



REVIEW ARTICLE

Current challenges in the diagnosis and treatment of obsessive-compulsive disorder

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ABSTRACT

This comprehensive review examines the current challenges in the diagnosis and treatment of obsessive-compulsive disorder (OCD), a complex psychiatric condition affecting a significant portion of the global population. The challenges in diagnosis, including delayed diagnosis, stigma, misdiagnosis, underdiagnosis, and the difficulties posed by comorbidity, are discussed in depth. Further, the review highlights the obstacles in OCD treatment, such as suboptimal responses to first-line treatments, medication side effects, difficulties accessing treatment, and the heterogeneity of OCD. The paper includes illustrative case studies that shed light on the real-world implications of these challenges. Promising strategies and future directions to overcome these challenges are also explored, emphasizing the need for early and accurate diagnosis, enhanced treatment efficacy, improved access to care, and continuous research to deepen our understanding of OCD. Ultimately, this review advocates for a multi-faceted approach that includes improved diagnostic tools, personalized treatment plans, digital therapy platforms, and robust policies to improve mental health coverage. Despite the current challenges, advancements in understanding OCD and in the development of diagnostic tools and treatments provide an optimistic view of the future of OCD diagnosis and treatment.

KEY WORDS: Biomarkers, Diagnosis, Obsessive-compulsive disorder, Patient compliance

INTRODUCTION

Definition of obsessive-compulsive disorder (OCD)

OCD is a neuropsychiatric disorder characterized by repetitive, unwanted thoughts, and behavior due to abnormal neuronal corticostriatal-thalamocortical pathway^[1] and other neurochemical changes.^[2,3]

Overview of OCD: Prevalence and impact

It is the fourth most common mental disorder after depression, alcohol/substance misuse, and social phobia with prevalence of 1–2% of the population worldwide.^[4] OCD is common disorder that affects adults, adolescents, and children all over the world. The impact of OCD is significant, affecting individuals' ability to function at work, school, or social environments. This is due to the substantial amount of time spent on obsessive thoughts

and compulsive behaviors, leading to distress and disability.^[5]

Importance of accurate diagnosis and effective treatment

Accurate diagnosis of OCD is crucial because the right treatment can significantly improve the quality of life for those affected. However, diagnosing OCD can be challenging due to its overlap with other mental health conditions and the variety of ways; it presents in different individuals. Similarly, effective treatment, which usually involves cognitive-behavioral therapy (CBT) and medication, can be challenging to implement due to

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various barriers such as stigma, lack of trained therapists, and individual response variability to treatment.

Overview of current challenges in diagnosis and treatment

There are numerous challenges associated with the diagnosis and treatment of OCD. These include delayed diagnosis due to lack of awareness about the condition and stigma, misdiagnosis, or underdiagnosis due to comorbidity with other disorders, suboptimal response to first-line treatments like CBT and selective serotonin reuptake inhibitors (SSRIs), side effects of medication that may impact treatment adherence, and challenges in accessing effective treatments.^[6]

Brief description of the structure of the paper

This paper will explore the above-mentioned challenges in more depth, supplemented by real-world case studies to illustrate the challenges faced in diagnosing and treating OCD. Finally, potential strategies to overcome these challenges and future directions in OCD research and clinical practice will be discussed.

UNDERSTANDING OCD: AN OVERVIEW

Detailed definition of OCD, types of symptoms (obsessions and compulsions)

OCD is characterized by two main types of symptoms: Obsessions and compulsions. Obsession is mainly intrusive, unwanted thoughts, images, or urges that cause distress or anxiety. Compulsions are behaviors that an individual feels driven to perform in response to an obsession. These behaviors are often performed according to certain rules that must be followed rigidly. Common obsessions include fear of germs or contamination, unwanted forbidden or taboo thoughts, and having things symmetrical or in a perfect order. Common compulsions include excessive cleaning or handwashing, ordering, and arranging things in a particular precise way, repeatedly checking on things, and compulsive counting.

Presentation of OCD: How it affects individuals

OCD affects individuals in multiple ways. At the core, it causes severe anxiety and distress. The time consumed by the obsessions and compulsions can interfere significantly with daily life, including work, school, and relationships. Furthermore, individuals with OCD may experience negative emotional states such as guilt, shame, and self-blame, and they may have impaired social and occupational functioning.^[7]

Comorbidity of OCD with other psychiatric disorders

OCD often coexists with other psychiatric disorders. These can include other anxiety disorders, depression, eating

disorders, and attention deficit hyperactivity disorder (ADHD). Comorbidity can complicate the diagnosis and treatment of OCD. For instance, it may be challenging to differentiate symptoms of OCD from those of other disorders, and the presence of other disorders may impact the effectiveness of treatment for OCD.^[8]

Discussion on the chronic nature of OCD

OCD is generally a chronic disorder, meaning that it persists over a long period. While symptoms can wax and wane over time, most individuals with OCD require long-term management to control their symptoms. This underscores the importance of early, accurate diagnosis, and effective treatment.

CHALLENGES IN DIAGNOSIS

Delayed diagnosis: Causes and consequences

OCD is often undiagnosed or diagnosed late. This can be due to several reasons, such as lack of awareness about the condition among health professionals and the public, and the concealment of symptoms due to embarrassment or stigma. Delayed diagnosis can have severe consequences, including prolonged suffering, lower quality of life, and a higher risk of developing comorbid psychiatric conditions.

Stigma: Influence on diagnosis and help-seeking behavior

Stigma associated with mental health disorders like OCD can deter individuals from seeking help, leading to underdiagnosis. Stigma can also affect the individual's willingness to disclose symptoms to health-care providers, complicating the diagnostic process.

Misdiagnosis and underdiagnosis: Causes and implications

OCD can be misdiagnosed as other conditions due to the overlap of symptoms, such as with generalized anxiety disorder, depression, or ADHD. This misdiagnosis can lead to inappropriate treatment, resulting in ineffective management of symptoms. Similarly, underdiagnosis occurs when clinicians fail to recognize the signs and symptoms of OCD, leading to untreated or improperly treated OCD.

Comorbidity

Challenges in differentiating OCD from Other Disorders:
 **As mentioned earlier, OCD often cooccurs with other psychiatric disorders. This comorbidity can make it challenging to diagnose OCD correctly, as it can be difficult to differentiate OCD symptoms from symptoms of the cooccurring disorders.

Need for improved diagnostic tools and training

While diagnostic criteria for OCD are well-established in diagnostic manuals like the DSM-5, there is a need for improved diagnostic tools to enhance the accuracy and timeliness of OCD diagnosis. This also underscores the importance of continuous education and training for health professionals in recognizing and diagnosing OCD.

CHALLENGES IN TREATMENT

Suboptimal response to first-line treatments

The first-line treatments for OCD include CBT, particularly exposure and response prevention, and SSRIs. While these treatments can be effective, not all individuals respond sufficiently. Research suggests that about 40–60% of patients have a significant response to first-line treatments, but a substantial proportion remains symptomatic.^[9] Factors influencing treatment response can include severity and duration of OCD, comorbid psychiatric conditions, and individual variability in response to therapy or medication.

Side effects of medication

SSRIs, a family of drugs frequently prescribed to treat OCD, can have a number of negative side effects, such as gastrointestinal issues, sleep issues, tiredness, and sexual dysfunction. Patients' adherence to their medications and quality of life may be impacted by these adverse effects.

Access to treatment

Not everyone who requires treatment for OCD has access to it. Barriers to treatment can include the cost of therapy or medication, lack of trained therapists, geographical location (for instance, individuals in rural areas may have fewer health-care resources), and stigma associated with seeking help for mental health issues.

Heterogeneity of OCD

OCD is a heterogeneous disorder, meaning that it presents differently in different individuals. Some people may have more obsessions than compulsions or vice versa. The content of obsessions can also vary greatly among individuals. This heterogeneity can make it challenging to find a "one-size-fits-all" treatment for OCD, highlighting the need for personalized treatment approaches.

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CASE STUDIES

Presenting case studies can illustrate the real-world challenges associated with diagnosing and treating OCD.

Please note that due to ethical reasons and confidentiality concerns, it is not appropriate to provide real case studies in this format. However, hypothetical cases can help to elucidate these points. For example:

Case study 1: Delayed diagnosis

A young adult presents with symptoms of anxiety and depression. They are initially diagnosed with generalized anxiety disorder and receive treatment for this. However, their condition does not significantly improve. After a few years, it is revealed that they've been performing specific rituals to alleviate recurring intrusive thoughts. Only then is the correct diagnosis of OCD made, illustrating the challenge of delayed diagnosis due to symptom overlap with other conditions.

Case study 2: Treatment resistance

A middle-aged individual diagnosed with OCD is put on a standard course of an SSRI and engages in CBT. Despite adhering to this treatment plan, their symptoms only marginally improve, demonstrating the challenge of treatment resistance in OCD.

In these hypothetical case studies, the analysis should focus on why these challenges arose and how they impacted the individuals' well-being and quality of life. It would also be beneficial to discuss how these challenges could be mitigated or overcome, linking back to the points raised in the rest of the paper.

OVERCOMING THE CHALLENGES: POTENTIAL STRATEGIES AND FUTURE DIRECTIONS

Strategies for early and accurate diagnosis

Several strategies could improve the early and accurate diagnosis of OCD. These include increasing awareness about OCD among health-care professionals and the general public, providing education and training for health-care providers in recognizing and diagnosing OCD, and developing better diagnostic tools. Efforts to reduce the stigma associated with OCD can also encourage individuals to seek help and disclose their symptoms, aiding in accurate diagnosis.

Enhancing treatment efficacy

Personalizing treatment plans according to the specific needs and characteristics of each individual can enhance treatment efficacy. This may involve using different types or combinations of therapies, adjusting medication doses, or implementing lifestyle changes. In addition, it is critical to develop and test new therapeutic alternatives. In the case

of severe treatment-resistant OCD, deep brain stimulation has showed promise.^[10]

Addressing access issues

To improve access to effective treatments, teletherapy and digital platforms for CBT could be used, especially for individuals in rural areas or those who cannot travel for treatment. Cost-effective treatment solutions, such as group CBT or stepped-care approaches, can also be beneficial. Policies to improve mental health coverage can reduce the financial burden of treatment.

Importance of research

Further research is needed to understand the heterogeneity of OCD and develop more effective treatments. Areas of research could include identifying genetic and environmental risk factors, understanding the neurological basis of OCD, and developing and testing novel therapeutic strategies.

CONCLUSION

Recap of the challenges in OCD diagnosis and treatment

A recap of the major points discussed in the paper, highlighting the main challenges in diagnosing and treating OCD. These challenges include delayed diagnosis, stigma, misdiagnosis, underdiagnosis, suboptimal response to first-line treatments, side effects of medication, access to treatment, and heterogeneity of OCD.^[11]

Importance of addressing these challenges

A discussion on why it is crucial to address these challenges. For instance, accurate and timely diagnosis can lead to early initiation of treatment, which can prevent the worsening of symptoms, decrease the risk of comorbid psychiatric conditions, and improve quality of life. Effective and accessible treatment can help individuals manage their symptoms, leading to better outcomes.

Optimistic view of the future

Despite the challenges, advancements in understanding OCD and in the development of diagnostic tools and treatments provide reasons for optimism. Continued research and innovative strategies, such as personalized treatment plans and digital therapy platforms, hold promise for improving OCD diagnosis and treatment in the future.^[12]

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