



## MARCH - APRIL 2009

### Wellness Mondays for Employees

- March 2, 9, 16, 23 & 30, 9 a.m.-3 p.m.
  - April 6, 20 & 27, 9 a.m.-3 p.m.
- 320 Bayer Learning Center

### Wellness Wednesdays for Students

- March 11 & 25, 1-3 p.m.
  - April 8 & 22, 1-3 p.m.
- 320 Bayer Learning Center

### Wellness Mondays/Wednesdays

To schedule an appointment, please call x5874.

### Blood Pressure Screening

- March 11 & 25, 10 a.m.-noon
  - April 8 & 22, 10 a.m.-noon
- 3<sup>rd</sup> Floor, Duquesne Union  
 No appointment necessary



### CENTER FOR PHARMACY CARE SERVICES

The Center offers the following complimentary screenings and services:

- Bone density
- Body composition analysis
- Facial skin analysis
- Serum glucose and A1C testing for diabetes & Living My Life®
- Cholesterol screening
- Tobacco Cessation Program
- Health Care Coaching
- Medication Therapy Management

# OBSESSIVE-COMPULSIVE DISORDER (OCD)

**O**bsessive-compulsive disorder (OCD) is a condition characterized by irrational thoughts or fears called obsessions that can result in repetitive behaviors known as compulsions. It is considered one of the common forms of anxiety. The compulsions are seen as a mechanism to reduce the patient's level of stress. Some patients suffering from OCD recognize that their obsessions are unreasonable and are able to control or stop them; however, this can increase their distress level and enhance temptation to perform additional compulsive activities.

The disease can become severe and is disabling for many patients. Many cases of OCD are related to themes such as fear of contamination. Patients with OCD associated with a fear of germs or becoming ill may constantly wash their hands. This compulsion reduces their fear of getting sick even though their hands may become chapped or sore. Even this ritualistic behavior may not be enough to overcome OCD symptoms and a vicious cycle can ensue.

The National Institute of Mental Health (NIMH) conducted a study in the early 1980s indicating that OCD affected approximately 2% of the population. At that time, OCD was considered more common than other psychiatric illnesses such as schizophrenia, bipolar disorder and panic attacks. Data published in 2008 suggests that OCD affects nearly 2.2 million American adults. Many of these individuals simultaneously suffer from other psychiatric conditions such as eating disorders, depression or other problems related to anxiety.

OCD occurs in patients from all ethnic groups and ages and is equally identified in males and females. Almost one third of cases are seen by the age of 15 and nearly 90% of patients are identified by the age of 35. In 1990, the economic and social costs of OCD were estimated to be approximately \$8.4 billion.

It is important that the clinical symptoms of OCD be quickly recognized and the patient referred for treatment.

## WHAT CAUSES OCD?

The definitive cause of OCD is still being investigated and the basis for the condition is not fully understood. The Mayo Clinic suggests there are four primary theories as to the cause of OCD:

- Biological imbalance of neurotransmitters or chemicals in the brain. This can develop at any age and regardless of other circumstances. There is evidence to suggest that OCD bears a genetic component although the specific genes causing the disorder have not been identified.
- Decreases in serotonin levels in the brain may play a causative role in OCD.
- Theoretically, continued repetition of some tasks results in their becoming almost habitual. This can be considered as simply environmental influence or *learned behavior*.
- There is some suggestion that children who develop frequent *strep throat* infection may go on to develop OCD. This appears to be the most controversial of the theories and requires additional investigation.

## HOW IS OBSESSIVE-COMPULSIVE DISORDER DIAGNOSED?

In order to make a diagnosis of OCD, a series of physical and psychological tests must be conducted. These include a general physical examination, laboratory tests for determining complete blood count (CBC) and other parameters including thyroid function assessment and a screening test for use of drugs and alcohol. A psychological evaluation can identify the patient's thoughts, feelings and behavioral patterns. Physicians and other mental health professionals assess the severity and frequency of symptoms and behaviors and determine their impact on the patient's daily activities and quality of life. Suicidal thoughts or the consideration of self-harm must be discussed with healthcare specialists.

The diagnosis of OCD is based on criteria included in a major psychiatric resource known as the *Diagnostic and Statistical Manual (DSM) of Mental Disorders* that is published by the American Psychiatric Association. This

# OBSESSIVE-COMPULSIVE DISORDER (OCD)

manual is used by health care practitioners to diagnose mental illnesses and serves as the basis for reimbursement by insurance providers. Criteria for the diagnosis of OCD and definitions of the two major components of the condition are provided in *Table 1*.

*Cognitive behavioral therapy (CBT)* is the type of psychotherapy most frequently employed and is considered the most effective non-pharmacologic treatment option in both adults and children. This therapy results in changes in the way the patient's brain functions and alters thought processes and the individual's

increases serotonin levels as does a newer class of drugs known as selective serotonin re-uptake inhibitors (SSRIs). Major examples of these compounds are fluoxetine (Prozac, etc.) and paroxetine (Paxil, etc.). Other drugs, including anti-psychotic agents, have occasionally been used in patients not responding to the antidepressants. Patients beginning treatment for OCD usually begin with lower doses, then gradually increase dosage on a weekly to monthly (fluoxetine) basis until maximum response has been obtained. An adequate trial of treatment may require up to 12 weeks of drug administration. Patients must advise physicians of their response to medication as well as the occurrence of adverse reactions.

OCD is a relatively common psychiatric condition that can produce mental distress, impair social function and significantly impact daily activities. Fortunately, psychotherapy and medication are frequently successful in reducing symptoms and improving the patient's quality of life.

**Table 1: DSM Criteria\***

|                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OBSESSIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"><li>• Recurrent persistent thoughts, impulses, and images that are intrusive and cause distress.</li><li>• The thoughts are not just excessive worrying about real problems in one's life.</li><li>• A person tries to ignore or suppress these thoughts, images, and impulses.</li><li>• A person knows that these thoughts, images, and impulses are a product of their own mind.</li></ul> |
| <b>COMPULSIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"><li>• Repetitive behaviors that one feels driven to perform (such as hand washing) or repetitive mental acts (e.g. counting silently).</li><li>• These behaviors and repetitive mental acts are meant to prevent or reduce distress about unrealistic obsessions a person is experiencing.</li></ul>                                                                                          |
| <b>OCD DIAGNOSIS</b>                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"><li>• A person has either obsessions or compulsions.</li><li>• Patient realizes these obsessions and compulsions are excessive and unreasonable.</li><li>• The obsessions and compulsions a person experiences significantly hinder their daily routine.</li></ul>                                                                                                                            |

\*Adapted from: *Diagnostic and Statistical Manual of Mental Disorders – Text Revision (DSM-IV-TR™)*, American Psychiatric Association, 2000.

## TREATMENT OF OCD

The treatment of OCD can be difficult and cure is often unobtainable. In many cases, however, symptoms and behaviors can be better controlled and the patient's quality of life can improve considerably. Two primary treatment options are available and consist of psychotherapy and prescription medications.

repetitive daily activities. Eventually, the need for compulsive behaviors to decrease anxiety and stress levels is no longer necessary. With CBT, patients often are treated by exposure and response prevention. It gradually introduces patients to feared objects or obsessions and, as a result, teaches them how to cope with the anxieties they experience.

There are specific *prescription medications* that can benefit patients with symptoms of OCD. Antidepressants are often used as first-line therapy for the treatment of the disorder. The specific antidepressants useful in OCD generally affect only the serotonin neurotransmitter and increase its concentrations in the brain. There are a limited number of antidepressant medications approved by the Food and Drug Administration (FDA) for the treatment of OCD. These drugs and their associated adverse reactions are summarized in *Table 2*.

Clomipramine, an older antidepressant,

**Table 2: Drugs Used in the Treatment of Obsessive-Compulsive Disorder**

|                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------|
| <b>DRUG (generic/brand)</b>                                                                                           |
| clomipramine (Anafranil)                                                                                              |
| <b>Frequently Reported Adverse Effects*</b>                                                                           |
| dry eyes/mouth, constipation, urinary retention, increased heart rate                                                 |
| <b>DRUG (generic/brand)</b>                                                                                           |
| citalopram (Celexa)                                                                                                   |
| fluoxetine (Prozac)                                                                                                   |
| fluvoxamine (Luvox)                                                                                                   |
| paroxetine (Paxil)                                                                                                    |
| sertraline (Zoloft)                                                                                                   |
| <b>Frequently Reported Adverse Effects*</b>                                                                           |
| diarrhea, dizziness, headache, insomnia, rash, sexual dysfunction, sleepiness, suicidal thoughts, tremor, weight gain |

\* These reactions may be seen in some patients and not in others.



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*Additional information on newsletter topics:*

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For more information regarding OCD, please visit the following Web sites:

- [www.mayoclinic.com/health/obsessive-compulsive-disorder/DS00189](http://www.mayoclinic.com/health/obsessive-compulsive-disorder/DS00189)
- [www.nlm.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/](http://www.nlm.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/)
- [www.ocfoundation.org/](http://www.ocfoundation.org/)

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