

Diagnosis/ Distinguishing Symptoms

Obsessive-compulsive disorder (OCD): is characterized by excessive thoughts and fears (obsessions) that lead to repetitive behaviors (compulsions). OCD usually includes both obsessions and compulsions, but it is possible to have only one or the other. OCD obsessions are repeated, persistent and unwanted thoughts, urges or images that are intrusive and cause distress or anxiety. OCD compulsions are repetitive behaviors that you feel driven to perform; these acts are meant to reduce anxiety related to the obsessions.

Signs and symptoms

OCD Obsessions- fear of being contaminated by touching objects others have touched, doubts that you've locked the door or turned off the stove, intense stress when objects aren't orderly or facing certain way, images of driving your car into a crowd of people, thoughts about shouting obscenities or acting inappropriately in public, unpleasant sexual images, avoidance of situations that can trigger obsessions such as shaking hands.

OCD Compulsions- hand-washing until your skin becomes raw, checking doors repeatedly to make sure they are locked, checking the stove repeatedly to make sure it is off, counting in certain patterns, silently repeating a prayer word or phrase, arranging your canned goods to face the same way.

Prevalence, Etiology & Risk Factors

Prevalence: OCD is one of the most prevalent personality disorders occurring in about 2% to 8% of the population, affecting twice as many men as women. Usually begins in the teen or young adult years but can start in early childhood. Symptoms usually begin gradually and tend to vary in severity throughout life. The types of OCD experienced can also change over time. Incidence of OCD is higher in the oldest child and people in professions involving facts, figures, or methodical focus on detail.

Etiology: Biology- OCD may be a result of changes in your body's own natural chemistry or brain functions. Genetics- OCD may have a genetic component, but specific genes have yet to be identified. Learned behavior- Obsessive fears and compulsive behaviors can be learned from watching family members or gradually learned over time.

Risk factors: Family History- having parents or other family members with the disorder can increase your risk of developing OCD. Stressful life events- if you have experienced traumatic or stressful events your risk may increase. Other mental health disorders- OCD may be related to other mental health disorders such as anxiety disorders, depression, substance abuse, or tic disorders.

Theory

The causes of OCD are not fully understood. Westphal's theory is that compulsions are a learned behavior which becomes repetitive and habitual when they are associated with relief from anxiety. Another theory by Freud states that obsessions are thoughts that repeatedly enter the mind even when they are unwanted and compulsions are behaviors intended to neutralize these thoughts or to check that

they aren't true. There are many theorists who have been stated to recognize and name OCD as a disorder. First starting with Robert Burton in 1621, noting in his book *The Anatomy of Melancholy*, First described in psychiatric literature by Esquirol in 1838, then in 1877 Carl Westphal came up with his own definition on the disorder ("Obsessive-compulsive and Related Disorders").

Treatments/Nursing Actions/Rationale & Clinical information

Treatments

Optimal treatment combines medication (SSRIs) antidepressants (Zoloft, Luvox, Effexor) with behavioral therapy. Behavioral therapy can include exposure and response prevention. Other somatic therapies include deep brain stimulation with implanted electrodes and transcranial magnetic stimulation.

Nursing Actions/Rationale & Clinical information

Nurses can help the client view decision-making and completion of projects from a different perspective there by helping them helping them to accept or tolerate less-than-perfect work. Nurses can help by encouraging clients to take risks such as letting someone else plan a family activity or help them negotiate with family/friends to help the client relinquish their need for control. Nurses can help by educating the client and their family/friends to limit, but do not interrupt, the compulsive acts. Nurses can help the client by encouraging them to consistently take their SSRI for anxiety and to stay away from alcohol/recreational drugs as a way to cope with OCD. Nurses can help by encouraging the client to seek treatment in group or individual therapy settings, community support programs, or self-help groups in conjunction with taking their prescribed medications.

Sources

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