

Obsessive-Compulsive and Related Disorders

The chapter on obsessive-compulsive and related disorders is new in *DSM-5* and reflects the increasing evidence of these disorders' relatedness to one another in terms of a range of diagnostic validators as well as the clinical utility of grouping these disorders in the same chapter. New disorders include hoarding disorder, excoriation (skin picking) disorder, substance-/medication-induced obsessive-compulsive and related disorder, and obsessive-compulsive and related disorder due to another medical condition. The "insight" specifier for obsessive-compulsive disorder has been refined in *DSM-5* to allow a distinction between individuals with good or fair insight, poor insight, and "absent insight/delusional" obsessive-compulsive disorder beliefs (that is, complete conviction that obsessive-compulsive disorder beliefs are true). For body dysmorphic disorder, an additional diagnostic criterion describing repetitive behaviors or mental acts in response to preoccupations with perceived defects or flaws in physical appearance has been added to *DSM-5*, consistent with data indicating the prevalence and importance of this symptom. There is evidence for the diagnostic validity and clinical utility of a separate diagnosis of hoarding disorder, which reflects persistent difficulty discarding or parting with possessions due to a perceived need to save the items and distress associated with discarding them. Individuals with excoriation (skin picking) disorder present with recurrent picking of their skin, which results in skin lesions, and repeated attempts to decrease or stop skin picking. In *DSM-5* other specified obsessive-compulsive and related disorder and unspecified obsessive-compulsive and related disorder diagnoses include conditions such as body-focused repetitive behavior disorder, olfactory reference syndrome, and obsessional jealousy.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be preordered from American Psychiatric Publishing by clicking [here](#). The book, available January 2014, contains 500 questions for all the categories of psychiatric disorders and includes Section III. The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons.

1. A 52-year-old man presents to a psychiatrist on the advice of his primary care doctor with raw, chaffed hands. He reports that he washes at least four hours a day, using abrasive cleansers and scalding hot water. Although he admits his hands are uncomfortable, he is entirely convinced that unless he washes in this manner, he will become gravely ill. Outside of his hands, a medical workup is unrevealing, and he takes no medications. Which of the following is the most appropriate diagnosis for this man?

- a) delusional disorder, somatic type
- b) illness anxiety disorder
- c) obsessive-compulsive disorder with absent insight
- d) obsessive-compulsive personality disorder
- e) generalized anxiety disorder

Correct Answer: C. obsessive-compulsive disorder with absent insight

Rationale: *DSM-5* has added an insight specifier to the diagnosis of obsessive-compulsive disorder (OCD) to acknowledge that persons with the disorder can range from having good insight into the irrationality of their behaviors to persons who have no insight (that is, are delusional). In *DSM-5* if the delusional belief is lim-

ited to the obsessions and compulsions, a separate psychotic disorder diagnosis is not required. Individuals with illness anxiety disorder worry about having an illness; however, they do not have the classic obsessions and compulsions found in OCD. Individuals with generalized anxiety disorder may constantly worry; however, their worries are usually about real-life concerns.

2. A 19-year-old woman is referred to a psychiatrist by her internist after she admits to him that she repetitively pulls at her eyebrows to the point that she has scarring and has little or no eyebrow hair. She confides that her normal eyebrows look repulsive to her: she sees them as too bushy, saying that she "looks like a caveman." Pictures of her prior to the hair pulling show a normal looking teenager. Which of the following is the most likely diagnosis?

- a) hair pulling disorder (trichotillomania)
- b) body dysmorphic disorder
- c) delusional disorder, somatic type
- d) normal age appropriate appearance concerns
- e) obsessive-compulsive disorder

Correct Answer: B. body dysmorphic disorder

Rationale: There can be a variety of causes for hair pulling. Individuals with hair pulling disorder (trichotillomania) pull hair out of anxiety or boredom; the behavior provides distraction, pleasure, or a relief from anxiety. When hair pulling is purely for the purpose of improving a perceived defect in appearance, the behavior is better conceptualized as symptomatic of a body dysmorphic disorder (BDD). As with other presentations of BDD, insight into the behavior can be poor, and the belief

can reach delusional levels. If the delusions are limited to the appearance concerns, an additional diagnosis is not necessary. The behavior is similar to obsessive-compulsive disorder; however, the focus on appearance is diagnostic for BDD. It may be normal for teenagers to be concerned about their appearance; however, the fact that this patient has pulled her hair to the point of causing harm makes this a pathological behavior.

3. A 55-year-old retail worker is frequently unavailable at work to the point where he is in danger of losing his job. He explains that he has "chronic halitosis" and fears that his bad breath is "scaring away shoppers." His coworkers regularly reassure him that his breath is fine. He believes they are being polite, and he brings a toothbrush and toothpaste to work and is frequently in the restroom brushing his teeth. In addition he chews mint gum, although his employer has asked him not to. Although he is worried about losing his job, he finds his worries about his breath to be intolerable. He has seen his doctor and dentist; however, both tell him that he is healthy and does not have malodorous breath. Which of the following would be the most appropriate diagnosis?

- a) social anxiety disorder
- b) obsessive-compulsive disorder
- c) body dysmorphic disorder
- d) unspecified obsessive-compulsive or related disorder
- e) illness anxiety syndrome

Correct Answer: D. unspecified obsessive-compulsive or related disorder

Rationale: Olfactory reference syndrome is characterized by excessive odor-related preoccupations and repetitive behaviors designed to address the odor sufficient to cause distress or impairment. Currently this disorder is provisional and

classified among the unspecified obsessive-compulsive or related disorders. When the individual lacks any insight, a delusional disorder should be diagnosed, as well. Although the other disorders listed could cause repetitive behaviors, the focus on an imaginary odor is diagnostic for olfactory reference syndrome.

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