

ECHO IDAHO

Behavioral Health in Primary Care

Obsessive–Compulsive Disorder (OCD)

9/17/25

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Learning Objectives

- Review epidemiology and diagnostic criteria for OCD
- Recognize likely co-morbidities
- Explore neurobiology of OCD
- Discuss evidence-based treatments
- Apply case-based discussion for practice

Epidemiology

- Lifetime prevalence: worldwide lifetime prevalence is 1.5% woman, 1% men; higher prevalence in the US of about ~2.3%
- Onset: bimodal (childhood/adolescence, early adulthood)
- Chronic, relapsing course
- Often underdiagnosed: average 7–11 years to diagnosis

Commonly Comorbid with

- Anxiety disorders overall 76%
 - Panic disorder 13-56%
 - Generalized anxiety disorder 30%
- Mood Disorders overall 63%
 - MDD 41%
 - BPAD 22%
- OCPD 32%
- Tic Disorder 29%

DSM-5 Diagnostic Criteria: OCD 300.3 (F42)

- Obsessions: intrusive, unwanted thoughts, urges, images; individual attempts to ignore or suppress
- Compulsions: repetitive behaviors/mental acts to reduce distress; behaviors do not necessarily neutralize what they are designed to prevent
- Time-consuming (>1 hr/day) or cause impairment
- Not attributable to substances or other disorders
- Insight varies

Clinical Presentation

- Common obsessions: contamination, symmetry, harm, taboo thoughts
- Common compulsions: cleaning, checking, counting, repeating, mental rituals
- Ego-dystonic nature: individual is disturbed by symptoms

Differential Diagnosis

Vignette: patient admitted to psychiatric hospital with psychosis. Believed that if he touched the left side of his face, he needed to touch the right side of face. Repeated this at all waking times. In addition to causing skin break down, he had no time to do anything else all day. What is your differential?

Differential Diagnosis

- GAD: worry vs. obsessions
- Psychotic disorders: delusions vs. intrusive thoughts with insight
- PTSD symptoms: flashbacks
- Tic disorders
- Autism spectrum
- OCD-related: body dysmorphic disorder, hoarding, excoriation, trichotillomania

Pathophysiology

- CSTC circuit dysfunction
- Hyperactivity: orbitofrontal cortex, anterior cingulate, caudate nucleus
- Neurotransmitters: serotonin, glutamate, dopamine
- Genetic heritability: 40–50%

Assessment Tools

- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
- OCI-R, CY-BOCS (children)
- Screen for comorbidities: PHQ-9, GAD-7

Obsessive-Compulsive Test - Yale Brown OCD Scale YBOCS

| | (0) | (1) | (2) | (3) | (4) |
|--|------------------|----------------------|-------------------------|--------------------------|-----------------------------|
| Obsessions are frequent, unwelcome, and intrusive thoughts. | | | | | |
| 1. How much time do you spend on obsessive thoughts? | None | 0-1 hrs/day | 1-3 hrs/day | 3-8 hrs/day | More than 8 hrs/day |
| 2. How much do your obsessive thoughts interfere with your personal, social, or work life? | None | Mild | Definite but manageable | Substantial interference | Severe |
| 3. How much do your obsessive thoughts distress you? | None | Little | Moderate but manageable | Severe | Nearly constant, Disabling |
| 4. How hard do you try to resist your obsessions? | Always try | Try much of the time | Try some of the time | Rarely try. Often yield | Never try. Completely yield |
| 5. How much control do you have over your obsessive thoughts? | Complete control | Much control | Some control | Little control | No control |
| Compulsions are repetitive behaviors or mental acts that you have a strong urge to repeat that are aimed at reducing your anxiety or preventing some dreaded event. | | | | | |
| 6. How much time do you spend performing compulsive behaviors? | None | 0-1 hrs/day | 1-3 hrs/day | 3-8 hrs/day | More than 8 hrs/day |
| 7. How much do your compulsive behaviors interfere with your personal, social, or work life? | None | Mild | Definite but manageable | Substantial interference | Severe |
| 8. How anxious would you feel if you were prevented from performing your compulsive behaviors? | None | Little | Moderate but manageable | Severe | Nearly constant, Disabling |
| 9. How hard do you try to resist your compulsive behaviors? | Always try | Try much of the time | Try some of the time | Rarely try. Often yield | Never try. Completely yield |
| 10. How much control do you have over your compulsive behaviors? | Complete control | Much control | Some control | Little control | No control |

Your Score:

If you have both obsessions and compulsions, and your total score is;

8-15 = Mild OCD; 16-23 = Moderate OCD; 24-31 = Severe OCD; 32-40 = Extreme OCD

No single test is completely accurate. You should always consult your physician when making decisions about your health.

References

- Goodman, W. K., Price, L. H., Rasmussen, S. A., Mazure, C., et al., The Yale-Brown Obsessive Compulsive Scale. I. Development, use, and reliability. *Arch Gen Psychiatry*, 1989. **46**(11): p. 1006-11.
- Rapp, A. M., Bergman, R. L., Piacentini, J., & McGuire, J. F., Evidence-Based Assessment of Obsessive-Compulsive Disorder. *J Cent Nerv Syst Dis*, 2016. **8**: p. 13-29. PMC4994744.

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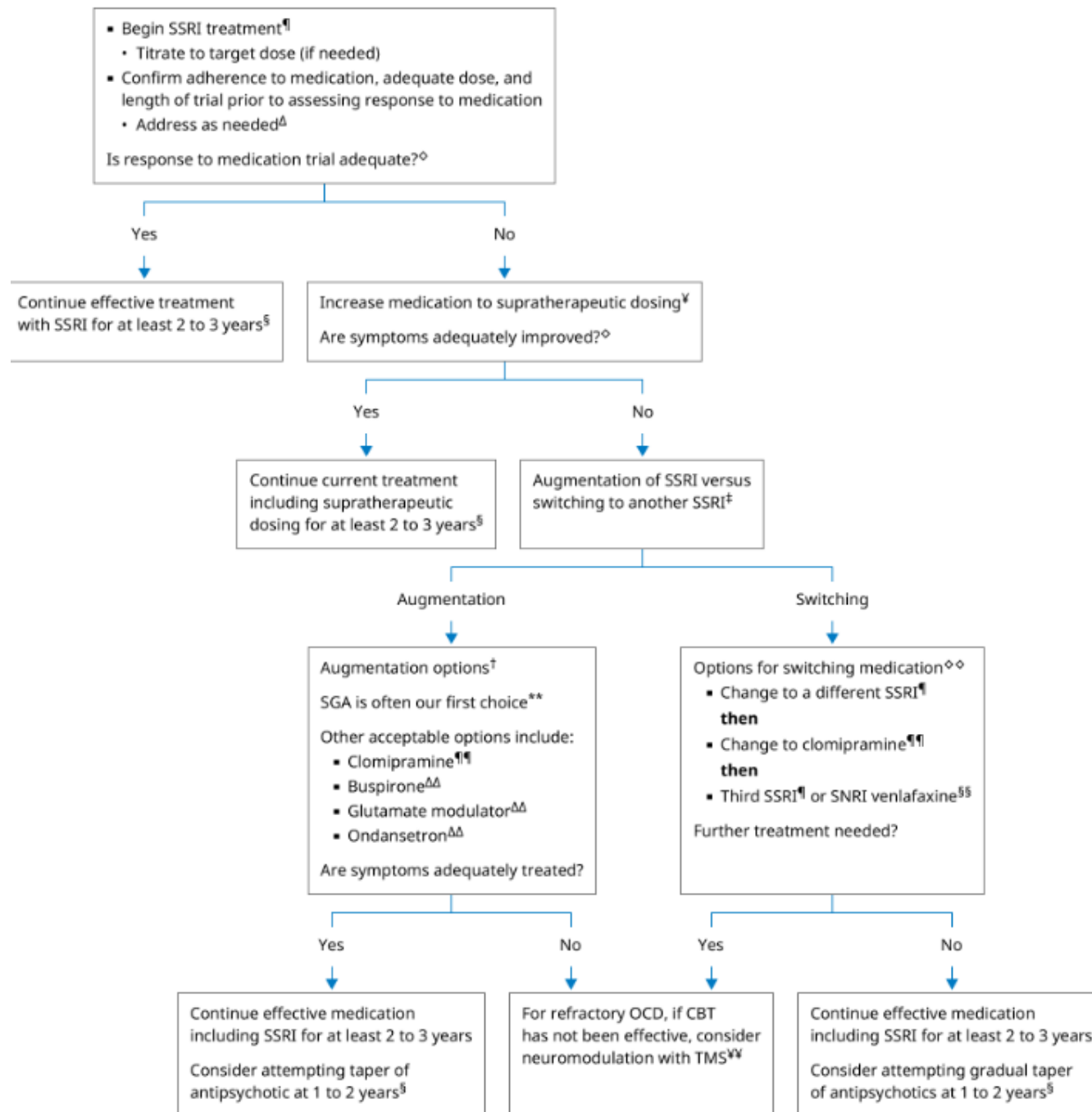
Reference: "I Want to Change My Life" by Dr. S. Melemis. www.IWantToChangeMyLife.org

Treatment- First Line

- CBT with Exposure & Response Prevention (ERP): gold standard
- SSRIs: fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram, escitalopram
- High doses often required
- Clomipramine (TCA, serotonergic)

Treatment- Second Line / Augmentation

- Switch to another SSRI or clomipramine
- Augment with antipsychotics: risperidone, aripiprazole
- Glutamate modulators: N-acetylcysteine, memantine
- Combine CBT + pharmacotherapy
- TMS
- DBS



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| SSRI | Starting dose (mg/day)* | Target dose (mg/day) [¶] | Supratherapeutic doses (mg/day) ^Δ |
|---------------------------|-------------------------|-----------------------------------|--|
| Fluoxetine | 20 | 80 | >80 to 120 |
| Sertraline | 50 | 200 | >200 to 400 |
| Escitalopram [◇] | 10 | 30 | >30 to 60 |
| Fluvoxamine | 50 | 300 | >300 to 450 |
| Paroxetine | 20 | 60 | >60 to 100 |

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Key Points

- OCD: intrusive thoughts and/or compulsions, impairing function
- Often underrecognized, requires direct questioning
- First-line: ERP + high-dose SSRIs
- Consider comorbidities & resistance
- Novel interventions for refractory cases

References

- DSM-5 TR (APA)
- American Psychiatric Association OCD Guidelines
- NICE Guidelines (2019)
- Poleszak & Abramowitz (meta-analyses)
- Polusny et al. (2015, JAMA); Hoge et al. (2018)