Commentary

Obsessive-compulsive disorder (OCD)

Himabindhu Gude^{*}

Department of Biotechnology, Osmania University College of Science, Tarnaka, Hyderabad, Telangana, India

OCD is a mental disorder, in which individual feels to perform the activity continuously or repeatedly. The individual is not able to control the thoughts or activities even for a short period of time. Common activities like washing hands, checking again and again if a door is locked and counting of things. This activity occurs in people daily life is negatively affected. The cause of OCD is unknown yet. Both genetically and environmental factors plays a role. Few cases have been documented for the infections. Some of the genetic components, in both identical twins more often affected than both non-identical twins. A mutation has been found in human serotonin transporter gene, hSERT, in unrelated families with OCD. This condition is associated with the anxiety disorder, tics, and an increased risk of suicide. Other disorders with similar symptoms include major depressive disorder, eating disorders, anxiety disorder, tic disorders, and obsessive-compulsive personality disorder. Mostly adults realize that this kind of behaviors do not make any sense.

Obsessive-compulsive disorder affects 2-3% of people at some point in their lives. Both males and females are equally affected. Approximately 1–2% children are affected by obsessivecompulsive disorder. OCD disorder symptoms tend to develop more frequently in children at the age of 10–14 years, with males displaying symptoms at an earlier age and a more severe level than females. Many types of medications induced in OCD patients that never had symptoms before.

Functional neuroimaging during symptom provocation has been observed the abnormal activity in the brain (orbitofrontal cortex, right premotor cortex, left dorsolateral prefrontal cortex, left superior temporal gyrus, hippocampus, globus pallidus externus, and right uncus). However, older meta-analysis of functional neuroimaging in OCD reported that the only consistent functional neuroimaging findings have been increased their activity in the orbital gyrus and head of the caudate nucleus, while the ACC activation abnormalities were inconsistent. Individual with OCD increases the volume of grey matter in bilateral lenticular nuclei, and extending to the caudate nuclei, with the decreased volume of grey matter in bilateral dorsal medial frontal/anterior cingulate gyri.

Generally two models of OCD have been postulated, the first deficits in executive function, and the second deficits in modulatory control. The other model proposes the dysregulation links excessive reliance on habit based action selection with the compulsions.

Diagnosis of OCD is based on the symptoms and requires other drug-related or medical causes. Treatment of OCD involves psychotherapy, such as CBT (cognitive behavioral therapy), and antidepressants like selective serotonin reuptake inhibitors (SSRIs) or clomipramine. The metacognitive therapy encourages the behaviours and to alter the relationship to them. Without treatment, this OCD condition lasts for decades.

Correspondence to: Himabindhu Gude, Department of Biotechnology, Osmania University College of Science, Tarnaka, Hyderabad, Telangana, India, Tel: 8143389651; E-mail: smily.bindu20@gmail.com

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