

Cambridge University Press

978-0-521-51569-6 - Clinical Obsessive-Compulsive Disorders in Adults and Children

Edited by Robert Hudak and Darin D. Dougherty

Frontmatter

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and

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CAMBRIDGE UNIVERSITY PRESS
Cambridge, New York, Melbourne, Madrid, Cape Town,
Singapore, São Paulo, Delhi, Tokyo, Mexico City

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the USA of America by Cambridge University Press, New York

www.cambridge.org
Information on this title: www.cambridge.org/9780521515696

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First published 2011

Printed in the United Kingdom at the University Press, Cambridge

A catalog record for this publication is available from the British Library

Library of Congress Cataloging in Publication data
Clinical obsessive-compulsive disorders in adults and children / edited
by Robert Hudak, Darin D. Dougherty.

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-521-51569-6 (hardback)

1. Obsessive-compulsive disorder. I. Hudak, Robert, 1966–
II. Dougherty, Darin D. III. Title.

[DNLM: 1. Obsessive-Compulsive Disorder. WM 176]

RC533.C6335 2011

616.85'227–dc22

2010038772

ISBN 978-0-521-51569-6 Hardback

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Preface

While obsessive-compulsive disorder (OCD) is one of the most common psychiatric disorders, accurate diagnosis and treatment are still too often lacking. Past studies have suggested that 17.5 years elapse, on average, between the onset of OCD symptoms and adequate diagnosis and treatment. Recently, greater attention is being paid to OCD in lay media outlets, which has resulted in a greater public awareness of OCD. Also, clinicians are receiving more training regarding the diagnosis and treatment of OCD than in the past. Hopefully, these factors will shorten the gap between symptom onset and adequate treatment. However, even with this growing knowledge base, clinicians are often required to seek out expert knowledge regarding OCD in order to optimize their diagnostic and treatment strategies. While no textbook can be a substitute for individual teaching and supervision, a review of contemporary diagnostic and treatment strategies should enhance the clinical acumen of readers and help to ensure that readers provide their patients with optimal care. The goal of this volume is to describe the current state of knowledge concerning the diagnosis and treatment of OCD and to describe how it is appropriately applied in a clinical treatment setting.

The clinical presentation, the underlying etiology, and pharmacotherapy treatment of OCD are all addressed in this text. The first chapter covers basic information concerning OCD, including epidemiology and phenomenology. Hudak also provides case examples to illustrate certain diagnostic challenges in OCD. Dougherty and Greenberg discuss the latest findings regarding the neurobiology of OCD in Ch. 2. In addition, they review surgical treatments for intractable OCD. First-line medication treatments are reviewed in Ch. 3, by Page and Hudak, while pharmacological augmentation strategies are described by Goddard and Shin in Ch. 4.

Comorbidity is the rule rather than the exception in OCD. Therefore, multiple chapters deal with treatment concerns in patients with comorbid disorders. In Ch. 5, Abramovitz discusses OCD treatment in patients with comorbid mood disorders including a discussion of postpartum OCD, while in Ch. 6 Poyurovsky covers the important topic of the relationship between psychosis and OCD. Finally, Gilbert, in Ch. 7, reviews medication strategies in the treatment of another special population, children and adolescents.

Psychotherapy plays a critical role in treatment and management, and Neziroglu and colleagues (Ch. 8) discuss the principles behind exposure with response prevention therapy. Hoarding represents a specific type of OCD symptoms requiring its own individual therapies, and a review is provided by Gilliam and Tolin in Ch. 9. Psychotherapy in children and adolescents can require different strategies than in adults, and Wagner in Ch. 10 provides detailed clinical information regarding the use of psychotherapy in this population. The perception of OCD in the community at large can have effects on access to OCD treatment. This issue, as well as strategies to mitigate this problem, is reviewed by Davis in Ch. 11. Family members are greatly affected by OCD and this issue almost always needs to be addressed in treatment. Allen and Pallanti, in Ch. 12, provide an invaluable discussion regarding the inclusion of family in treatment. Laterza, Pierce, and Hudak in Ch. 13 review the different levels of treatment (outpatient, day programs, residential programs, etc.) available to OCD patients, and provide case examples of how differing intensities of therapy impacts outcome.

Finally, OCD is often considered a spectrum disorder. Therefore, other putative spectrum disorders are reviewed in chapters by Phillips (Ch. 14: body dysmorphic disorder) and Bloch (Ch. 15: trichotillomania).