

Causes of obsessive-compulsive disorder research papers example

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Abstract

Obsessive-compulsive disorder or OCD is a mental health illness that affects both the young and adult population. A condition that used to be considered as normal, this is now considered as a chronic disease that is characterized by symptoms of obsession and compulsion. In DSM-5, OCD was recently given a separate section together with other related diseases, such as the body dysmorphic disorder, trichotillomania or hair-pulling disorder, hoarding disorder, and excoriation disorder (skin-picking disorder). Although the process of assessing a patient for OCD faces many challenges, some types of assessments are proven to be more effective and accurate, like the Children's Yale-Brown Obsessive-Compulsive Scale (Cy-BOCS). The cause of this disease is not yet fully explored; some studies suggest genetics as a possible factor while others believe that this condition is caused by the environment. No matter what the cause is, two possible forms of treatment may be given to an OCD patient: the cognitive behavioral therapy or medications.

Introduction

According to the National Institute of Mental Health (n. d.), around 2. 2 American adults have Obsessive-Compulsive Disorder or OCD. As the term implies, this is characterized by obsessions and compulsions. Obsession is defined in Merriam-Webster online dictionary as “ a state in which someone thinks about someone or something constantly or frequently especially in a way that is not normal” (“ Obsession”). On the other hand, compulsion is defined as “ a very strong desire to do something” (“ Compulsion”). During

the earlier years, this condition is considered normal among children and adolescents. Bakwin, in 1953, described the symptoms of OCD as part of the normal development of children (as cited in Thomsen, 2013. pg. 23). Jean Piaget, a developmental psychologist, presented the same conclusion in his 1937 work entitled *The Construction of Reality in the Child* (as cited in Thomsen, 2013, pg. 23). However, succeeding studies revealed that the symptoms of OCD in children and adolescents are disabling. If left untreated, according to Piacentini and his group, this condition may affect how a child or young adult function at home, in school, or in other settings (as cited in Krebs and Heyman, 2015, pg. 495). In the previous editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, the standard classification of mental disorders used by professionals, OCD was classified as an anxiety disorder. However, in the fifth edition (*DSM-5*) that was released in May 2013, OCD was classified in a new section called “OCD and related disorders” (Krebs and Heyman, 2014, pg. 496). In order to clearly understand this disorder and the rationale behind its current classification in *DSM-5*, it is imperative to know and understand the signs and symptoms of OCD, its diagnosis, available treatments, and the nature of the related disorders, such as the body dysmorphic disorder, trichotillomania or hair-pulling disorder, hoarding disorder, and excoriation disorder (skin-picking disorder).

Despite numerous scientific research and studies, the factors that may cause OCD are not yet fully understood. Pauls, in his work entitled *The Genetics of Obsessive-Compulsive Disorder: A Review of the Evidence*, cites genetics as

one possible factor for the occurrence of OCD (as cited in Krebs and Heyman, 2014, pg. 495). Aside from this, few studies also suggest links between environmental and physiological factors (Krebs and Heyman, 2015, pg. 495). However, these are yet to be proven because the results of these studies are inconsistent and inconclusive.

Obsessive-Compulsive Symptoms and Diagnosis

OCD patients show several symptoms, and these symptoms are evaluated during clinical assessment and diagnosis. The National Institute of Mental Health cites some common symptoms of OCD. First is the repetition of thoughts or images. For instance, a person with OCD may repeatedly think about his fear of germs and dirt, leading him to become too occupied about the idea. Second is the excessive repetition of actions. For instance, the same person who is too occupied about his fear of dirt may keep on washing his hands over and over again. The third is the inability to control unwanted thoughts and behavior, and the fourth is spending at least one hour a day on the unwanted thoughts and rituals (National Institute of Mental Health, n. d.) For example, despite the desire to not think about the fear of dirt, the same patient cited earlier may not be able to do so. Instead, the idea lingers on his mind for long periods of time within the day, which causes stress and affects his day to day activities. He will have a hard time being with his co-workers for the fear of being contaminated with germs or he may find it hard to sit still within his work space without thoroughly cleaning every bit of the things that surround him. Because it is possible that different people show different sets of OCD symptoms, diagnosis of this disorder is often challenging (Krebs

and Heyman, 2014, pg. 496). It is also difficult for some children and adolescents to be diagnosed with OCD because some symptoms are similar with the characteristics of normal human development (Thomsen, 2013, pg. 26). Typically, it takes a long time before children and young adults are diagnosed with OCD because of these challenges. According to Thomsen (2013), when assessing a child for OCD, it is important to gather pieces of information from the child and from the parents using a diagnostic interview, preferably the Children's Yale-Brown Obsessive-Compulsive Scale (Cy-BOCS) because this has been used extensively in many clinical researches about OCD (p. 26).

Available Treatments for OCD

Obsessive-compulsive disorders may be treated using two ways, through Cognitive Behavior Therapy (CBT) or through medications, depending on which one the mental health professional would recommend.

Cognitive Behavior Therapy

During Cognitive Behavior Therapy (CBT), the therapist analyzes and provides insights about the patient's condition after they have conducted a conversation where the patient expresses his/her experiences, recurring thoughts, and feelings (National Alliance on Mental Illness, 2015). This is why CBT is also known as the "talk therapy." For patients with OCD, the most effective type of CBT is the Exposure and Response Prevention or ERP. According to Krebs and Heyman (2015), ERP "involves the young person gradually confronting their feared situations (eg. touching dirty door handles) and refraining from carrying out compulsions (eg. handwashing) in an

attempt to neutralise their anxiety or feared outcome” (p. 497). There are studies that prove the effectiveness of this therapy for OCD. Based on Watson and Reese study, 40%-50% of OCD symptoms can be reduced by ERP (as cited in Krebs and Heyman, 2015, p. 497).

Medications

Aside from CBT, an OCD patient may also be prescribed with medications. The most common form of medication for OCD is the serotonin reuptake inhibitors or SRIs. The U. S. Food and Drug Administration approved four kinds of selective serotonin reuptake inhibitors (SSRIs), and these are fluoxetine, fluvoxamine, paroxetine, and sertraline (Seibell and Hollander, 2014). According to Soomro, Altman, Rajagopal, and Oakley-Browne, these four have almost the same level of efficacy (as cited in Seibell and Hollander, 2014).

Depending on the severity of OCD, a patient may be recommended to take either CBT or medication, while in some cases, a patient may be advised to have both.

Disorders Related to Obsessive-Compulsive

In DSM-5, unlike its previous version, the chapter for obsessive compulsive disorder includes other related mental disorders, such as the body dysmorphic disorder, trichotillomania or hair-pulling disorder, hoarding disorder, and excoriation disorder (skin-picking disorder). This is done to show the interrelatedness of these disorders and to better help mental professionals when conducting assessment and providing appropriate treatments (American Psychiatric Association).

Body Dysmorphic Disorder

Body dysmorphic disorder or dysmorphophobia is a severe mental health disorder that may affect just about anyone in the world. Although it is normal for a person to not like something about one's own appearance, it doesn't usually interfere with day to day activities. This is different from the case of someone who has dysmorphophobia. This mental condition is characterized by a person's belief that he/she is ugly or deformed (e. g., severely scarred skin, crooked lips, or overly large eyes), which negatively affects his/her ability to socialize and perform daily activities (Phillips, 2004). Patients suffering from dysmorphophobia find it hard to control the thought of being ugly or deformed, which may lead to repetitive and excessive grooming, mirror checking, excessive exercise to look better, the intense need to undergo surgery, and the application of excessive make-up or clothing. These repeated thoughts and behaviors are similar with OCD patients. This condition causes low-self esteem and depression that may even lead to eventual suicide if not treated (Phillips, 2004).

Trichotillomania or Hair-Pulling Disorder

Trichotillomania (TTM) or hair-pulling disorder is a severe impulse control disorder. Patients who have this condition, according to the American Psychiatric Association, are obsessed with pulling out one's own hair resulting to hair loss (as cited in Franklin, Zagrabbe, and Benavides, 2011). Aside from noticeable hair loss, people with TTM are also at risk of skin infection and irritation in the part of the head where hair is often pulled.

There are also cases when patients eat their hair after pulling, and this causes gastrointestinal problems (Franklin, Zagrabbe, and Benavides, 2011).

Hoarding Disorder

Hoarding disorder is characterized by the tendency to excessively hold on to things, even those that are seen as without value. People who have this condition, also known as the hoarders, find it hard to discard their possessions and accumulate them in great quantity, which is different from normal collecting behaviors (American Psychiatric Association). For instance, a hoarder may find it hard to discard old and outdated books, even if they are already torn and can no longer be used. Aside from that, he/she may even be obsessed with accumulating more books, both old and new, up to the point where there is no longer enough room to move normally within the house. According to a research conducted by Nordsletten et al., around 1.5% of the population suffers from hoarding disorder (as cited in Bloch et al., 2014). Hoarders are often obsessed by the fear of losing their things, and this triggers their compulsion to acquire and keep more things than necessary.

Excoriation Disorder (skin-picking disorder)

Excoriation disorder or skin-picking disorder (SPD) is characterized by an individual's tendency to repeatedly pick his/her skin, ultimately causing skin lesions and infections. According to Adamson, this disorder, also called pathological skin picking, neurotic excoriation, or dermatillomania, was first described in 1875 by Erasmus Wilson (as cited in Odlaug et al., 2012). This may affect both men and women, young and old. In a study conducted by

Tucker, Woods, Flessner, Franklin S., and Franklin M., a group of individuals with SPD reported mild to moderate effects on family life, social life, and professional and academic life (as cited in Odlaug et al., 2012).

Conclusion

Now, more than ever, patients with OCD can potentially live normal lives with reduced symptoms of obsession and compulsions. Because the diagnosis for obsessive-compulsive disorder faces several challenges over the years, the American Psychiatric Association has found a way to make the diagnosis and treatment easier. Through the addition of a chapter in DSM-5 that is specifically meant for obsessive-compulsive disorder and other related disorders, a more accurate assessment and diagnosis may be done, and this diagnosis will serve as the key to obtain the most proper treatment for OCD patients. Through continuous scientific research and studies, there is a greater potential to help improve the lives of OCD patients.

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