

# Obsessive Compulsive Disorders

Obsessive Compulsive conditions include Obsessive Compulsive Disorder, Body Dysmorphic Disorder, Hoarding Disorder, Trichotillomania, Excoriation, Substance/Medication Induced Obsessive Compulsive/related disorders, and Obsessive Compulsive and Related Disorder due to Another Medical Condition.

Obsessions are intrusive, recurrent and persistent thoughts, urges and/or images. Compulsions are repetitive behaviors or mental acts that a person does due to feeling forced or driven to do the act, often to reduce anxiety. The compulsions are often used to ameliorate the anxiety caused by the obsessions.

## Obsessive Compulsive Disorder

Obsessive Compulsive Disorder is characterized by the presence of obsessions and compulsions, the compulsions of which are used to reduce anxiety. The compulsions are often not associated in a realistic to the obsessions, or they are excessive in nature. For example, a person who is afraid of enclosed spaces may feel the need to repeatedly push on the walls of a small room because they fear the walls might close in.

## Body Dysmorphic Disorder

Body Dysmorphic Disorder is characterized by a preoccupation (obsession) about an actual flaw or perceived flaw in one's appearance that is deemed minor or non-existent to another person. To address this issue, the person engages in repetitive behaviors (compulsions).

## Hoarding Disorder

Hoarding Disorder is characterized by significant difficulty in throwing away or parting with possessions due to a perceived need to save the item (obsession). As a result, the person retains or accumulates possessions that causes significant problems with their living environment (compulsion).

## Trichotillomania

Trichotillomania is characterized by recurrent pulling out of one's hair even after repeated attempts to stop the behavior (compulsion).

## Excoriation

Excoriation is characterized by recurrent skin picking resulting in significant damage to the dermis, even after repeated efforts to discontinue the behavior.

## Treatment Considerations

1. Medication may be considered to aid in the reduction of anxiety and obsessions.
2. Psychological Treatments:
  - a. Response Prevention is the primary treatment for this condition.
  - b. Exposure therapy starting with imagination and potentially followed by real life exposure.
  - c. Focus upon reduction of anxiety using a myriad of anxiety reduction techniques.
  - d. Cognitive Behavioral Therapy
  - e. Psychodynamic methods
  - f. Hypnotherapy
  - g. Acceptance and Commitment Therapy.
  - h. Work on improving distress tolerance.

