

Chapter 4 Q.12

The major change for obsessive-compulsive disorder according to (APA) the publisher of DSM-5 is the facts that it and related disorders now have their own chapter. They are no longer considered 'Anxiety Disorders'. This is due to increasing research evidence demonstrating common threads running through a number of OCD-related disorders-Obsessive thoughts and /or repetitive behaviors. The list and description of four patterns in this group are noted.

1. Body dysmorphic disorder: This group in the DSM-5 remains largely unchanged from DSM 4, however include one additional criterion which is describes as repetitive behaviors or mental acts in response to preoccupations with perceived defects or flaws in physical appearance. It is added to be consistent with data indicating the prevalence and importance of this symptom.
2. Trichotillomania (hair-pulling disorder) : This disorder remains largely unchanged from DSM 4 although the name has been updated to add "hair-pulling disorder, it could be probably because people didn't know what trichotillomania actually means.
3. Hoarding disorder: This group is updated from being as just one symptom of obsessive-compulsive personality disorder in DSM-4, to a full-blown diagnostic category in DSM-5. After the DSM-5 OCD working group examined the research literature on hoarding, they found little support to suggest this was a variant of a personality disorder, or a component of another mental disorder.
4. Excoriation (skin-picking) disorder. This is newly added to DSM-5. It is estimated that between 2 to 4% of the population could be diagnosed with

this disorder. Resulting problems may include medical issues such as infections, skin lesions, scarring and physical disfigurement. It is characterized by constant picking at your skin, resulting in skin lesions.

I personally think the change has brought in standardization in diagnoses and treatment, and it easy for clinical therapist to handle such issues of disorder now that each have their chapter.