



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Name- Nazifa Ahmed

Student ID- 1808865

Module- Mental Disorder and Psychopathology

Module Code- BMHP6006_LON

Lecturer's Name- Diya Ganguly

PowerPoint Presentation

Table Of Contents

- Introduction
- What is OCD?
- Case Study
- Sign and symptoms
- Aetiology
- Treatment
- Recommendation
- Legislation
- Conclusion
- References

Introduction-

- The purpose of this presentation is to focus on a mental health disorder from ICD 10 manual.
- For this presentation chosen topic is Obsessive Compulsive Disorder(OCD).
- This presentation will explore OCD and address the possible causes, sign and symptoms, treatments , legislations and future recommendations.
- A case study is going to be incorporated within this presentation.

What is OCD ?

- OCD is an anxiety disorder.
- IT is the fourth most common mental condition in the Uk (OCD-UK ,2021).
- OCD is listed under F40-F48, Neurotic and stress related anxiety disorder in the International Classification of Diseases (ICD 10).
- OCD is a chronic mental wellbeing disorder in which people have obsessive feelings and compulsive behaviours (NHS,2017).
- Obsession is defined as troubling thought, pictures or impulse which comes in person's mind repeatedly and cause anxiety.
- Compulsion is a repeated behaviour that a person need to do to reduce the uncomfortable feelings caused by the obsessive thinking.

International Classification of Disease (ICD 10) lists OCD in its sub category under the category of neurotic and stress related alongside other anxiety disorder. ICD is a widely used diagnostic method in healthcare practice.

Symptoms can start as early as puberty, but it usually begins at early adulthood. OCD can affect both men and women, as well as children.

Case study

- This case study is about a boy called Sam who is ten years old.
- His OCD started at the age of seven.
- Every thing in his room had to be in its proper place.
- His GP referred him to Child and Adolescent Mental Health Services (CAMHS) by his GP (Case Studies,2020).
- Sam started Cognitive Behaviour Therapy (CBT) which was very beneficial.
- He had 14 CBT session and he can focus much better now (NHS,2020).

This case study is about a boy called Sam who is ten years old (slam.nhs.uk,2020) . His OCD started at the age of seven . From a young age, he displayed some obsessive compulsive tendencies. Every thing in his room had to be in the proper place. He was organising objects in a particular order. There was a book shelf in his room that he had to re arrange in a particular order. His family were concerned at times, but friends and family assured that Sam was completely fine. At first they thought it was just a phase , but it was not. A few years later it got so bad that his family did some research into OCD and they were put in touch with Child and Adolescent Mental Health Services (CAMHS). At one point he was extremely stressed out . He could not take it any more . The OCD was interfering with his day-to-day activities , such as getting ready for school in the morning which took a long time. After speaking with CAMHS he started cognitive behaviour therapy (CBT) which was extremely beneficial. He had weekly sessions where he would talk , pick a ritual and assign it to a task. The plan was to confront the ritual and find a way for dealing with it . Things got a lot better after the programme for couple of years . But then things got a lot worse . There was a lot of counting, a lot of washing his hands and hitting one object against another. His therapist believed his OCD can be cured. He started by tackling one ritual per week. He had a book in which he had to write his anxiety rate on a scale of 1 to 10 . It was useful because rating his anxieties revealed how he was feeling. He had 14

CBT sessions and now have regular catch up sessions and assessment to see if his OCD score has decreased. Things are going well on a day to day basis. His OCD used to ruin his day . But now he is much better. He can talk to people more easily and he can focus much better (Case studies,2020).

Sign and Symptom

- People with OCD , will have compulsive behaviour and obsessive thoughts ,such as performing a certain act repetitively
- Consistently having disturbing thoughts.
- People with OCD are unable to control their thoughts.
- Their mind is elsewhere and they can not concentrate on anything else except the thought.
- They might become extremely paranoid.
- OCD people may find themselves repeating certain behaviours.
- They feel like they have wasted their day as they are pre occupied with their thoughts(Kings Fund,2015)

Most people have obsessive thoughts and repetitive behaviours at some point in their life, particularly during stressful times. However, OCD causes a lot of distress and prevents a person from functioning normally (Kings Fund,2015).

Sign and symptoms

- OCD people feel helpless as they do not have control over their mind.
- OCD has an impact on emotions.
- Excessively double checking on things .
- Feeling anxious , sick and unsettled (Kings Fund,2015).

Aetiology

- Chemical imbalance in the brain (Kings Fund,2015).
- Family history.
- Stressful event in life.
- Other mental illness such as depression or anxiety.
- Substance or alcohol use (Mind.org.uk,2017)

The exact aetiology of OCD is still unknown but some theories have been put together to describe this disorder. There are numerous theories about the causes of OCD. Some believe it is inherited while the others believe it is caused by life events (Causes of OCD ,2017). Others believe it is caused by chemical imbalance in the brain. According to researchers these are the factors that cause OCD-

Personal experience –

According to some theories OCD is caused by personal experience. For example, if someone had a difficult childhood experience or they were subjected to trauma , abuse or bullying , there is a chance of developing obsession or compulsion to cope with anxiety. Ongoing anxiety or stress , as well as being involved in a stressful event such as a car accident or a starting a new job can trigger OCD. Perinatal OCD can be triggered by pregnancy or giving birth.

Personality-

According to some researches , people with certain personality traits are more likely to have OCD. For example , if a person is neat and a methodical person with high standard you may be developing OCD.

Biological factors-

According to some biological theories , a lack of the brain chemical serotonin may

paly a role in OCD. However, it is unclear if this is the cause of the condition or an effect of it.

Studies have also looked at genetic factors and how different parts of the brain may be involved in the developing of OCD , but no conclusive results have been found .

Treatment

- Typically OCD treatment plan includes both psychotherapy and medication.
- Combination of both treatments are most effective.
- An antidepressant known as selective serotonin reuptake inhibitor (SSRI) is used to treat OCD (OCD-Uk,2021).
- Talking therapy can help to change the behaviour and thinking pattern (NHS, 2017).
- Cognitive behaviour therapy (CBT) and exposure and response therapy (ERT) are talking therapy that are proven effective (Kings Fund ,2017) .
- Yoga and Ayurvedic treatment is beneficial to reduce anxiety.

There are various therapies for OCD that are effective .The best solution is decided by the person's symptoms and how that effect the person's life and well being.

Psychological therapy usually helps to face the fear and obsessive thoughts . Selective serotonin reuptake inhibitors(SSRI) are antidepressant medications that work by changing the chemical balance in brain (OCD-UK,2021)

While medication and behavioural and/or cognitive therapy are the current treatments of choice for OCD, other types of treatment do exist. Several studies have shown that psychosocial support is also beneficial . Support groups, where people can meet, share thoughts, and help each other, are particularly important for OCD, where people suffer for long periods of time in silence and isolation. A support group can aid in the healing of isolation, alienation, and loneliness, all of which are common symptoms of OCD (Kings Fund, 2017). People should make lifestyle changes to manage their OCD. Regular physical exercise also helps managing OCD (Cooper 1985, Bourne 1998).

Ashwagandha is one of the best Ayurvedic treatment for OCD ,it balance the chemical imbalance in the brain (Banerjee,2020).

recommendation

- People are usually embarrassed about their condition, they do not find it comfortable to discuss .
- Healthcare professional should help them and their families.
- Healthcare professional should be sensitive and provide enough information.
- OCD is a chronic condition, healthcare professional should maintain the continuity of care (Drummond,2017).
- Specialist OCD team should provide training to people with OCD and their caregivers.
- Healthcare professional should inform people with OCD about local support group available (NHS,2012).

Despite the fact that OCD care has come a long way in the last 30 years, there are still a number of areas where improvement can be made. Firstly , treatment distribution, specially CBT remains an issue. Although there are various explanations for these, some steps should be taken to increase the distribution. For example , there are a number of successes in incorporating technology into the treatment of adult OCD and there are increasing efforts to apply these in the treatment of paediatric OCD . People who require more intensive assistance should be referred to special psychologist therapist by their GP. People who are seriously ill or who are not responding to treatment may be referred to psychiatrist in a specialist clinic (Drummond,2017). In future general practice should play a key role in the delivery of high quality care to people with OCD. Currently, the treatment standard is inconsistent. This might be dramatically improved if a more pro active approach to multi disciplinary care management were adopted.

People with chronic illnesses manage their health on a daily basis, but they may require additional assistance in developing their confidence.

Legislations

- Mental Health Act 2007 (Mencap,2015).
- Mental Capacity Act 2015.

The primary goal of the of Mental Health Act 2007 is to make sure that people with severe mental illness which threaten their health or wellbeing or the safety of others can be treated without their consent when it is necessary to keep them from harming themselves or others (Kings Fund,2015) .

The Mental Capacity Act 2015 ensures vulnerable people over the age of 16 can take their own decisions. However, if a decision is too difficult for a person with mental disorder to make ,those who support them must make a decision in their best interests (Mencap,2015).

Conclusion

- Although there is no complete cure for OCD, there is always support available for people with anxiety, compulsion and obsession.
- The best thing is to seek the help of a therapist through a medical clinic or a mental health facility.

Based on this presentation it can be concluded that there are various types of OCD and there are numerous factors that creates difficulties in the diagnosis of OCD. There are two excellent therapies for OCD . CBT tends to produce more improvements than medicine , and the result tends to last longer after the therapy is stopped. However medications take short time and effort compare to CBT . Medications are not emotionally challenging but the person taking the medications must be willing to put up with the side effects .

References

- Asher, G.N., Gerkin, J. and Gaynes, B.N., 2017. Complementary therapies for mental health disorders. *Medical Clinics*, 101(5), pp.847-864.
- Banerjee, D., 2020. The other side of COVID-19: Impact on obsessive compulsive disorder (OCD) and hoarding. *Psychiatry research*, 288, p.112966.
- Brock, H. and Hany, M., 2020. Obsessive-Compulsive Disorder (OCD).
- Del Casale, A., Sorice, S., Padovano, A., Simmaco, M., Ferracuti, S., Lamis, D.A., Rapinesi, C., Sani, G., Girardi, P., Kotzalidis, G.D. and Pompili, M., 2019. Psychopharmacological treatment of obsessive-compulsive disorder (OCD). *Current neuropharmacology*, 17(8), pp.710-736.
- Drummond, L.M., 2017. Handbook on obsessive-compulsive and related disorders. *BJPsych Bulletin*, 41(4), p.239.
- Marazziti, D. and Consoli, G., 2010. Treatment strategies for obsessive-compulsive disorder. *Expert opinion on pharmacotherapy*, 11(3), pp.331-343.

References

- Mind.org.uk. 2017. *Causes of OCD*. [online] Available at: <<https://www.mind.org.uk/information-support/types-of-mental-health-problems/obsessive-compulsive-disorder-ocd/causes-of-ocd/>> [Accessed 2 April 2021].
- Mencap, 2015. *Mencap | Leading UK charity for people with a learning disability*. [online] Mencap.org.uk. Available at: <<https://www.mencap.org.uk/>> [Accessed 23 April 2015].
- National Health Service (2012) Check your symptoms. Available at: <http://www.nhsdirect.nhs.uk/checksymptoms> (Accessed: 17 October 2010)
- NICE Clinical Guideline 31. *Obsessive-compulsive disorder: core interventions in the treatment of obsessive-compulsive disorder and body dysmorphic disorder*. London: NICE, 2005.
- Ocduk.org. 2021. *Clinical classification of OCD | OCD-UK*. [online] Available at: <<https://www.ocduk.org/ocd/clinical-classification-of-ocd/>> [Accessed 3 April 2021].
- Slam.nhs.uk. 2020. *Case studies*. [online] Available at: <<https://slam.nhs.uk/national-services/child-and-adolescent-services/camhs-ocd/case-studies/>> [Accessed 2 April 2021].
- The King's Fund. 2015. *Ideas that change health and care*. [online] Available at: <<https://www.kingsfund.org.uk>> [Accessed 5 April 2021].