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Psychopathological Classifications and Provisions
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**Component 2: Obsessive-
compulsive or related disorders**

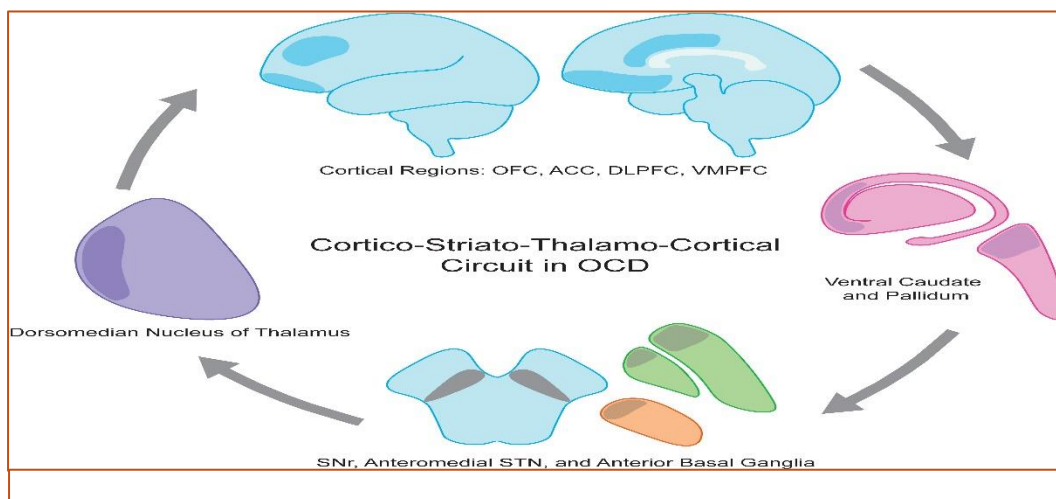
Introduction:

Obsessive-compulsive disorders (OCD) are mental health conditions marked by the presence of obsessions, which are repetitive, intrusive, and unwanted thoughts, images, or impulses, and/or compulsions, which are repetitive behaviours or mental acts done to reduce the anxiety caused by these obsessions. For example, someone might be afraid of getting contaminated and wash their hands excessively. Compulsions usually bring temporary relief, but they can become very overwhelming and interfere with every day, social, or work life (Health Insurance, 2026; MSD Manual, 2026).

OCD-related disorders share some common features, including intrusive thoughts or repetitive behaviours that are hard to control. These include hoarding disorder, which involves having a hard time throwing things away or parting with possessions; body dysmorphic disorder, marked by an excessive concern about a real or perceived flaw in physical appearance; trichotillomania, where people repeatedly pull out their hair or body hair; and excoriation disorder, characterized by repetitive skin picking or scratching.

These disorders are grouped with OCD under the category of 'obsessive-compulsive and related disorders' in current psychiatric classifications.

OCD can be connected to other mental health problems, especially anxiety and depression. Getting the right care, like cognitive-behavioural therapy, Cognitive experiences including persistent obsessions, unwanted intrusive thoughts, and excessive concerns play a major role in several of these disorders, particularly obsessive-compulsive disorder, body dysmorphic disorder, illness anxiety (hypochondriasis), and olfactory reference disorder.



Classification and Diagnosis:

Obsessive-compulsive disorder (OCD) is the primary condition examined in this report. According to the ICD-11 for Mortality and Morbidity Statistics (ICD-11-MMS), OCD is classified within the category of obsessive-compulsive and related disorders, which encompasses a group of conditions characterized by recurrent intrusive thoughts, persistent preoccupations, and repetitive behaviours or mental acts.

In the International Classification of Diseases, 11th Revision (ICD-11), obsessive-compulsive disorder (OCD) is classified under obsessive-compulsive and related disorders, with the code 6B20. This category is part of the chapter on mental, behavioural, or neurodevelopmental disorders and is considered a separate group from anxiety disorders. This organization reflects the evolving knowledge about the common mechanisms behind disorders marked by intrusive thoughts, persistent worries, and repetitive behaviours (WHO, 2024).

The ICD-11 distinguishes OCD from several related disorders, including body dysmorphic disorder (6B21), olfactory reference disorder (6B22), hypochondriasis (6B23), hoarding disorder (6B24), and repetitive body-focused behaviours disorders (6B25) (WHO, 2024). OCD itself is subdivided according to the level of awareness of the excessive or unjustified nature of beliefs and behaviours: with good or fairly good insight (6B20.0), with poor or absent insight (6B20.1), or unspecified (6B20.Z). This specification allows for a more precise clinical characterization of patients (WHO, 2024).

Obsessive-compulsive disorder (OCD) is diagnosed when someone has ongoing obsessions, compulsions, or both, that keep coming back, are hard to control, and feel intrusive. These symptoms have to cause real distress or mess with important parts of daily life. The diagnosis also looks at how aware the person is of their condition, which can be anything from pretty good to very little (World Health Organization [WHO], 2024).

The process usually works like a cycle where unwanted thoughts cause anxiety or discomfort, and then people do repeat behaviours or mental actions to try to feel better. Even though these actions can bring temporary relief, they can actually keep the cycle going and maintain the problem. Getting a diagnosis means seeing a qualified professional and making sure other possible explanations for the symptoms are considered (WHO, 2024). In the **ICD-11**, the condition is described as a “disorder”, translated into French as « trouble », rather than “disease” or “illness.” This terminology reflects the classification’s focus on clinically significant disturbances in cognition, emotional regulation, and behaviour, without implying a specific physical disease process (WHO, 2024).

Treatment and Rehabilitation:

Critically:

- Cognitive-behavioural therapy (CBT): is one of the first-line treatments. Exposure with response prevention (ERP) helps patients gradually face anxiety-provoking thoughts or situations without performing their compulsions (NIMH, 2023).
- Drug treatment: Selective serotonin reuptake inhibitors (SSRIs) are commonly used. However, their effectiveness may take several weeks, and some patients may experience side effects or an insufficient response (NICE, 2025).
- Combining treatments: For moderate to severe cases, combining CBT/ERP with an SSRI can be especially useful, especially when just one approach isn't enough (NICE, 2025).
- Resistant cases: when symptoms persist despite conventional treatments, specialized and multidisciplinary care may be needed. Additional interventions can be considered depending on the severity and individual response to treatment (NICE, 2025).
- Limits: the effectiveness of treatments varies from patient to patient. Access to specialized CBT, adherence to the treatment, the required duration of treatment, and medication side effects can be significant obstacles.

Examination:

- In ICD-11, OCD management is considered from a broad clinical perspective aimed at reducing symptoms and improving daily functioning; however, the diagnostic classification alone does not constitute a detailed rehabilitation plan (WHO, 2024).
- In practice, rehabilitation mainly relies on cognitive-behavioural therapy (CBT), especially exposure with response prevention (ERP). This approach gradually helps the patient face anxiety-provoking situations while avoiding compulsions (NICE, 2026).
- Additional interventions can include involving close ones, home treatments, and some remote options when functional limitations make visits difficult (NICE, 2026).



Assess:

Therapeutic approaches for obsessive-compulsive disorder (OCD), especially cognitive-behavioural therapy (CBT) with exposure and response prevention (ERP) and selective serotonin reuptake inhibitors (SSRIs), have proven effectiveness in reducing symptoms. CBT/ERP is particularly important because it allows the patient to gradually face anxiety-provoking situations without resorting to compulsions. SSRIs are also an effective option, especially when symptoms cause significant functional impairment. For severe cases, combining CBT/ERP with an SSRI is generally recommended (NICE, 2005).

However, these treatments have some limitations. CBT/ERP requires active participation from the patient, enough motivation, and access to properly trained therapists. Some patients may find it difficult to handle the exposure or may stop the treatment too soon. On the other hand, SSRIs can cause side effects, and their therapeutic effect may take several weeks to show. A proportion of patients also have an insufficient response, requiring therapy adjustments or specialized care (NICE, 2005).

Current Debates and Emerging Issues:

In someone with obsessive-compulsive disorder (OCD), classification and treatment are still subjects of some scientific debate. In terms of classification, OCD is now grouped with obsessive-compulsive and related disorders, but the variety of symptoms and the frequency of comorbidities raise questions about the boundaries between different disorders and their clinical heterogeneity. The definition of 'treatment resistance' is also a topic of discussion, since the criteria used vary across studies (Endres et al., 2024).

Therapeutically, CBT with exposure and response prevention and serotonergic medications remain the main approaches. However, a significant number of patients don't respond well enough to first-line treatments, which drives the search for alternatives. Transcranial magnetic stimulation and deep brain stimulation are particularly drawing interest, but their benefits and role in care are still debated due to mixed results and limited data (Suhas et al., 2023).

To what extent can neurodivergence help us understand obsessive-compulsive disorder (OCD), and what issues of classification or reclassification does this perspective raise within the ICD-11 framework? The ICD-11 currently separates OCD from neurodevelopmental disorders, while acknowledging some clinical overlaps with conditions like autism spectrum disorder also can:

- Obsessive-compulsive disorder (OCD) has some features that can be linked to neurodivergence, like certain cognitive traits, repetitive behaviours, and differences in some brain circuits. However, the ICD-11 doesn't classify OCD as a neurodevelopmental disorder, but rather under obsessive-compulsive and related disorders (Reed et al., 2019).
- In comparison, autism spectrum disorder (ASD) is explicitly classified among neurodevelopmental disorders in the ICD-11. This distinction is important because ASD is generally linked to developmental traits that appear early, while OCD mainly involves clinically significant obsessions and compulsions. (PMC)
- Still, OCD and ASD can coexist and show some similar repetitive behaviours, which can make differential diagnosis tricky. Research also shows phenotypic overlaps between ASD, ADHD, and OCD, challenging the idea of completely distinct diagnostic boundaries (Haber et al., 2019).
- So, reclassifying OCD as a neurodevelopmental disorder could help us better understand some mechanisms, but the current data don't clearly justify such a change.

Current debates about how obsessive-compulsive disorder (OCD) is classified and treated have important implications for clinical practice and health policies. Classifying OCD within obsessive-compulsive and related disorders helps professionals better distinguish its clinical features from other psychiatric disorders and tailor assessments to a patient's individual needs. It can also affect how specialized services are organized, how professionals are trained, and how epidemiological data is collected.

From a therapeutic perspective, evidence-based recommendations mainly support cognitive-behavioural therapy (CBT), especially exposure with response prevention (ERP), and pharmacological treatments. However, putting these recommendations into practice largely depends on the availability of specialized professionals and equitable access to care. NICE particularly emphasizes the importance of organizing services according to severity, comorbidities, and treatment response. (NICE)

So, these debates encourage policies that promote care that is accessible, personalized, specialized, and evidence-based, while also reducing disparities in access to treatments. The Equality Act 2010 provides important legal protection for people with obsessive-compulsive disorder (OCD) by prohibiting disability discrimination and requiring reasonable adjustments where the legal criteria are met. In more severe psychiatric situations, the Mental Health Act 1983 provides a legal framework for assessment, treatment, and protection when compulsory

intervention is necessary. Together, these legislative frameworks support patients' rights, dignity, equality, and access to appropriate mental-health services. Equality Act 2010, UK legislation Mental Health Act 1983, UK legislation

Recommendations:

Given the clinical complexity of obsessive-compulsive disorder (OCD) and the variety of responses to treatment, several recommendations can be made to improve its classification, diagnosis, and management. These recommendations mainly aim to enhance diagnostic accuracy, support personalized treatments, and improve access to evidence-based interventions, such as CBT with exposure and response prevention

- Improve diagnostic accuracy by systematically using ICD-11 criteria and assessing the level of insight as well as associated comorbidities (WHO, 2024).
- Increase access to CBT with exposure and response prevention (ERP), which is a key psychological intervention in OCD treatment (NICE, 2025).
- Tailor treatments based on severity, patient preferences, comorbidities, and therapeutic response, rather than using a one-size-fits-all approach (NICE, 2025).
- Develop specialized services and professional supervision to improve quality and continuity of care, especially for patients with treatment-resistant OCD (NICE, 2025).
- Strengthen psychosocial rehabilitation, including family support, self-management, and home interventions when symptoms significantly limit daily functioning (NICE, 2025).

These recommendations could improve clinical practice by promoting more accurate diagnoses, personalized treatments, and better access to CBT with ERP. On the policy side, they highlight the need to develop specialized services, train more professionals, and reduce inequalities in access to care. For future research, studies should especially look at the long-term effectiveness of different CBT methods, strategies for treatment-resistant patients, and interventions tailored for young people (NICE, 2024).

Conclusion:

In conclusion, obsessive-compulsive disorder (OCD) is a complex psychiatric condition that can significantly affect daily functioning, social relationships, studies, or professional life. Its inclusion in the ICD-11 under obsessive-compulsive and related disorders helps recognize its characteristics and distinguish it from other disorders with similar symptoms. Diagnostic criteria highlight the importance of thorough clinical evaluation, considering obsessions, compulsions, their frequency, intensity, level of insight, and functional impact.

From a therapeutic standpoint, cognitive-behavioural therapy, especially exposure with response prevention (ERP), is a key approach supported by scientific evidence. Medications, particularly SSRIs, can also play an important role depending on symptom severity and individual characteristics. However, variable treatment effectiveness, limited access to specialized professionals, and treatment resistance highlight the need for personalized, long-term care.

Finally, debates about neurodivergence, classification, and possible reclassification emphasize the importance of continued research to understand OCD mechanisms and its links with other psychiatric conditions. Improving diagnosis, professional training, access to care, and psychosocial rehabilitation remains essential. A person-centred, evidence-based approach that respects individual needs is essential for sustainably improving the quality of life of people living with OCD.

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