



N108 Care for Clients with Psychosocial Problems in Adaptation/Adjustment

OBSESSIVE-COMPULSIVE DISORDER (OCD)

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At the end of this session, you should be able to:

1. Discuss OCD
2. Discuss the different theories on the etiologies of OCD
3. Apply the nursing process to care for patients with OCD



Obsession

Recurrent, persistent, intrusive, and unwanted thoughts,, images, or impulses that cause marked anxiety and interfere with interpersonal, social, or occupational function

Compulsion

Are ritualistic or repetitive behaviors or mental acts that a person carries out continuously in an attempt to neutralize anxiety.



Checking rituals

Counting rituals

Washing and scrubbing until the skin is raw

Praying or chanting

Touching, rubbing, or tapping

Ordering

Exhibiting rigid performance

Having aggressive urges



Clinical Onset

- Can start in childhood specially in males while females commonly begins in their 20's
- Onset is commonly in late adolescence
- May be exacerbated by stress



Related Disorders

Excoriation (dermatillomania)

Categorized as a self-soothing behavior; the behavior is an attempt of people to soothe or comfort themselves, not that picking itself is necessarily a positive sensation

Trichotillomania

Chronic repetitive hair pulling. This is a self soothing behavior that can cause distress and functional impairment

Body Dysmorphic Disorder (BDD)

preoccupation with an imagined or slight defect in physical appearance that causes significant distress for the individual and interferes with functioning in daily life.

Hoarding disorder

involves excessive acquisition of animals or apparently useless things, cluttered living spaces that become uninhabitable, and significant distress or Impairment for the individual.



Related Disorders

Onychophagia

chronic nail-biting, is a self-soothing behavior

Oniomania

compulsive buying, is an acquisition type of reward seeking behavior. The pleasure is in acquiring the purchased object rather than any subsequent enjoyment of its use.

Body identity integrity disorder (BIID)

term given to people who feel “over complete,” or alienated from a part of their body and desire amputation.



Etiology

Aaron Beck's cognitive approach to emotional disorders

Describes person's thinking as

1. Believing one's thoughts are overly important
2. Perfectionism and the intolerance of uncertainty
3. Inflated personal responsibility and overestimation of the
4. Threat posed by one's thoughts.



Treatment

Psychopharmacology

SSRI antidepressants

- Fluvoxamine
- Sertraline
- Venlafaxine
- **For treatment resistant ocd:**
- Risperidone
- Quetiapine
- olanzapine

Behavioral Therapy

- **Exposure**
 - Assisting client in deliberately confronting situations
- **Response prevention**
 - Delaying or avoiding performance of rituals



Nursing Process Application



Assessment

Yale brown OCD scale

History

- Overwhelming compulsions that interfere with ADL
- Rituals began many years ago and progresses overtime

General appearance and motor behavior

- Tense
- Anxious
- Worried
- Fretful
- Overall appearance: unremarkable

Mood and affect

- Reports of ongoing overwhelming feelings of anxiety
- May look sad and anxious



Assessment

Thought processes and content

- May describe the obsession as spontaneous
- The harder the client tries to stop the thought image, the intensity increases
- No impairment of memory or sensory functioning

Judgment and insight

- Client recognizes obsession as irrational but cannot stop them.
- Makes sound judgment but cannot act on them
- Engages in ritualistic behavior when anxiety becomes overwhelming

Self concept

- Feeling of powerlessness which leads to low self-esteem



Assessment

Physiological and self care considerations

- Sleep problems
- Loss of appetite
- Unwanted weight loss
- May have poor hygiene

Roles and relationship

- Decreased life role fulfillment
- Strained relationship with friends and family



Diagnoses

- Anxiety
- Ineffective coping
- Fatigue
- Situational low self-esteem
- Impaired skin integrity (if scrubbing or washing rituals)



Goals and Objectives

- The client will complete daily routine activities within a realistic time frame.
- The client will demonstrate effective use of relaxation techniques.
- The client will discuss feelings with another person.
- The client will demonstrate effective use of behavioral therapeutic techniques.
- The client will spend less time performing rituals.



Interventions

Use of therapeutic communication

- Validate the patients overwhelming feelings while indicating the belief that the client can make the necessary changes to regain self control.
- Encourage to verbalize feelings and describe it in much detail

Teaching relaxation and behavioral techniques

- Deep breathing exercises*
- Progressive muscle relaxation *
- Guided imagery*
- Diary to chronicle situations that triggers the obsession, intensity of anxiety and time spent performing the ritual
- *Done when anxiety of the client is low

Completing a daily routine

- To accomplish task effectively. NOTE: do not interrupt or attempt to stop the ritual because this will escalate your clients anxiety



Evaluation

- Ocd symptoms no longer interfere with the clients ability to carry out responsibilities
- Manages obsession
- Anxiety management without engaging in rituals
- Reports regained control over their lives



References

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Thank you!