Early Onset OCD: Comorbiditis & Differential Diagnosis

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>50-80% have comorbidities

> Even in their 1st relatives

These comorbidities are **high**

>30-70% multiple anxiety disorders:

➤ Often **follows** OCD

• SAD

Specific phobias, agoraphobia

• GAD

•30-60% mood disorders

Often follows OCD

Commonly depression

•5-10% Bipolar mood disorder

• 25% ODD

Often precedes OCD

• 25% ADHD

Often precedes OCD

•20-50% TD

•20% Enuresis

•20% LLD

• Up to 15% **OCPD**

Some develop OCPD as coping

• 5-10% BD

• 7% ASD

• Earlier age at onset:

• **increased** risk for **ADHD**

other anxiety disorders

• Mood & psychotic disorders:

• > more prevalent in **adolescent** subjects

<u>Tic-Related Early Onset OCD:</u>

 Tic/OCD may be different manifestations of same gene

• Tic/OCD: High rate of TIC/OCD in 1st relatives

Girls<Boys

• Earlier onset

<u> Tic-Related Early Onset OCD:</u>

 touching, tapping, repeating, rubbing, blinking, staring, symmetry, exactness, incompleteness, intrusive aggressive thoughts, hoarding, ordering, counting, just so, ...

Less satisfaction with SSRI alone!

(Non-Tic related OCD: cleaning, checking,)

Only TD can modify the expression of OCD

Certain comorbid disorders:

 May have adverse effect on treatment outcome

□ PANS / PANDAS:

• PANS: Pediatric Acute Onset Neuropsychiatric Syndrome

PANDAS: Pediatric Autoimmune Neuropsychiatric disorder

• Associated with GABHS:

GABHS: Group A Beta-Hemolytic Streptococcal Infection

Autoimmune subgroup of OCD

 Ab against GABHS cross-reacts with caudate tissue & basal ganglia

Can cause distinct neurobehavioral syndrome

• Include:

• OCD

Tics

Hyperactivity

Sydenham chorea

 Abrupt early-onset/exacerbation of OCD/Tic symptoms

After Respiratory Tract Infection (GABHS)

May not occur for many months after infection

• Throat culture, ASOT, Anti DNA GABHS, ANA

Treatment is still under investigation!

• Penicillin prophylaxis ??

• Plasmapheresis ??

• IV immunoglubuline ??

 Standard treatment for both OCD & GABHS are recommended

Differential Diagnosis

- Differential Diagnosis:
- Developmentally normal ritualistic habits
- Benign OC like symptoms
- 2/3 of age 2-4 years preschool children
- No impairment in family functioning!

Differential Diagnosis:

- Mood Disorders (mostly depression)
- Anxiety Disorders

- Mental Retardation
- **ASD** (most difficult **DD**)

• Tic Disorder

Differential Diagnosis:

 There is a "spectrum" of "compulsive/impulsive habit disorders"

They share important features with OCD

But also have important differences

 Are named "obsessive-compulsive spectrum" disorders

Important features they share with OCD:

• **Intrusive** thoughts ?? (sense of urge)

• Anxiety ?? (sense of tension)

Repetitive behaviors

Shared genetic mechanisms

Shared physiopathology mechanisms

Obsessive Compulsive Spectrum Disorders:

Tic disorder

Trichotillomania

Compulsive nail biting

Compulsive skin picking

Impulse control disorders

Differential Diagnosis:

 Not preceded by intrusive cognitions / thoughts (obsessions)

 But by a general/localized intrusive sense of tension / premonitory urge

• **Impulsive** behaviors are a source of **temporary gratification** (not anxiety relief)

But may be followed by remorse or shame

• Differential Diagnosis:

CNS Tumors

CNS Injuries

CO Poisoning

Post Viral Encephalitis

Differential Diagnosis

• TLE

Sydenham Chorea

Prader-Willi Syndrome

Differential Diagnosis:

Allergic reaction to wasp sting

High dose stimulants

Dopamine agonists

Support Groups & Associations

 http://www.geonius.com/ocd/organizations .html

www.OCFOUNDATION.org





