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Introduction

In this presentation I will be looking at the condition Obsessive compulsive personality disorder (OCPD)

- What is Obsessive Compulsive Personality Disorder (OCPD).
- How does OCPD differ from OCD

Introduction

In this presentation, I will be looking at the condition of Obsessive-compulsive personality disorder (OCPD). OCPD is often mistaken For obsessive-compulsive disorder (OCD) because they sound very similar, but they are two different conditions. The difference between the two conditions is how people with OCPD will try to control even the most minor details of their lives, and it is a personality disorder. It is estimated that 1 in 20 people have a personality disorder in England, ranging from mild to server.

A person with OCPD will have rigid or long-held personality traits, which can be problematic.

OCPD differs from OCD by their characteristics; OCD is characterised by irrational thought or idea that repeat. It is also paired with irrational behaviour, which is repeated, but with every case of OCD the obsession and compulsion can vary and not always present at the same time. OCPD actions and behaviours are not uncontrollable or irrational; it is just the person suffering from the condition who believe they have a purpose or aim.

ICD-10 Classification of Obsessive - Compulsive Personality Disorder

According to ICD-10 classification Obsessive-Compulsive Personality Disorder is classified under the sub-heading of Specific personality disorders (F60) which sits under a larger heading of 'Disorders of adult personality and behaviour'. At present it states the following diagnostic criteria for Anankastic personality disorder (Code: F60.5):

Personality disorder characterized by feelings of doubt, perfectionism, excessive conscientiousness, checking and preoccupation with details, stubbornness, caution, and rigidity. There may be insistent and unwelcome thoughts or impulses that do not attain the severity of an obsessive-compulsive disorder.

Which excludes: Obsessive Compulsive disorder

(Clinical Classification of Obsessive-Compulsive Personality Disorder (OCPD) | OCD-UK, 2021)

- Anankastic Personality disorder.
- Feeling excessive doubt and caution.
- Preoccupation with detail, rules, lists, order, organization or schedule.
- Perfectionism that interferes with task completion.
- Undue preoccupation with productivity to the exclusion of pleasure and interpersonal relationships.

(International Classification of Diseases, Tenth Revision, 2020)

The World Health Organisation (WHO) has an international classification of diseases (ICD-10) which codes OCPD with the term anankastic personality disorder, originating from the Greek word anankastikos, meaning 'compulsion'. OCPD is a type of personality disorder that affects the patient and they do not realise that they are showing symptoms or that their behaviour may be odd to others. The patient must meet the criteria on the classification to be diagnosed as having OCPD.

The ICD-10 is the tenth revision of the classification and a new ICD version is due to be revised for 2022 and will be known as ICD-11. The ICD classification came about in 1893 to identify the cause of death and has been modified since. Many countries use the ICD-10 to diagnosis different mental health condition. However, in the United States of America (USA), they use the DSM-5, the information may vary to the UK and other countries. For this presentation, I will use the ICD- to Explain OCPD.

In an article by Chloe Wilkinson(2019), she states it is essential for people to be diagnosed even if they cannot do it privately. They should find reputable sources like the NHS or people who have been diagnosed and can talk in real-time to answer

questions should be allowed. However, self-diagnosis should not replace a qualified doctor, but keeping track of symptoms is significant. Doing your research to understand yourself better and present to a trained doctor is also imperative.

ICD-10 classification of Obsessive-Compulsive Disorder

- Excessive conscientiousness and scrupulousness.
- Rigidity and stubbornness
- Excessive pedantry and adherence to social conventions.
- unreasonable insistence that others submit to exactly his or her way of doing things, or unreasonable reluctance to allow others to do things.

(International Classification of Diseases, Tenth Revision, 2020)

Causes of Obsessive - Compulsive Personality Disorder

- Family History – Genetics.
- Childhood.
- Environment.

Aetiology

It is believed to be both genetics and childhood which can cause OCPD

It is believed that parental dominance and being controlling or intrusiveness, for example, rigid toilet training, can lead to a child growing up with OCPD tendency. However, not enough research has been done. A small number of studies have found that attachment theory is an essential factor because parents who do not show care or emotional attachment but are overprotective can impact their children in later life developing OCPD issues. It is believed it may run over into adulthood from being a child who feels they need to be perfect

It is believed OCPD starts in the twenties with people either showing symptoms of being a high achiever or wanting everything thing to be what they believe is a perfect standard. OCPD patients exhibit altered impulsive neural activity compared to healthy controls in multiple brain regions, which may reflect different characteristic symptoms of OCPD pathophysiology, including cognitive inflexibility, excessive self-control,

lower empathy, and visual attention bias.

Signs & Symptoms

- They have a hard time expressing their feelings.
- They have difficulty forming and maintaining close relationships with others.
- They're hardworking, but their obsession with perfection can make them inefficient.
- They often feel righteous, indignant, and angry.
- They often face social isolation.
- They can experience anxiety that occurs with depression.

(Watson 2018)

People suffering from OCPD are generally good at getting started and are normally very high functioning and hold positions which focus on small details for example an Architect, accountant engineer and so forth. A person with OCPD normal thinks their compulsions and behaviours are normal and can does not view others point of view as normal.

It can be hard for others to watch or a person a loved one exhibiting symptoms of OCPD as the person can lash out or push them away and are unable to apologise or express their feelings.

Signs & Symptoms

- 🔹 Perfectionism
- 🔹 Unrealistically high standards.
- 🔹 Anxious if things are not perfect.
- 🔹 unwillingness to allow others to help.
- 🔹 Unlikeliness to show affection.
- 🔹 A need to over see every detail, follow every rule and lists.

Diagnosis

There are many ways a patient can get diagnosis for OCPD:

- Self referral.
- Psychotherapist.
- Assessment.
- questionnaire provided by a trained professional.

There are many ways in which a patient can get a diagnosis of OCPD. The patient may wish to attend their general practitioner (GP) as a self-referral and talk about their experiences. Then the doctor may refer them to a Psychiatrist or psychotherapist for further examination or diagnosis. For diagnosis, the patient must show some signs of having the condition. The doctor may look for these signs:

- Extreme need for everything to be perfect
- The need for total control over the environment they are in and interpersonal relationships.
- Unable to be generous to others.
- Unable to delegate tasks.

They may also look for other signs which show the patient exhibits perfectionism:

- Intimacy avoidance.
- Mentally stuck on an idea.
- Reduce emotional expression.

They may also check to see if a patient has difficulty expressing:

- Identity.
- Intimacy.
- Self-direction.
- Empathy.

Once assessments are performed and completed, they will be referred for treatment and possibly given medication. Many people can go on to live fulfilled lives.

Sometimes psychological or medical treatment may be needed but not in all case; sometimes other support can help them also.

Treatment & Therapy

- Cognitive Behavioral Therapy (CBT).
- Mindfulness – tapping.
- Psychotherapy.
- Complementary therapy-hypnotherapy.
- Psychodynamic Therapy.
- Family focus therapy.
- Medication- benzodiazepines, stimulants and antipsychotics, antidepressants and anticonvulsants.

COPD can be challenging to treat because it has short term behaviours and mental states, so the best approach is to look at the traits and ingrained behaviour to treat the patient.

Medication can be used, for example, benzodiazepines, stimulants, and antipsychotics. These can limit the symptoms, but no drug has been said to be exceptionally effective, and at present, experts think antidepressants and anticonvulsants may offer more benefits.

Cognitive-behavioural Therapy (CBT) - the professional will act as a teacher and teammate to educate the patient. They will help the patient understand their behaviours and how they are connected to thoughts and feelings and show them how their core beliefs can affect their relationships and happiness. The therapist will attempt to show the patient the flaw in their thinking and provide positive alternatives. In some cases, CBT has had very positive outcomes on patients, while some studies have shown no improvement.

Complementary therapy – There are many types of complementary medicine. Some may work on the entire body others may work on pressure points within the body. Hypnotherapy is a type of therapy that is used to unlock areas of the patient's subconscious, which may have things hidden inside. Once opened, they can help the patient work on the traumatic events that may have occurred in childhood or later adulthood. Hypnotherapy helps with the obsessive and compulsive part of OCPD.

Mindfulness - Is being able to stay present at that moment, knowing and hearing your thoughts and feelings internally and externally. Every day we stop noticing the small things and become consumed with the stress of life. Mindfulness helps us to gain awareness of time and being in a non-judgmental way. It is used generally in conjunction with CBT as it helps centre for process and aligns the behaviours a person may have.

Psychodynamic therapy.

Psychodynamic therapy is rooted in psychoanalytical theory. It can be less intense because it focuses on the patient's relationship with others and not the therapist's relationship. It is a type of talk therapy based on the patient talking to the therapist about the problem and finding a solution. It tries to understand the unconscious motivations that can influence how people act, think and feel. Psychodynamic therapy helps the patient to remember repressed emotion and unconscious influences which can affect their behaviour.

It can help to:

- Identify patterns of behaviour.
- Understand the emotion patients feel.
- Improve Patient relationships with friend's family, and co-workers.

Family focus therapy (FFT) - Teaches the patient and their family the nature of the illness and how they can support and help the patient manage daily symptoms and daily life.

Policy

There are many Policy in place when dealing with

- Confidentiality.
- General Data Protection Regulation (GDPR).
- Risk Assessment.
- Health and safety executive (HSE).
- Medication management.
- Safeguarding (Restraint Policy Updated 2015).
- Whistle Blowing.

Medication – the medication used to treat OCPD are benzodiazepines, stimulants, antipsychotics, antidepressants, and anticonvulsants. These are typically used with other treatments to help alter mood swings and depressive thoughts.

With these treatments, the goal is to get the patient to let go of their rigid behaviour and expectations and learn to value close relationships and enjoy taking part in life and not worry about productivity and work.

Policy

Confidentiality.

All medical staff dealing with patient need to keep information given to them private and confidential. The general medical council (GMC) states doctors need to have good practice. They should only disclose if:

- It is supporting the direct care of a patient.
- It's for the protection of patients and others.
- Disclosures for all other purposes.

A patient must consent to their information being passed to other members of the

doctor's team or the other people looking after their health consent should be obtained verbally or in writing. The permission given should also be documented by the professional.

Information can only be passed on if :

- It is required by law - an example of this is if the police.
- If the information is automatised and serves the purpose, it is requested.
- Follow's relevant legal requirements, including the common law and data protection law.

The patient can withdraw consent at any time.

General Data Protection Regulation (GDPR).

It is everyone's responsibility to follow strict rules to protect patient information. These are the data protection principles which a strict set of rules which must be followed:

- The information must be used fairly, transparently, and lawfully.
- Used in a straightforward and specified way.
- Only what is necessary should be used.
- All information should be accurate and up to date.
- Information not kept longer than needed.
- Ensured it is kept in a safe and restricted area away from the public and protected either by password or locked away, limiting damage, destruction, or loss.

Under the data protection act (2018), everyone has the right to find out what information is held by other organisation and the government. Patient should be informed of:

- How they plan to use your information.
- Patient updating their information.
- Access to personal information.
- If they are stopping or restricting the use of your data.
- Objection to how your data may be processed.

Data protection is more robust when it comes to:

- Sexual orientation.

- Race.
- Religious beliefs.
- Genetics.
- Health.

Risk Assessment.

Risk assessment is done to see how dangerous a patient is to the professional and themselves to minimise the risk they pose to others, whether in a home setting or a public setting.

Health and safety executive (HSE).

The HSE helps employers and employees understand how they can keep themselves and others safe while at work. It covers who can provide or maintain fire safety and maintenance in the build and is part of the health and safety act 1974.

Medication management.

The goal in medicine management is to optimise the benefits of treatment and provide a better outcome for the patient safely and effectively. It is giving the right medicine to the right person at the right time. The best way to promote this is:

- Ordering what drugs is needed.
- Rotation and checking stock.
- Prescribing.
- Dispensing.
- Patient use.
- Correct disposal of drugs may include used, dispensed or out of date.
- Only prescribe what is needed.
- By clearly stating on the packaging how to use drugs.

Safeguarding.

Safeguarding means protecting the personal health, well-being, and human rights of a patient. The care act of 2014 states that vulnerable adults have the right to be protected from abuse and neglect, and those with mental health problems have care and support. The list below may be some of the things they may need to be protected from:

- Self-neglect.
- Modern slavery.
- Domestic abuse.
- Discrimination.
- Physical abuse.
- Sexual abuse.

If the person states any abuse is happening, it should be followed up and reported.

Whistle Blowing.

Whistleblowing means reporting any wrongdoing in the workplace. When whistleblowing, it must be in the interest of the public. You are protected by law if you are an:

- Employee.
- Trainee - such as a student nurse.
- Factory worker.
- Office worker.

If you do whistleblow, you should not face any Judgement from your employer or co-workers and are covered by the law. You can also anonymously blow the whistle.

Complaints that count as whistleblowing

The law covers you if you choose to report any of the following:

- criminal offence, for example, fraud.
- If you feel someone's health and safety may be in danger.
- There is risk or actual damage to the environment.
- Miscarriages of justice.
- The company is breaking the law, for example, if they do not have the right insurance.
- You believe someone is covering up wrongdoing.

Equality Act 2010

It is the law that protects people from discrimination and allows them to challenge it. The equality act covers things like:

- At work
- Applying for jobs
- Buying, renting or living in the property.
- Disability- persons may have to prove their mental health condition is a disability.

Mental health problems that are covered by the equality act are:

- Depression.
- Schizophrenia.
- Bipolar affective disorder
- Personality disorders.

They may also deal with other health condition

Mental Health Act 2007

The mental health act of 1983 was amended in 2007 to give professionals more power to detain a person and assess and treat them for their mental disorder in the interest of themselves and the public. The five fundamental principles guiding the act are:

- Using the least restrictive methods to maximise independence.
- Empower and involve the patient.
- Respect and dignity.
- Purpose and effectiveness
- Efficiency and quality.

Mental Capacity Act 2005

Provides statutory framework empowers people and protect vulnerable people who may not be able to do it for themselves. It allows people to plan before they lose the capacity to do so.

Recommendation

- More research needs to be done.
- Condition needs to be recognized more.
- Families need more information.

The first case of OCPD was recognised in 1903 and is still being diagnosed today. Like many mental health conditions, we are still learning how drug therapy and other therapies can help. More research is needed as no one method is guaranteed to work, and most patients go through trial and error to find the best treatment. Thus early diagnosis is necessary.

I feel the condition needs to be highlighted more, and families need to be given more help in recognising the symptoms of a person who may be suffering from OCPD.

Teaching school children about mental health enable them to open up and speak about how they are feeling. It can normalise feelings of being anxious or upset and give them a glimpse into their families' well-being and well-being of themselves. It will help them grow into adults who can ask for help and not feel shame.

Conclusion

OCPD can also be stressful for people who are around the person who is suffering from the condition, as they feel their behaviours and thinking are ordinary. Thus, people who suffer from OCPD can be high functioning and high achieving and can do well in life. However, at the cost of everything. To better manage this condition, they need a support system that can offer them support and grounding and balance their lives. The best way to achieve this is by better educating the sufferer and the people around them, and swift diagnosis is the best way to do so.

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