



Obsessive Compulsive and Related Disorders



The upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) will include a new chapter on Obsessive-Compulsive and Related Disorders to reflect the increasing evidence of these disorders' relatedness to one another and distinction from other anxiety disorders, as well as to help clinicians better identify and treat individuals suffering from these disorders.

Disorders grouped in this new chapter have features in common such as an obsessive preoccupation and repetitive behaviors. The disorders included in this new chapter have enough similarities to group them together in the same diagnostic classification but enough important differences between them to exist as distinct disorders.

Disorders in this chapter include obsessive-compulsive disorder, body dysmorphic disorder and trichotillomania (hair-pulling disorder), as well as two new disorders: hoarding disorder and excoriation (skin-picking) disorder.

Hoarding Disorder

Hoarding disorder is characterized by the persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions. The behavior usually has harmful effects—emotional, physical, social, financial, and even legal—for the person suffering from the disorder and family members. For individuals who hoard, the quantity of their collected items sets them apart from people with normal collecting behaviors. They accumulate a large number of possessions that often fill up or clutter active living areas of the home or workplace to the extent that their intended use is no longer possible.

Symptoms of the disorder cause clinically significant distress or impairment in social, occupational or other important areas of functioning including maintaining an environment for self and/or others. While some people who hoard may not be particularly distressed by their behavior, their behavior can be distressing to other people, such as family members or landlords.

Hoarding disorder is included in DSM-5 because research shows that it is a distinct disorder with distinct treatments. Using DSM-IV, individuals with pathological hoarding behaviors could receive a diagnosis of obsessive-compulsive disorder (OCD), obsessive-compulsive personality disorder, anxiety disorder not otherwise specified or no diagnosis at all, since many severe cases of hoarding are not accompanied by obsessive or compulsive behavior. Creating a unique diagnosis in DSM-5 will increase public awareness, improve identification of cases, and stimulate both research and the development of specific treatments for hoarding disorder.

This is particularly important as studies show that the prevalence of hoarding disorder is estimated at approximately two to five percent of the population. These behaviors can often be quite severe and even threatening. Beyond the mental impact of the disorder, the accumulation of clutter can create a public health issue by completely filling people's homes and creating fall and fire hazards.

Excoriation (Skin-Picking) Disorder

Excoriation (skin-picking) disorder is characterized by recurrent skin picking resulting in skin lesions. Individuals with excoriation disorder must have made repeated attempts to decrease or stop the skin picking, which must cause clinically significant distress or impairment in social, occupational or other important areas of functioning. The symptoms must not be better explained by symptoms of another mental disorder.

This disorder is included in DSM-5 because of substantial scientific literature on excoriation's prevalence, diagnostic validators and treatment. Studies show that the prevalence of excoriation is estimated at approximately two to four percent of the population. Resulting problems may include medical issues such as infections, skin lesions, scarring and physical disfigurement.

Process for a New Diagnosis

New diagnoses were included in DSM-5 only after a comprehensive review of the scientific literature; full discussion by Work Group members; review by the DSM-5 Task Force, Scientific Review Committee, and Clinical and Public Health Committee; and, finally, evaluation by the American Psychiatric Association's Board of Trustees. Trustees approved the final diagnostic criteria for DSM-5 in December 2012.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5 in 2013, culminating a 14-year revision process. For more information, go to www.DSM5.org.

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org and www.healthyminds.org. For more information, please contact Eve Herold at 703-907-8640 or press@psych.org.

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