ried to an extreme, or when the balance between control and impulse expression leads to paralysis, they become a liability.

OCD is equally common in both men and women. For many years, it was believed that OCD was extremely rare. Recent reports show that OCD is the 10th leading cause of disability of all medical conditions in the industrialized world (Eisen et al., 2006).

**Children with Obsessive–Compulsive Disorder**

Although OCD is usually diagnosed in older adolescents or young adults, children may also be affected by the disorder. Recent studies (Kirvan, Swedo, Snider, & Cunningham, 2006; Storch et al., 2006) have examined pediatric autoimmune neuropsychiatric disorders associated with streptococci (PANDAS). The term PANDAS is used to describe a

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**DSM-IV-TR**

**DiagnosticCriteriafor Obsessive–Compulsive Disorder**

**A. Either obsessions or compulsions:**

- **Obsessions as defined by 1, 2, 3, and 4:**
  1. Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
  2. The thoughts, impulses, or images are not simply excessive worries about real-life problems
  3. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
  4. The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion)

- **Compulsions as defined by 1 and 2:**
  1. Repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly
  2. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive

**B. At some point during the course of the disorder, the person has recognized that the obsessions or compulsions are excessive or unreasonable.**

**C. The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day); or significantly interfere with the person’s normal routine, occupational (or academic) functioning, or usual social activities or relationships.**

**D. If another Axis I disorder is present, the content of the obsessions or compulsions is not restricted to it (e.g., preoccupation with food in the presence of an Eating Disorder; hair pulling in the presence of Trichotillomania; concern with appearance in the presence of Body Dysmorphic Disorder; preoccupation with drugs in the presence of a Substance Use Disorder; preoccupation with having a serious illness in the presence of Hypochondriasis; preoccupation with sexual urges or fantasies in the presence of a Paraphilia; or guilty ruminations in the presence of Major Depressive Disorder).**

**E. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.**

Specify if:

**With Poor Insight:** if, for most of the time during the current episode, the person does not recognize that the obsessions and compulsions are excessive or unreasonable

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**Using DSM-IV-TR**

Health care providers often use language unfamiliar to clients and their families. Explain obsession and compulsion in such a way that clients and family members can understand the difference.

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**Table 18-3  Common Obsessive–Compulsive Behaviors**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Related Compulsion</th>
<th>Related Obsession</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repetitious hand washing</td>
<td>Urge to wash, scrub, or clean</td>
<td>Fear of disease or contamination</td>
</tr>
<tr>
<td>Returning home often to make sure appliances are turned off</td>
<td>Need to recheck related to self-doubt</td>
<td>Fear of disaster</td>
</tr>
<tr>
<td>Hoarding junk mail, receipts, and all types of papers</td>
<td>Need to keep everything</td>
<td>Fear of losing things</td>
</tr>
<tr>
<td>Ritualistic counting of number of stairs climbed</td>
<td>Urge to count repeatedly</td>
<td>Belief that counting will yield control and thus prevent making mistakes</td>
</tr>
<tr>
<td>Avoiding stepping on seams of tiles, carpets, sidewalks</td>
<td>Need for order and routine</td>
<td>Belief that order and routine will negate all anxiety</td>
</tr>
</tbody>
</table>