



UNIVERSITY OF WALES
Trinity Saint David
London

Assessment 1
Supporting Paper

Obsessive-Compulsive Disorder (OCD)

Student name: Nataliya Virych
Student ID: 1909127

Module name: Mental Disorders and Psychopathology
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Lecturer name: Bianca Sanfilippo
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Introduction

This work analyses what obsessive-compulsive disorder is, how it manifests itself, and how it is treated. Some recommendations will be provided that, in combination with treatment, can give beneficial outcomes.

To date, people's living conditions have changed.

As a result, the resistance of the nervous system and psyche to biological, psychological, and social influences has changed. According to WHO (2019), 970 million people worldwide have mental health problems.

These data show that more and more people in the universe are suffering from mental disorders and neurological diseases.

NHS provides this definition of mental health in the national policy 'No Health Without Mental Health'. It is a term used to describe emotional, psychological, and social well-being (NHS, 2022).

The WHO reports that a mental disorder is a clinical disturbance in an individual's cognition and usually causes disturbances in the person's thinking, behaviour, and emotional state (2018).

What is of obsessive-compulsive disorder (OCD)

All people sometimes notice recurring thoughts in themselves, for example, to check if the door is closed and if the light or the iron is turned off. Suppose the presents of obsessions significantly interfere with a person's everyday life. In that case, this is classified as an Obsessive-Compulsive disorder (OCD).

Currently, almost all obsessive-compulsive disorders are united in the International Classification of Diseases (ICD-10) under the project "obsessive-compulsive disorder". Obsessions in the Manual are included in the group of neurotics, stress-related and somatoform disorders (F40-F48) under the classification: F42 Obsessive-compulsive disorders (WHO, 2010).

The prevalence of OCD in the population is high. According to the NICE (2018), the World Health Organization classified OCD as one of the 20 anxiety disorders leading to disability for people between the ages of 15 and 44.

In children aged 5 to 15 years, the presence of the disease is 0,25 per cent. Men and women are affected approximately equally, but research shows that boys are more likely to be affected during childhood than girls (2:1 to 3:1).

According to the NHS (2022), the basis of obsessive-compulsive disorder (OCD) is an obsessive syndrome, which in most cases leads to compulsive actions.

Obsessive Compulsive Disorder has two components:

- Intrusive thoughts are obsessions. A person does not want to think these thoughts, but they are still spinning in his head (for example, fear of contracting viruses).
- Compulsive actions are compulsions. Most often, they take the form of protective rituals (for example, washing hands often).

The disease usually begins to develop during childhood or adolescence. It affects approximately 750 000 people (children, women, and men) in the United Kingdom. 6

The disease usually begins to develop during childhood or adolescence. It affects approximately 750 000 people in the United Kingdom. It means that 12 out of every 1000 (BrainsWay, 2022).

However, these values may not announce the whole story. Numerous people may suffer in silence because they are ashamed to admit they have OCD.

Causes

Anxiety connects with similar thought templates and physical demonstrations such as a fast heart racing, dilated pupils, and scrupulous. The main difference from fear is that anxiety occurs without apparent external reason.

Finding the root cause of this is incredibly difficult because it is not clear what causes OCD.

In terms of prevalence, the most common themes of obsessions are:

- **Genetic predisposition**– additive genetic effects accounted for 40% of the variance (Taylor, S., 2011).
- **Cerebrum imbalance**– People with OCD have regions with increased activity in the brain or may lack serotonin (Mind, 2019).
- **Life experiences**– Stressful situations that are associated with the subject of fear. Environment accounted for 51% of the variance in obsessive–compulsive symptoms (Taylor, S., 2011).
- **Identity** – Character traits such as suspiciousness, tendency to doubt, and double-check. In childhood, there were many prohibitions and strict upbringing.

Symptoms of OCD

It is difficult enough to know the line between healthy forethought or love of cleanliness and a mental disorder. The disease's main symptoms manifest in obsessive thoughts and compulsive actions.

Obsessive thoughts are unpleasant ideas, images, or urges that arise independently of the will.

Compulsive actions are repetitive actions that acquire the character of rituals. They perform a protective function to relieve stress (OCDUK,2022).

Everyone is different, but people with obsessions have characteristic manifestations:

- **Fear of germs or dirt** - an uncontrollable passion for hygiene.

People who have this disorder experience fear of the presence of disease-causing bacteria on their hands or body.

- **An unhealthy passion for cleaning** – these are neat people.

Their houses are immaculate, but they are unhappy and have an irresistible desire to rewash the floor or rub the mirror.

- **Excessive self-doubt** –

These people physically need constant encouragement and reassurance from other people that they are good.

- **Accumulations of things**

The symptomatology of people with OCD is transforming their houses into junk storage of old and unnecessary things. It gives them a kind of calm and confidence.

- **Building life according to precise rituals**

An example would be a situation where a person going to work uses a specific route. Any deviation from this route causes panic and confidence that something terrible will happen (Mind, 2019).

Diagnosis

To diagnose OCD, symptoms must persist for more than two weeks. Firstly, a visit to GP is recommended. GP will ask “initial” questions to understand if there is an OCD. Suppose the result of the initial questions shows the presence of disorder. In that case, the doctor will refer the person to a mental health specialist. The clinician, in turn, will determine, using various methods of assessing the severity of symptoms of OCD. It is essential to give accurate and truthful answers during the assessment, as this guarantees a more suitable treatment.

According to the NHS (2022), there are three levels of disease severity:

- Mild functional impairment – uncomfortable symptoms distracting less than an hour a day,
- Moderate functional impairment - uncontrollable distracting symptoms one to three hours a day,
- Severe functional impairment consists of recurring thoughts and uncontrollable actions lasting more than three hours per day.

History and treatments for OCD

The medical term obsessive-compulsive disorder only appeared in the 20th century (BrainWay, 2022). Prior, the condition of people with OCD was called “scrupulosity” (OCDUK,2022). It is known that the author of the Theory of Evolution, Charles Darwin, suffered from this.

From the 14th to the 18th century, records of scrupulousness were mentioned in religious records. At the time, OCD symptoms of obsessions and compulsions were associated with religious beliefs and practices and were seen as demonic spirits. People were subjected to the trepanation of the skull and performed exoteric rites. For centuries, people with OCD have been treated with bloodletting. There was a theory of changes in the level of fluids in the body. It was believed that with the help of

bloodletting, the level of fluid in the body was regulated, and emotions and behaviour improved. When symptoms became devastating, people with OCD were placed in shelters against their will. By the end of the 18th and beginning of the 19th century, obsessions associated with religious fears became less common, and the treatment of OCD symptoms became more humane (for example, talking therapy).

In 1877, a German psychiatrist Karl Friedrich Otto Westphal (1833–1890), was the first to define OCD in the same way as in the Manual classification of mental disorders. He used the term 'irresistible thoughts' as Zwangsvorstellung. Later Sigmund Freud and Pierre Janet used the term Zwangsvorstellung in their writings to describe the symptoms in people suffering from possession. In Great Britain, the term was translated as 'obsession' and the United States as 'compulsion'. Since then, the name has appeared as OCD.

Current treatments (NHS)

Treatment of OCD begins with an explanation to the patient of the symptoms. A common concern for patients with obsessions is that they have schizophrenia, so the doctor must convince them otherwise. People suffering from particular obsessions often involve other family members in their rituals. Relatives are advised not to indulge the morbid fantasies of patients and to treat them sympathetically, if possible, softening the symptoms.

Medical therapy

For the treatment of OCD, antidepressants of the SSRI (Selective serotonin reuptake inhibitors) group are prescribed. Symptoms of OCD get better because SSRIs increase the level of serotonin in the brain. Depending on how the disease progresses, antidepressants, are prescribed other medications: beta-blockers (to stop vegetative manifestations), tranquillizers, antipsychotics (mainly benzodiazepine), or mood stabilizers (Del Casale et al., 2019). Anxiolytics provide short-term relief of symptoms but are not recommended for more than a few weeks as dependency may develop.

A specially selected combination of drugs reduces symptoms and opens up opportunities for psychological therapy.

Psychotherapy

One of the main tasks of the psychologist in the treatment of OCD is to the establishment of beneficial cooperation with the patient.

If the patient has rituals, improvement usually occurs when using Cognitive Behavioural Therapy (CBT). The consequence of this therapy is a decrease in the severity of obsessive actions (rituals), thereby receding the accompanying thoughts (Abramowitz, 2006).

Nevertheless, even holistic therapy can work for OCD. It creates conditions for the client in which he will feel good. Oddly enough, it helps.

Specialist OCD services

Some people may be referred to Specialist OCD services (Mind, 2019).

for further treatment. Social rehabilitation is a set of programs for teaching OCD patients how to behave rationally. It aims to teach social skills of interaction with people, vocational training, and skills necessary in everyday life. Psychotherapy helps patients feel better about themselves and gain confidence in their strengths.

All of these methods, when used judiciously, can increase the effectiveness of drug therapy but cannot replace them. Unfortunately, until now, science has not been able to find a unique way to treat mental illness. Often, OCD can recur, and long-term medication is needed for prevention.

Principles when working with people with OCD

Public policy impacts people with OCD and the professionals and family members who care for them. OCD is considered a disability and taken under protection by a different law.

- **A person-centred health and social care system** - is kindness in treating the patients and providing support in taking care of oneself. Support must be targeted and tailored to the individual's needs (NSW, 2022).

- **The Equality Act 2010** - united 116 acts into a single act directed against discrimination and taking under the protection of any person, regardless of religion, gender and disability (GovUK, 2022).
- **Human Rights Act 1998** - is a law that protects human rights. It commits public organisations, local authorities, and NHS to serve everyone in the same way, justly and respectfully (David Hoffman, 2010).
- **Mental Health Act 1983** - Its purpose is to provide any person suffering from a mental disorder and undergoing treatment with appropriate supervision, therapy and assistance (NHS, 2022).
- **Mental Capacity Act 2005** - allows people to make their own choices. If people cannot choose, then decisions should be made in their interests (Mind, 2022).

Recommendations for the improvement of the symptoms OCD

There are several alternative methods to improve the symptoms of OCD. They include aerobic exercise and Repetitive transcranial magnetic stimulation (rTMS).

Scientists have proved the fact that the neuroticization of the population increases not only due to external stress factors but also to the high level of comfort in which modern society lives. Automation and digital technologies take people away from interacting with the body. Therefore, as a preventive measure, striving for nature, communication, and physical activity is necessary (Abrantes, A.M., et al, 2017).

Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive neurostimulation technique. To date, it has shown promising results as an additional treatment option for OCD. The method is not invasive, and well tolerated by patients, with a minimal list of side effects. RTMS directly stimulates deeper subcortical structures and captures a large volume of the brain. Advances in targeted brain stimulation offer a treatment option for patients who are intolerant to drugs and have ineffective psychological approaches (Lusicic A., et al,2018).

Conclusion

Despite the spreading observation of the issues of OCD, not much attention is paid to prevention and early intervention in mental disorders (Fineberg, N.A., et al. 2019).

Relevant in the primary prevention of obsessive-compulsive disorder could be the initiation of psychoeducation of patients and their families in high-risk subjects with not clinically manifest or symptomless signs.

Also, early assessment could be implemented for secondary prevention to manage the clinical obsessive-compulsive disorder better. More work is needed to capture the different stages of OCD (from dangerous disease to chronic or refractory disease) and to gather data on preventive and early intervention strategies.

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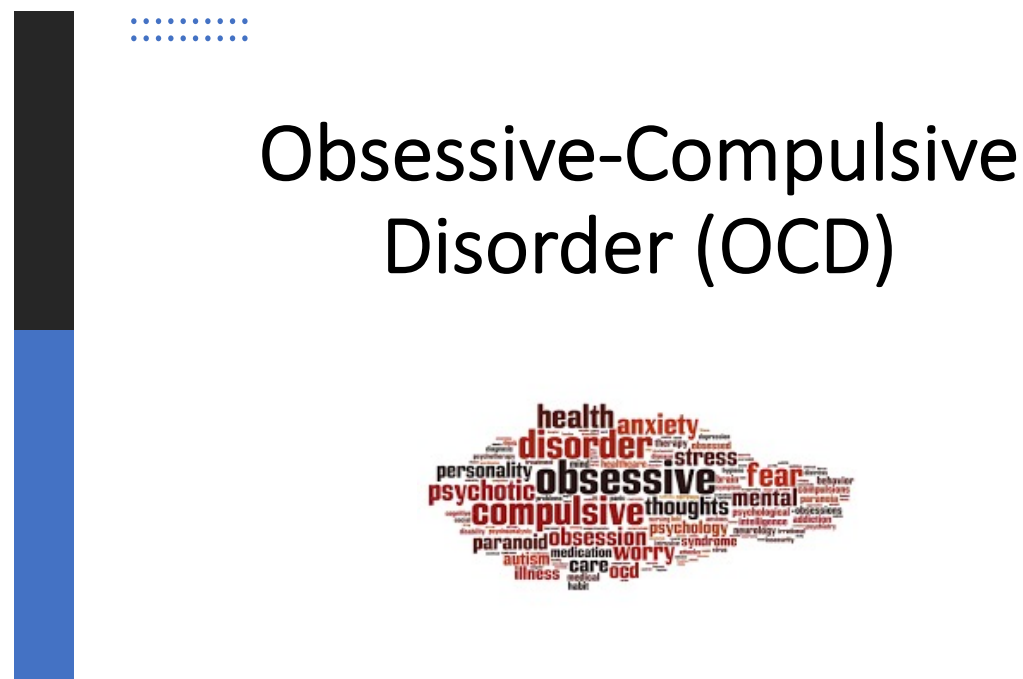
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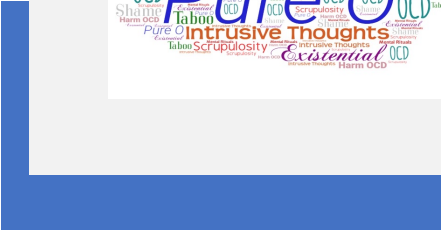
Assessment Component 1 Presentation

Student name: Nataliya Virych
Student ID: 1909127
Mental Disorders and Psychopathology
(BMHP6006_LON)



Group: Neurotic, stress-related and somatoform disorders (F40-F48).

Classification: F42
Obsessive-
Compulsive
disorders



- Statistics show that anywhere from **1.1% to 1.8%** of the global population struggles with OCD

Approximately 750 000 people (children, women and men) affecting OCD in the United Kingdom (BrainsWay, 2022).

Causes of OCD

- **Genetic predisposition**

additive genetic effects accounted for 40% of the variance (Taylor, S., 2011).

- **Life experience**

Stressful situations that are associated with the subject of fear. Environment accounted for 51% of the variance in obsessive-compulsive symptoms (Taylor, S., 2011).

- **Identity**

Character traits such as suspiciousness, tendency to doubt, and double-check. In childhood, there were many prohibitions and strict upbringing.

- **Imbalance in the cerebrum**

People with OCD have regions with increased activity in the brain or may lack serotonin (a chemical) (Mind, 2019)

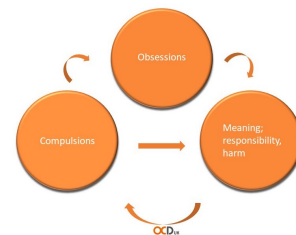
Symptoms/signs

Obsessive thoughts – unpleasant ideas, images, or urges that arise independently of the will.

Compulsive actions – are repetitive actions that acquire the character of rituals (OCDUK, 2022).

Manifestations of OCD:

- Fear of germs or dirt
- An unhealthy passion for cleaning
- Excessive self-doubt
- Accumulations of things
- Building life according to precise rituals (Mind, 2019).



Diagnosis

- **Visit GP**- primary questions
- **Assessment by mental health professional**

Levels of severity:

- **mild functional impairment** - recurring thoughts and uncontrollable actions that distract less than one hour a day,
- **moderate functional impairment** - recurring thoughts and uncontrollable actions that distract one to three hours a day,
- **Severe functional impairment** - recurring thoughts and uncontrollable actions that distract more than three hours daily (NHS, 2022).
- **The diagnosis is based using criteria from the International Classification of Disease (ICD-10) (NICE, 2018).**



Historical view and treatments for OCD

- Prior, the condition of people with OCD was called “**scrupulosity**” (OCDUK, 2022).
- From the 14th to the 18th century, records of scrupulousness were mentioned in religious records .
Treatments: trepanation, exoteric rites, bloodletting, Asylum.
- By the end of the 18th and beginning of the 19th-century the treatment of OCD symptoms has become more human.
- In 1877, a German psychiatrist Karl Friedrich Otto Westphal (1833–1890), was the first to define OCD. He used the term ‘**irresistible thoughts**’ as **Zwangsvorstellung**.
- The medical term obsessive-compulsive disorder only appeared in the 20th century (BrainWay, 2022).



Current treatments (NHS)

- **Psychotherapy** - cognitive behavioural therapy (CBT) (Abramowitz, J., 2006)
- **Medical approach** - antidepressants medicine (SSRIs), beta-blockers, tranquillizers, antipsychotics (mainly benzodiazepine), anxiolytics (Dei Casale, A., et al., 2019).
- **Combined treatment** - combination of an SSRI and CBT.
- **Specialist OCD services** (Mind, 2019).



Principles when working with people with OCD



- **Person centre approach** (NSW, 2022)
- **Equality Act 2010** – everyone has the right to be treated fairly, with integrity, and with respect (GovUK, 2022).
- **Human Rights Act 1998** (David Hoffman, 2010)
- **Mental Health Act 1983** (NHS, 2022)
- **Mental Capacity Act 2005** – everyone has the opportunity to make own choice (Mind, 2022)

Recommendations and Conclusion



RECOMMENDATIONS

- **Repetitive transcranial magnetic stimulation (rTMS)** (Lusicic, A., et al. 2018)
- **Aerobic exercise** (Abrantes, A.M., et al. 2017)



CONCLUSION

Early intervention in mental disorders:

- **Primary prevention**
the initiation of psychoeducation of patients and their families.
- **Secondary prevention**
the early assessment and management of clinical OCD (Fineberg, N.A., et al. 2019)

More work is needed to capture the different stages of OCD and to gather data on preventive and early intervention strategies.

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