



Obsessive-compulsive behaviour

Diagnosis of obsessive-compulsive disorder (OCD)

OCD is characterised by two main types of symptom. These are:

- **Obsessions** – these are intrusive thoughts or impulses that disturb the patient and that they try to resist.
- **Compulsions** – these are thoughts or actions intended to help resist the obsessions and provide relief from the anxiety they provoke.

Frequently, obsessions and compulsions are related. For example, fear of germs or contamination (the obsession) might be accompanied by excessive and ritualistic washing and cleanliness behaviour. However, the compulsion does not always follow logically from the obsession (e.g. a patient who turns the lights on and off a set number of times to avoid disastrous things happening).

Diagnostic Criteria (DSM-IV)

- A. The patient reports or displays obsessions and/or compulsions. These are defined as follows:

Obsessions

- Recurrent and persistent thoughts, impulses or images that are experienced as intrusive and inappropriate and which cause anxiety or distress.
- The thoughts, impulses or images are not simply excessive worries about real-life problems.
- The person attempts to ignore or suppress such thoughts, images or impulses or neutralize them with some other thought or action.
- The person recognises that the thoughts, impulses or images are a product of their own mind (i.e. not experienced as imposed from without).

Compulsions

- Repetitive behaviours (e.g. handwashing) or mental acts (e.g. counting) that the person feels driven to perform in response to an obsession or according to rules that must be applied rigidly.
- The behavioural or mental acts are aimed at preventing or reducing distress/anxiety associated with obsessive thoughts but are not realistically connected with them or clearly excessive.

- B. The person generally recognises that the obsessions and/or compulsions are excessive or unreasonable (not necessarily the case in children).

- C. The obsessions or compulsions cause marked distress, are time consuming or significantly impair the person's capacity to carry out normal activities.

The lifetime prevalence for OCD is estimated at 2.6% (Karno & Golding, 1991) although severity of symptoms varies considerably and is on a continuum with normal behaviour. The commonest obsessions are contamination (55%), aggressive impulses (50%), the need for symmetry (37%) illness or the body (35%) and sexual images/impulses (32%). Multiple obsessions are presented in about 60% of cases (all data Jenike et al, 1986). The commonest compulsions centre on washing or checking rituals. Checking is usually thought to avoid something terrible happening but occasionally patients (most often children) are unable to identify any particular purpose behind their ritualistic behaviour (Barlow & Durand, 1995).