

O

OBSESSIVE



C

COMPULSIVE



D

DISORDER



OBSSESSIONS

01

Persistent - Could be thoughts, images or impulses continuously occurring and can't be stopped even if you wish to.

02

Recurrent - Happening or tending to happen repeatedly

03

Experienced as disturbing, inappropriate and uncontrollable



CHARACTERISTICS OF OBSESSIONS

01

Obsessions are typically intrusive

02

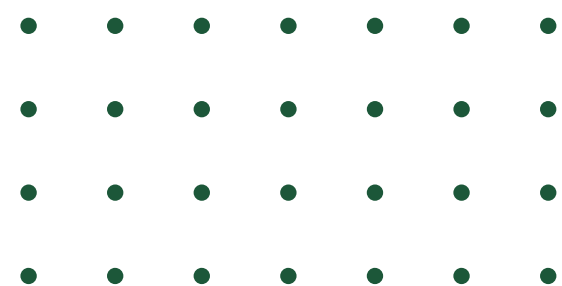
Obsessions often cause anxiety, distress, or discomfort

03

Individuals with obsessions often engage in mental rituals to neutralize or alleviate the anxiety caused by the obsessions.

04

Individuals with obsessions recognize that the obsessions are irrational



SYMPTOMS OF OBSESSIONS

01

Significantly **interfere** with the individual's ability to concentrate, work, socialize, or maintain relationships.

02

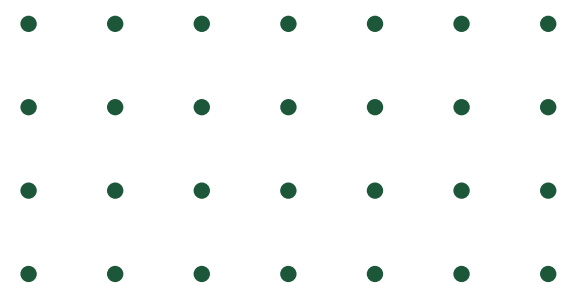
May become **preoccupied** with their **intrusive** thoughts, finding it difficult to focus on anything else.

03

In an attempt to reduce distress, individuals with obsessions may **avoid** certain people, places, or activities that **trigger** their intrusive thoughts.

04

Obsessions can lead to **feelings of guilt, shame, or embarrassment**, particularly if the content of the obsessions is taboo or socially unacceptable.



COMPULSIONS

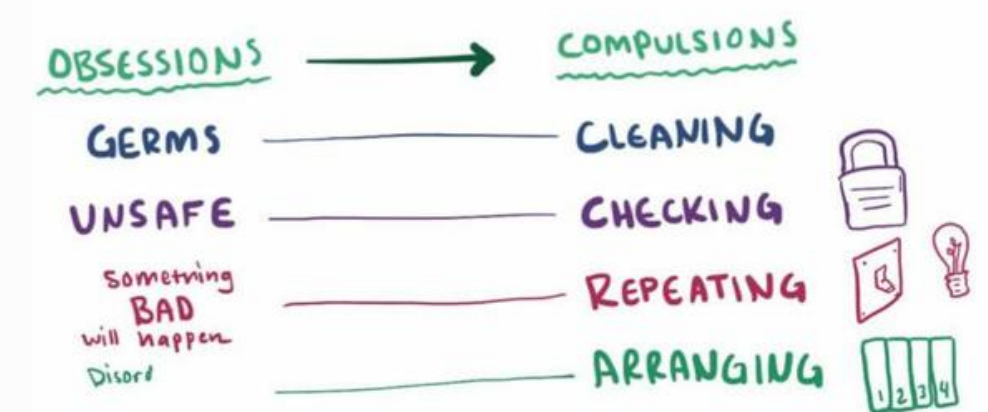
Observable repetitive behaviors or unobservable mental rituals



Performed for a long period of time



In response to the obsessive thoughts



CHARACTERISTICS OF COMPULSIONS

01

Compulsions often involve following strict rules for engaging in rituals to reduce anxiety or prevent feared outcomes.

02

May experience temporary relief from anxiety or distress after performing the compulsive behavior

03

Compulsions are typically performed in response to a sense of urgency or pressure, with individuals feeling compelled to engage in the behavior to alleviate their distress.

04

Like obsessions, they may recognize that their compulsive behaviors are excessive, irrational, or unnecessary.



SYMPTOMS OF COMPULSIONS

01

Significantly interfere with the individual's ability to concentrate, maintain relationships, or fulfill responsibilities

02

Compulsive behaviors can consume a significant amount of time and energy, leading to disruptions in the individual's routine or schedule.

03

Individuals with compulsions may experience distress or anxiety when they are unable to engage in their usual compulsive behaviors.

04

Despite recognizing that their compulsions are excessive or irrational, they may find it difficult to resist or control the urge to engage in the behavior.



DIAGNOSTIC GUIDELINES ACC. TO DSM-5



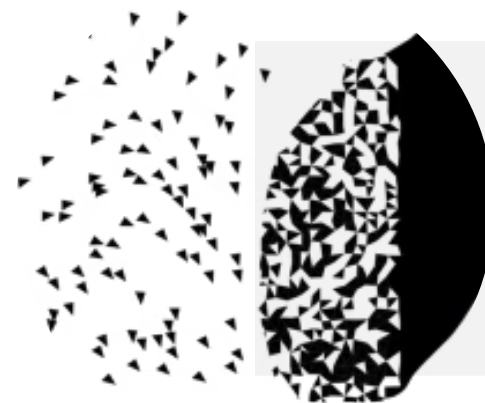
Obsessions,
compulsions or both



Impairment in functioning



Not due to effects of a
substance



Not due to other mental
disorder

CAUSES



Psychological

- Learned behavior
- Adaptive function as per evolutionary research
- Attempting to suppress obsessive thoughts
- Increased sense of responsibility about the negative thought



- Genetic
- Increased activity in certain brain areas
- Abnormalities in neurotransmitters

Biological



TREATMENT

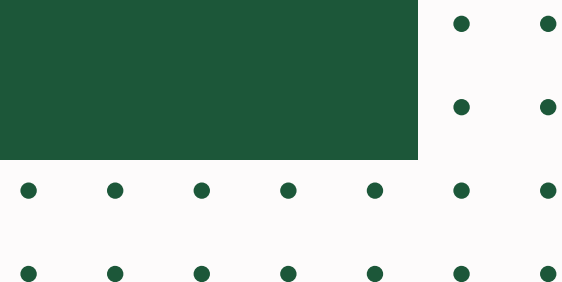
Exposure and Response Prevention



Medications



PANIC ATTACK



CHARACTERISTICS

01

Panic disorder involves spontaneous panic attacks that occur repeatedly, worry about future attacks and changes in behavior to avoid situations that are associated with an attack

02

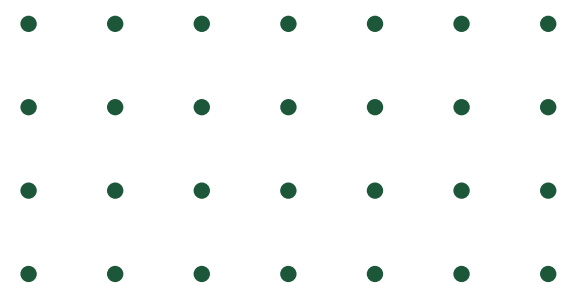
Panic attack is a sudden and intense feeling of terror, fear, or apprehension, without the presence of actual danger.

03

Its a brief period of extreme distress, anxiety, or fear that begins suddenly and is accompanied by physical and/or emotional symptoms

04

The symptoms of a panic attack usually happen suddenly, peak within 10 minutes, and then subside.

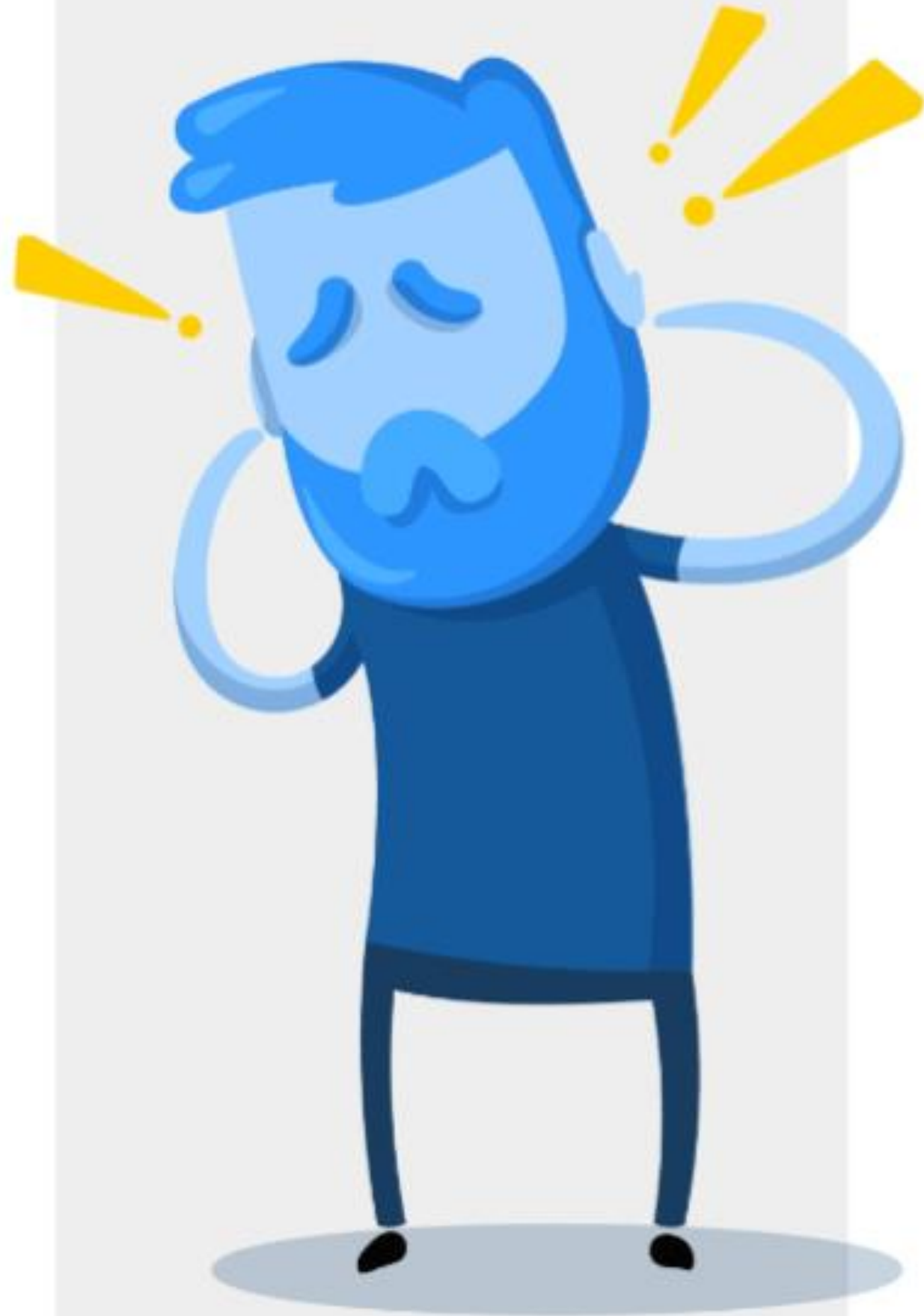


PANIC ATTACK

Cycle of Panic



PANIC ATTACK



SYMPTOMS



NUMBNESS OR TINGLING
IN HANDS AND FINGERS



FEELING OUT
OF CONTROL



RACING HEART



FEELING SWEATY
OR CHILLED



FEELING WEAK



RINGING IN YOUR EARS



CHEST TIGHTNESS
AND PAIN



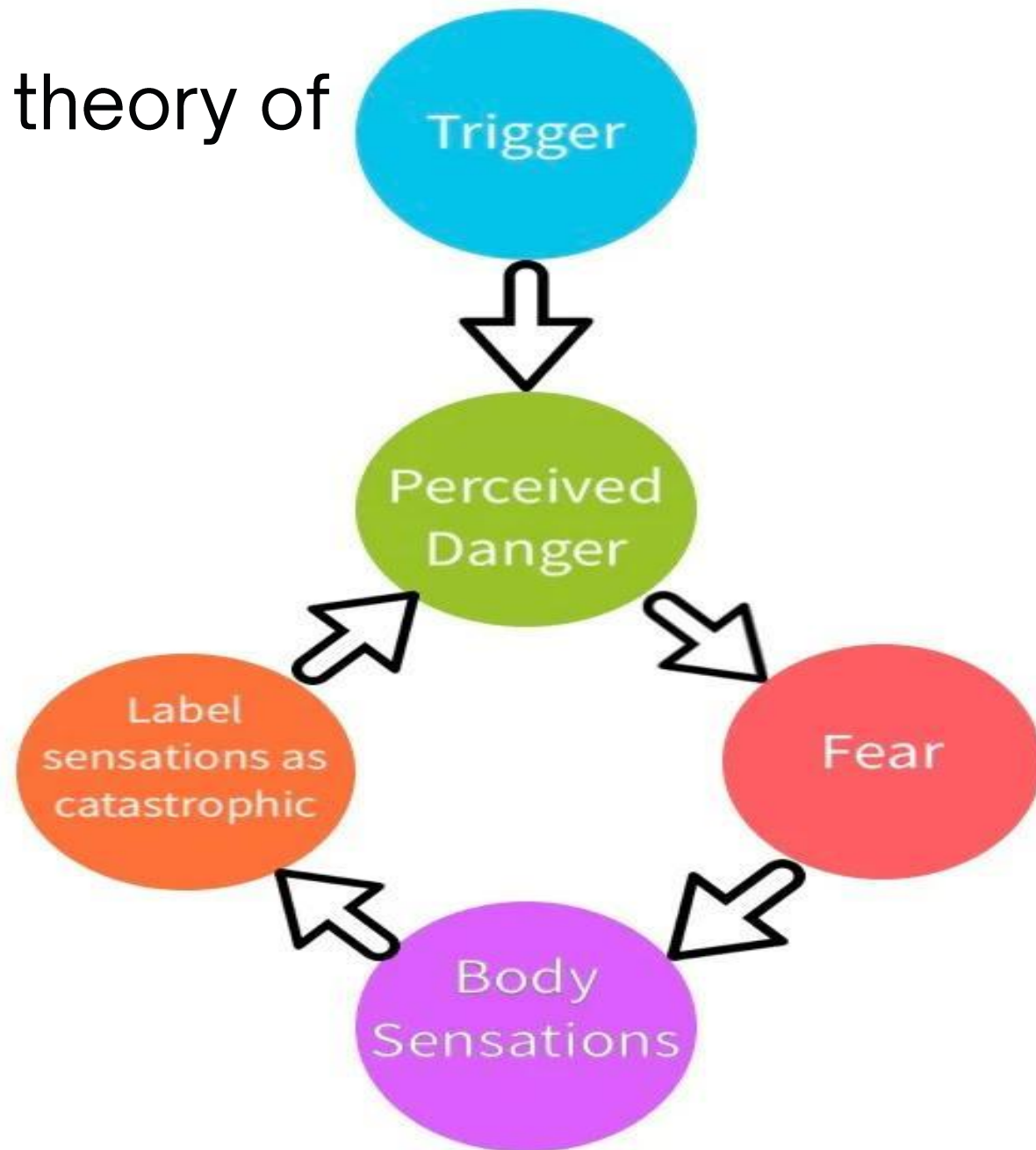
DIFFICULTY CATCHING
YOUR BREATH



FEELING A SENSE OF
IMPENDING DEATH

PSYCHOLOGICAL CAUSES

- Cognitive theory of panic



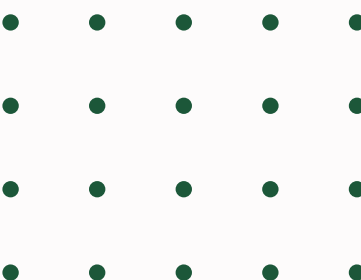
- Maintained by negative reinforcements

NEUROCHEMICAL DYSFUNCTION

- Increased GABA (Gamma-aminobutyric acid)
- Increased cortisol
- Disturbance in serotonin

FAMILY HISTORY

- Vulnerability to panic attacks tends to run in family



COGNITIVE CAUSES

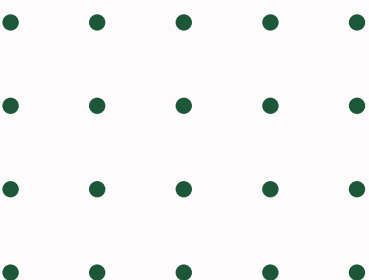
- Major life transitions (losing job)
- Stimulus generalization
 - First attack occurs in one location
 - Fear of another attack in similar location

IN EDUCATIONAL INSTITUTIONS

- Exams
- Poor academic performance
- Worry about the career

ALCOHOL, MEDICATION OR DRUG WITHDRAWAL

- Various substances both prescribed and unprescribed can cause panic attack to develop as a part of their withdrawal syndrome.



DIAGNOSTIC GUIDELINES ACC. TO DSM-5

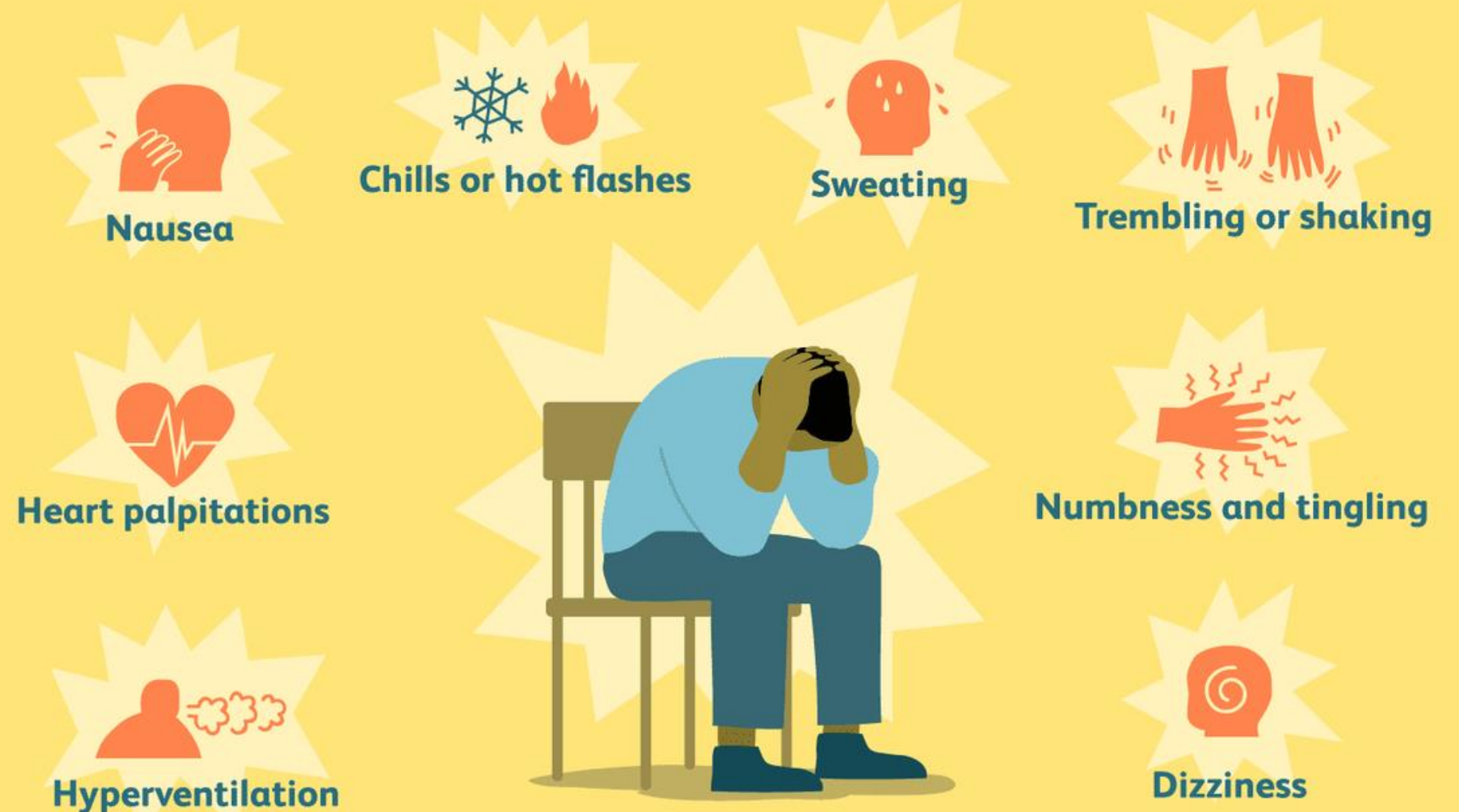
01

Recurrent unexpected panic attacks with 4 or more of the symptoms:

- Accelerated heart rate.
- Sweating.
- Trembling or shaking.
- Sensations of shortness of breath
- Feelings of choking.
- Chest pain or discomfort.
- Nausea or abdominal distress.
- Feeling dizzy, unsteady, light-headed, or faint.
- Chills or heat sensations.
- Paresthesias (numbness or tingling sensations).
- Derealization (feelings of unreality) or depersonalization (being detached from oneself).
- Fear of losing control or “going crazy.”
- Fear of dying.



Signs of a Panic Attack



DIAGNOSTIC GUIDELINES ACC. TO DSM-5



02

Occurrence of any 1 of the following:

- Persistent worry about additional panic attacks or their consequences
- A significant maladaptive change in behavior related to the attacks

03

Not due to the effects of a substance or medical condition

04

Not due to the another mental disorder



TREATMENT

- **Psychotherapy –**
 - **CBT** - Helping people to identify the thoughts that contribute to feelings of fear or anxiety and replace them with more helpful, realistic one.
- **Systematic desensitization** – Through the process people can learn that the things that trigger these attacks are not as frightening as they previously believed



CBT:

Teaches coping skills

Changes negative thought patterns and behavior

Uses desensitization to help you overcome a fear



TREATMENT

- **Medications –**

- Antidepressants
- Selective serotonin reuptake inhibitors (SSRI)
- Anti-anxiety medications - Benzodiazepines

