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Obsessive Compulsive Personality Disorders M2 Psychiatry Sequence

Michael Jibson
Fall 2008



Cluster C Personality Disorders

Obsessive Compulsive Personality Disorder

- “A pattern of preoccupation with orderliness, perfectionism, and control.” (DSM-IV)
-



Obsessive Compulsive Personality Disorder

Diagnostic Criteria for Obsessive Compulsive Personality Disorder (DSM-IV)

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- (1) is preoccupied with details, rules, list, order, organization, or schedules to the extent that the major point of the activity is lost*
- (2) shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)*
- (3) is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)*
- (4) is overconscientious, scrupulous, and inflexible about matters of morality, ethic, or values (not accounted for by cultural or religious identification)*
- (5) is unable to discard worn-out or worthless objects even when they have no sentimental value*
- (6) is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things*
- (7) adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes*
- (8) shows rigidity and stubbornness*



Obsessive Compulsive Personality Disorder

Clinical Vignettes



Obsessive Compulsive Personality Disorder

- Prevalence: 1% of population
 - Sex ratio: M:F=2:1
 - Comorbidity: Slight increase in mood and anxiety disorders
 - Family: Obsessive-compulsive personality disorder
-



Obsessive Compulsive Personality Disorder

Treatment

- Psychotherapy - Psychoanalytic, behavioral, and group therapies are often useful
 - Medication - Serotonin-specific reuptake inhibitor (SSRI) antidepressants may be useful
-



Obsessive Compulsive Personality Disorder

Physician-patient Interaction

- Thorough explanations and specific, detailed information are valued
 - Uncertainty is rarely tolerated
 - Treatment options should be presented with clear risk-benefit analyses
-



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Slide 5: American Psychiatric Association: *Diagnostic and Manual of Mental Disorders*, 4th ed, Text Revision (*DSM-IV-TR*), Washington, DC, American Psychiatric Association, 2000, p. 729