symmetry, aggression and hyper sexual drive. The classical forms of compulsions include checking, washing, counting, need to ask, precision and hoarding. In OCD, senseless,