ESSTS

18th Internationall Conference on
Tourette Syndrome & Tic Disorder

OCD – focus on clinical aspects

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OCD – Clinical Practice

- OCD is often missed in clinical assessments
- OCD can sometimes be mis-diagnosed
- Impact of prescribed medicine in Tourette syndrome and ADHD on OCD.

70%

of OCD patients remain undiagnosed and untreated

Wahl et al., 2010

Diagnosis in Outpatient Settings

A 2010 German study assessed the accuracy of OCD diagnosis among patients attending outpatient clinics (Wahl et., 2010)

Despite being in clinical contact, the majority of patients with OCD were not receiving an accurate diagnosis — or any treatment at all.

Delay in OCD Diagnosis

- The delays in seeking treatment are significant
- Duration of untreated illness estimated to be >7 years
- The average age of presentation 29 years (when onset in childhood or adolescence)

Pellegrini L, Giobelli S, Burato S, di Salvo G, Maina G, Albert U. Meta-analysis of age at help-seeking and duration of untreated illness (DUI) in obsessive-compulsive disorder (OCD): the need for early interventions. J Affect Disord 2025; 380: 212–25

Why is early diagnosis important

- Early identification and early intervention, with earlier intervention associated with better treatment outcomes.[1]

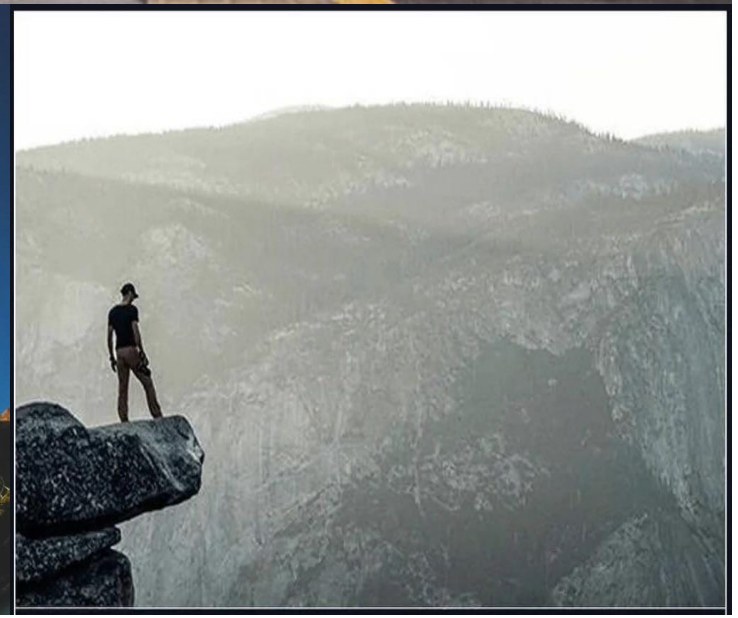
- Earlier intervention can improve the life trajectory and reduce the self-blame (suicidal attempts are not uncommon [2]).

1.Fineberg NA, Dell'Osso B, Albert U, Maina G, Geller D, Carmi L, et al. Early intervention for obsessive compulsive disorder: an expert consensus statement. Eur Neuropsychopharmacol 2019; 29: 549–65.

2.Brakoulias V, Starcevic V, Belloch A, Brown C, Ferrao YA, Fontenelle LF, et al. Comorbidity, age of onset and suicidality in obsessive–compulsive disorder (OCD): An international collaboration. Compreh Psychiatry 2017; 76: 79–86.

Reasons why OCD is often not identified / reported

- **Intrusive thoughts (images) may be too embarrassing to reveal**
- **Excessive weight given to thoughts - Thinking bad thoughts is morally equal to or close to doing something bad (shame)**
- **Thought-action fusion (A belief that thinking a bad thought makes it more likely to come true.)**
- **Talking about OCD will make it worse or *"they will take it away"***



Intrusive Thoughts/ Images

What if I push someone over the edge of the platform

Could I jump off the platform

I think I will push all the glasses and mugs off the shelves in the shop

What if I sexually assault someone

I may be another sexual orientation

What if I left the stove on and my house burns down?

Thoughts about the intrusive thoughts

What if I never stop thinking these thoughts

I am responsible for making this thoughts

What if I enjoy these thoughts

Why do I get these thoughts – am I a bad person?

Other Examples of Intrusive Thoughts/ doubts

What if I don't really exist?

What if I have hurt someone without realising it?

What if I confessed something I didn't do?

Did I lie and not know it?

What if I've done something terrible and can't remember it?

Hesitancy & indecisiveness (fear of making a decision) — could be part of OCD

Provide examples and normalise intrusive thoughts during a clinic review

Lack of professional understanding is a barrier for treatment

Lack of understanding

A qualitative study found that professionals lacked genuine knowledge and understanding of participants' OCD diagnoses.

Patients reported that clinicians did not fully grasp the nature of their condition, leading to inadequate or inappropriate responses.

Stengler-Wenzke & Angermayer, 2005

Barrier to Seeking Treatment

A separate study found that a lack of professional knowledge was itself a direct barrier — causing individuals with OCD to avoid seeking treatment altogether.

When patients anticipate being misunderstood, they disengage from the healthcare system.

Goodwin et al., 2002, as cited in Stengler et al., 2013

Misdiagnosis and overlaps

- Psychosis
- PTSD
- Generalised anxiety
- Depression
- A compulsion looking like a tic
- Inattention and ADHD
- ASD and OCPD

Misdiagnosis of OCD as Psychosis

Wrongful Detention or admission

Patients detained under mental health legislation based on misidentified 'risk' *to prevent a high-risk act that the individual fears but would never want to complete.*

Inappropriate Rx

Sedating antipsychotic agents prescribed when not clinically indicated

Family Separation

A mother of a newborn presents with intrusive obsessional thoughts that she may harm her baby. Mother separated from newborns

Distinguishing OCD from Psychosis

Ego-Dystonic Obsessions (OCD)		Delusions (Psychosis)
Ego-dystonic — thought is unwanted and causes distress	vs	Ego-syntonic — patient may not recognise thought as alien
Insight preserved (95-97 %) — patient knows the thought is irrational	vs	Insight often absent — belief held with conviction
Fear they might act (but have no desire to)	vs	May act on belief (without internal conflict)
Responds to ERP & SSRIs	vs	Responds to antipsychotic medication
Lifespan history of similar ego-dystonic intrusions	vs	Onset often more acute; part of broader psychotic illness

Images: Obsessions vs Hallucinations vs Flashbacks

Obsessional Image

- Patient knows the image is not real
- Recurrent / unwanted image, ego-dystonic — deeply distressing
- Part of OCD symptom cluster

Visual Hallucination

- Perceived as occurring in external world and appears real to patient
- Little insight that it is a misperception
- Associated with psychotic illness

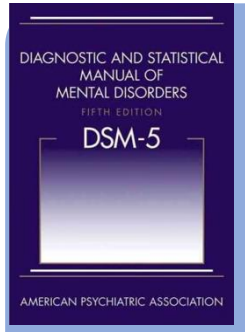
Flashback (PTSD)

- Intrusive image of a life-threatening actual event
- Re-experiencing rather than imagining
- Triggered by trauma reminders and associated with hyperarousal / avoidance

Overlap between the Psychosis and OCD

5–30%

of people with schizophrenia also experience obsessions and/or compulsions/ OCD



OCD can present with lack of insight

In DSM-5 The insight dimension became an important specifier distinguished along an increasing level of severity: "**good or fair insight", "poor insight", or "absent insight/delusional beliefs**".

The "absent insight/delusional beliefs" specifier is associated with a worst prognosis, a chronic course, treatment resistance/refractoriness, and generally requiring the combination of different drugs including antipsychotics (Kim, Ryba, Kalabalik, & Westrich, 2018; Marazziti, 2019; Marazziti, Catena, & Pallanti, 2006; NICE, 2005).

Misdiagnosis and overlaps

- Psychosis
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- Generalised anxiety
- Depression
- Mutism
- A compulsion looking like a tic
- Inattention and ADHD
- ASD and OCPD

Misdiagnosis by OCD Presentation Type

Glazier et al., 2015

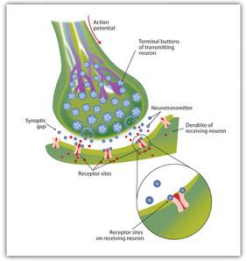
✓ Accurately Diagnosed	✗ More Often Misdiagnosed
Symmetry OCD	OCD centred around aggression
Contamination OCD	OCD centred around paedophilia
	OCD centred around homosexuality
	Fear of blurting out inappropriate things

Stimulants & OCD

Psychostimulants can **exacerbate existing OCD symptoms** or **provoke new-onset obsessive or compulsive behaviours, often studied in individual treated for ADHD and in psychosis**. (Cabarkapa et al., 2019; Dogan-Sander & Strauß, 2021; Lochhead, 2018).

Symptoms typically present as hyper-fixation on symmetry, exactness, aggressive checking rituals, and repetitive ordering (Grover et al., 2016).

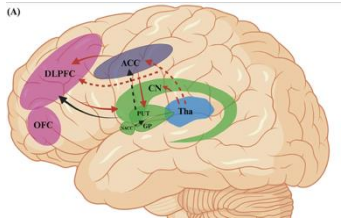
How Stimulants Affect OCD Pathways



Stimulant Mechanism

Stimulants block the reuptake of dopamine and norepinephrine, increasing their availability in **frontostriatal brain circuits**.

Cabarkapa et al., 2019



OCD Pathophysiology

OCD is heavily tied to **dopaminergic overactivity** in cortico-striato-thalamo-cortical (CSTC) loops.

Introducing a stimulant can **"overdrive" these pathways**, triggering or worsening:

- Rigid behaviors & checking rituals
- Hyper-focus & obsessions

Grover et al., 2016; Woolley, 2003

Stimulants and OCD

Stimulants elevate dopamine/norepinephrine in frontostriatal circuits already dysregulated in OCD, risking symptom exacerbation but not every one with OCD experiences this with stimulants.

Amphetamines more commonly provoke cleaning/checking rituals; however, some patients worsen on MPH and improve on amphetamines — responses are individualized.

Stimulant-induced OCD is typically fully reversible within 1–2 weeks of discontinuation.

References: Cabarkapa et al. (2019) · Grover et al. (2016) · Free (2022) · Woolley (2003)

Aripiprazole can help with OCD

Aripiprazole prescribed for Tics can help with co-morbid OCD

Gerasch S, Kanaan AS, Jakubovski E, Müller-Vahl KR. Aripiprazole Improves Associated Comorbid Conditions in Addition to Tics in Adult Patients with Gilles de la Tourette Syndrome. Front Neurosci. 2016 Sep 12;10:416.

Multiple lines of clinical Evidence for Aripiprazole and other anti-psychotics as an add on to SSRI help OCD symptoms

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OCD – Case examples

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