Relapse prevention of treatment of obsessive–compulsive disorder

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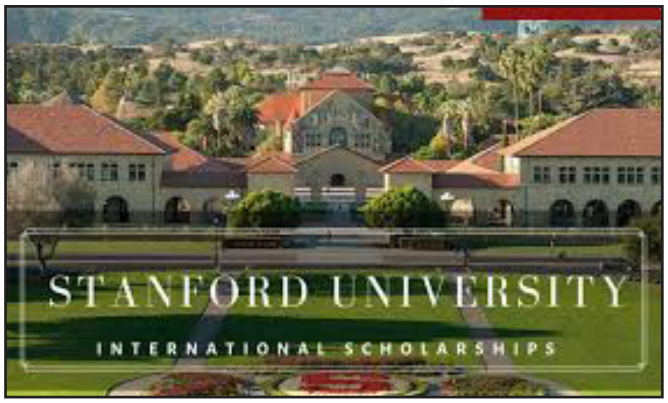
Abstract:
Over the past three decades, obsessive-compulsive disorder (OCD) has moved from an almost untreatable, life-long psychiatric disorder to a highly manageable one. This is a very welcome change to the 1%-3% of children and adults with this disorder as, thanks to advances in both pharmacological and psychological therapies, prognosis for those afflicted with OCD is quite good in the long term, even though most have comor-bid disorders that are also problematic. We still have far to go, however, until OCD can be described as either easily treatable or the effective treatments are widely known about among clinicians. This review focuses on the current state of the art in treatment for OCD and where we still are coming up short in our work as a scientific community. For example, while the impact of medications is quite strong for adults in reducing OCD symptoms, current drugs are only somewhat effective for children. In addition, there are unacceptably high relapse rates across both populations when treated with pharmacological alone. Even in the cognitive-behavioural

treatments, which show higher effect sizes and lower relapse rates than drug therapies, drop-out rates are at a quarter of those who begin treatment. This means a sizable portion of the OCD population who do obtain effective treatments (which appear to be only a portion of the overall population) are not effectively treated. Suggestions for future avenues of research are also presented. These are primarily focused on increased dissemination of effective therapies; augmentation of treatments for those with residual symptoms, both for psychotherapy and pharmacotherapy; and the impact of co morbid disorders on treatment outcome.

Biography:

Thirty years ago, being diagnosed with obsessive-compul-sive disorder (OCD) was about the closest thing the psychiatric world had to being given a life sentence. In addition to being seen as extremely rare, prognosis for those with a diagnosis of OCD was very poor, with no effective truly pharmacological or psychological treatments available.. Today, however, a diagnosis of OCD does not carry this loss of hope for the future and poor treatment outcomes. Instead, clinicians now have at their disposal both pharmacological and psychological treatments that are remarkably effective for the majority of patients. Still, though, there are further advances that need to be made, to continue improving treatment effectiveness and Patient outcomes.



Up to 75% of persons with OCD also present with co morbid disorders. The most common in paediatric cases are ADHD, disruptive behaviour disorders, major depression, and other anxiety disorders. In adults, the most prevalent comorbids are social anxiety, major depression, and alcohol abuse.. Interestingly, the presence of co morbid diagnoses predicts quality of life (QoL) more so than OCD severity itself in both children and adults.

Different primary O/C are also associated with certain patterns of co morbidity, in both adults and youth. Primary symmetry/ordering symptoms are often seen with co morbid tics, bipolar disorder, obsessive-compulsive personality disorder, panic disorder, and agoraphobia, while those with contamination/cleaning symptoms are More likely to be diagnosed with an eating disorder. Those with hoarding cluster symptoms, on the other hand are especially likely to be diagnosed with personality disorders, particularly. Almost all adults and children with OCD report that their obsessions cause them significant distress and anxiety and that they are more frequent as opposed to similar, Intrusive thoughts in persons without OCD.. In terms of QoL, persons with OCD report a pervasive decrease compared to controls. Youth show problematic peer relations, academic difficulties, sleep problems, and partici-pate in fewer recreational activities than matched peers.. Overall, there is a lower QoL in paediatric females than males,, but in adults similar disruptions are reported.. When compared to other anxiety disorders and unipolar mood disorders, a person with OCD is less likely to be married, more likely to be unemployed, and more likely to report impaired social and occupational functioning.

Recent Publications:

1. 1 Franklin ME, Foa EB. Obsessive-compulsive disorder. In: Bar-low DH, editor. Clinical handbook of psychological disorders. 4th ed. New York, NY: Guilford Press, 2007: 164-215
2.
3. 2 Lack CW, Starch EA, Murphy TK. More than just monsters under the bed: Assessing and treating pediatric OCD. Psychi-atric Times 2006; 23: 54-57
4.
5. 3 American Psychiatric Association. Diagnostic and statistical

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