

Obsessive-Compulsive Disorder

Background: Obsessive-compulsive disorder (OCD) is classified in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* as an anxiety disorder. It is characterized by distressing intrusive thoughts and/or repetitive actions that interfere with the individual's daily functioning. The *DSM-IV* criteria for OCD are as follows:

- The individual expresses either obsessions or compulsions. Obsessions are defined by the following 4 criteria:
 - Recurrent and persistent thoughts, impulses, or images are experienced at some time during the disturbance as intrusive and inappropriate and cause marked anxiety and distress.
 - The thoughts, impulses, or images are not simply worries about real-life problems.
 - The person attempts to suppress or ignore such thoughts, impulses, or images or to neutralize them with some other thought or action.
 - The person recognizes that the obsessional thoughts, impulses, or images are a product of his/her own mind (not imposed from without as in thought insertion).
- Compulsions are defined by the following 2 criteria:
 - The person feels driven to perform repetitive behaviors (eg, hand washing, ordering, checking) or mental acts (eg, praying, counting, repeating words silently) in response to an obsession or according to rules that must be applied rigidly.
 - The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are meant to neutralize or prevent or they are clearly excessive.
- At some point during the course of the disorder, the person recognizes that the obsessions or compulsions are excessive or unreasonable. This does not apply to children.
- The obsessions or compulsions cause marked distress; are time consuming (take >1 h/d); or significantly interfere with the person's normal routine, occupational or academic functioning, or usual social activities or relationships.
- If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it, such as preoccupation with food and weight in the presence of an eating disorder, hair pulling in the presence of trichotillomania, concern with appearance in body dysmorphic disorder, preoccupation with drugs in substance use disorder, preoccupation with having a serious illness in hypochondriasis, preoccupation with sexual urges in paraphilia, or guilty ruminations in the presence of major depressive disorder.
- The disorder is not due to the direct physiologic effects of a substance or a general medical condition.
- Specify with poor insight if, for most of the current episode, the person does not recognize that the symptoms are excessive or unreasonable.