



# ***OBSESSIVE COMPULSIVE DISORDER***

***In Children And Adolescents***

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# OCD



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## *Definition of OCD*

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Obsessive Compulsive disorder (OCD) is a common, chronic and long-lasting disorder in which a person has unwanted, reoccurring thoughts (obsessions) along with behaviors they believe they must repeat to ease their obsessive thoughts (compulsions).



## *Symptoms of OCD*

*The most common obsessions among kids and adolescents include*

- Fear of dirt or germs and contamination
- Strong need to make things orderly, symmetrical, or predictable
- Unwanted religious thought
- Lucky and unlucky numbers
- Sexual or aggressive thought
- Fear of illness or harm coming to oneself or relatives
- Intrusive thoughts



## ***Symptoms of OCD***

***The most common compulsions among kids and adolescents include***

- *Grooming rituals such as hand washing, showering and teeth brushing*
- *Repeating rituals such as going in and out of doorways, reading erasing and rewriting*
- *Checking rituals to make sure that an appliance is off or door is locked, repeatedly checking homework*
- *Rituals to undo contact with a contaminated person or object*
- *Touching rituals*
- *Rituals to prevent harming self or others*
- *Ordering and arranging objects*
- *Counting rituals*



## *Epidemiology*

It is one of the most disabling psychiatric disorders, with a prevalence of 2% to 4% in general population.

OCD can start at any time from preadolescence to adulthood; although about one-third to half of adults diagnosed with OCD report that the onset of their symptoms began in childhood.

With most studies reporting a mean age of onset at about 10 years (range 6–14 years)

Pediatric OCD seems to be more prevalent in males than in females while the opposite pattern occurs among adults.

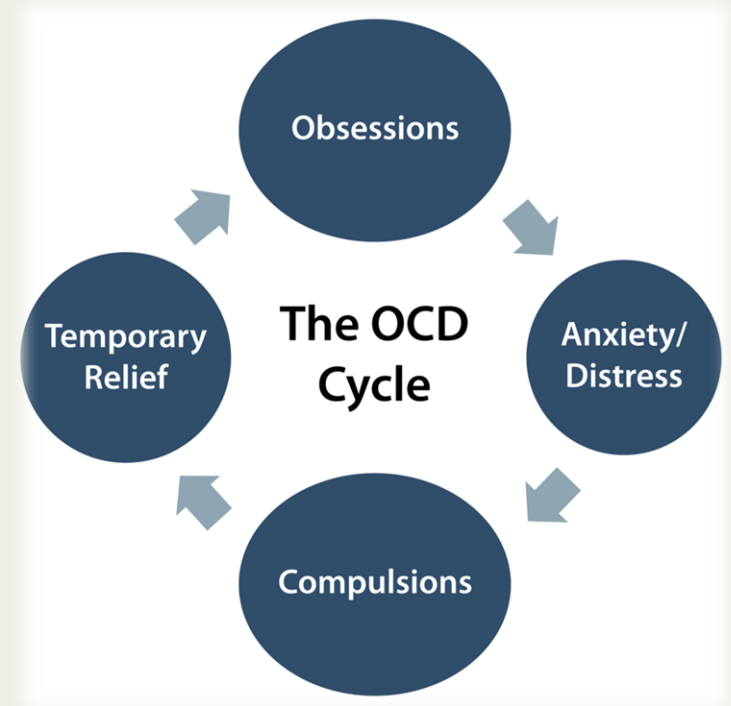


## ***Severity and impairment***

OCD related functional impairment has been shown to be considerable in social, school, family and home settings for both children and adolescents. although older youth tend to show greater levels of functional impairment compared to younger children.



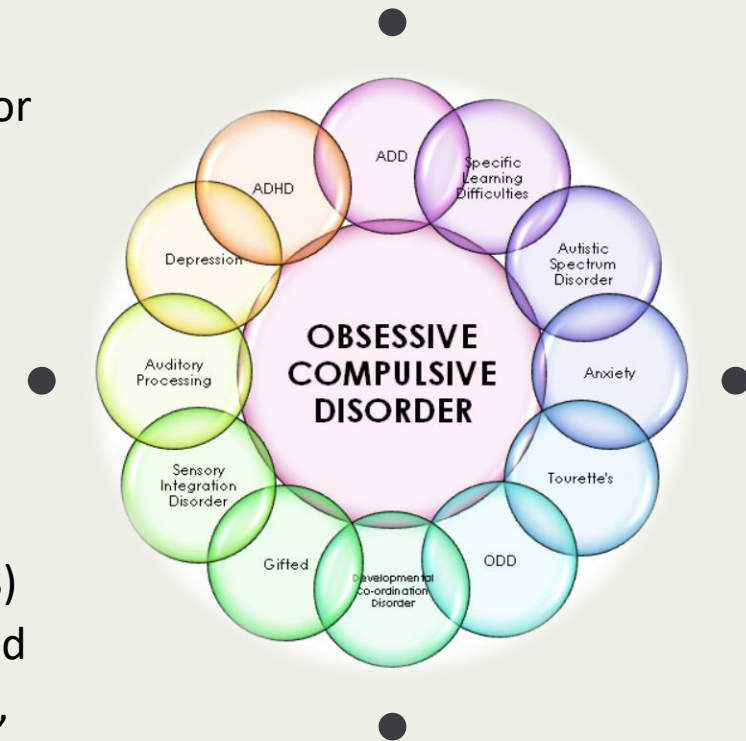
Early or late onset of OCD symptoms and duration of illness might be associated with greater severity and comorbidity.



## ● ● *OCD comorbid conditions*

Children and adolescents with OCD have higher rates of comorbid disruptive behavior disorders, anxiety disorders, and tic disorders than adults with OCD also level of insight is typically poorer in children and adolescents.

According to studies there is a number of differences in symptom profile and rates of comorbid disorders between two age groups; children(3-9)and adolescents(10-18) with OCD, include more sexual obsessions, a higher rates of comorbid depression and checking rituals in the adolescents and a lower level of insight, higher rates of ADHD, disruptive behavior and tic disorder in the children.





# ○ ● *Etiology*

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## **Genetic risk factors:**

The greatest factor in a person's risk for developing OCD is genetic, with the remaining risk being determined by the environment.

Children who have first degree relative with OCD have a greater chance of developing OCD early in life.

## **Brain functions:**

Chemical, structural and functional abnormalities in the brain can causes OCD. For instance; Low levels of serotonin, high levels of glutamate and brain-derived neurotrophic factor(BDNF) can reflect some sort of vulnerability to developing OCD.

# ○ ● *Etiology*

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## **Environmental factors:**

It is important to keep in mind that those genetic factors may only be relevant under the right environmental conditions.

OCD is associated with prenatal risk factors, such as gaining too much weight while pregnancy and difficult labor, as well as life stressors such as significant emotional, physical or sexual abuse as a child.

## **Other mental health disorder:**

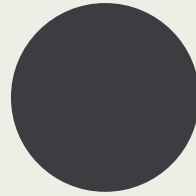
OCD may be related to other mental health disorders, such as anxiety disorders, depression, substance abuse or tic disorders.

# ***Impacts of the COVID-19 pandemic on Pediatric OCD***



COVID-19 pandemic has produced an increase in psychiatric disorders.

The increase in distress, concern and fear has affected reactions to present situations and exacerbated OCD symptoms.

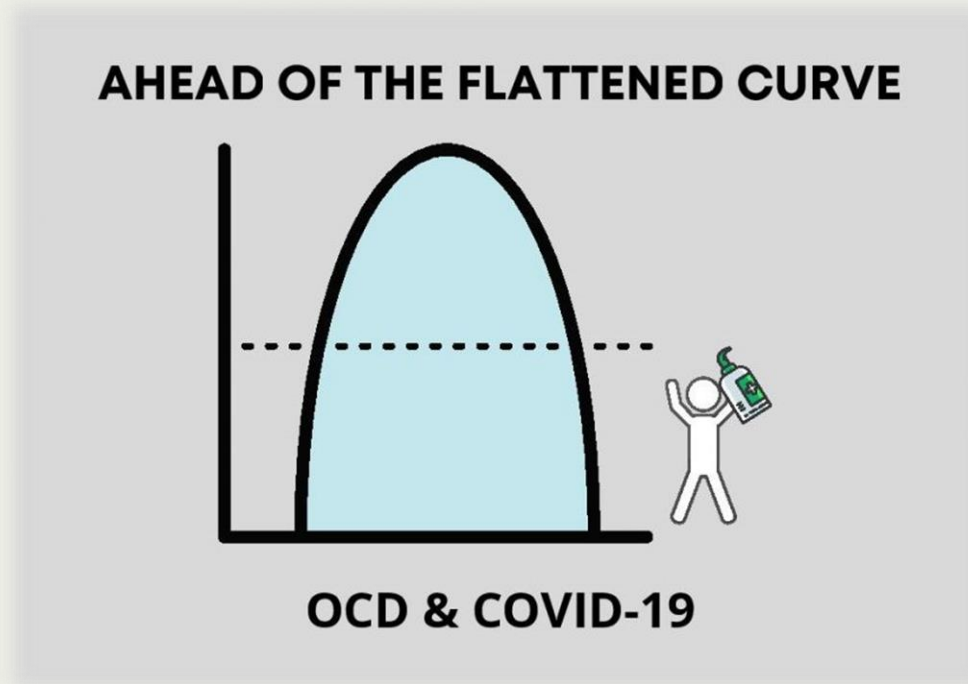


Symptom severity before and during the COVID-19 pandemic in a sample of children and adolescents with OCD showed a significant increase in the frequency of contamination obsessions such as:

- Fear of becoming infected with covid or infecting others.
- Washing compulsions such as avoiding handshakes, not touching the face, excessive hand washing and all sort of avoidance behaviors.

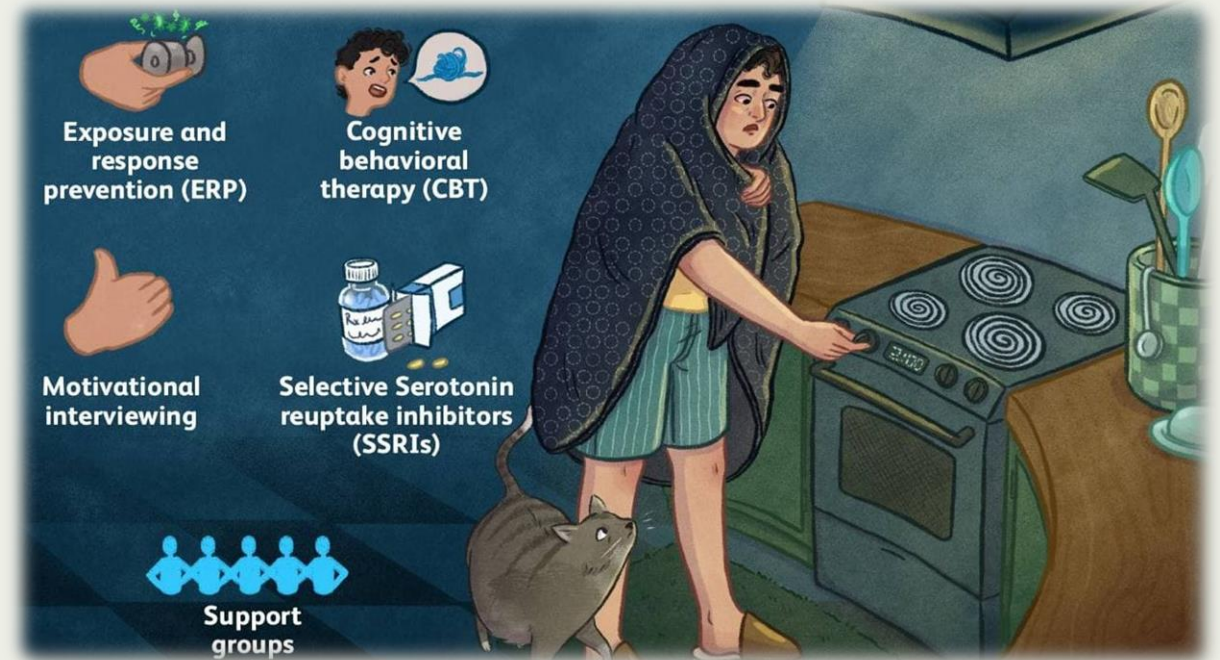


Patients with contamination symptoms had a significantly stronger worsening of the severity of OCD (time spent, degree of interference, distress, resistance, and perceived control over symptoms) from before quarantine to the quarantine period.



# ● ● Typology of treatment

1. Cognitive behavioral therapy(CBT)
2. Exposure and response prevention(ERP)
3. Acceptance and commitment therapy(ACT)
4. Cognitive analytical therapy(CAT)
5. Pharmacotherapy(SSRIs)
6. Deep brain stimulation(DBS)





“There isn’t anybody out there who doesn’t have a mental health issue,  
anxiety or struggling to cope with the hard stuff.

Having OCD is not an embarrassment.

Just know that there is help and your life could be better if you go out and seek for help.”

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