Obsessive-Compulsive and Related Disorders								
OCD	Body Dysmorphia	Hoarding	Trichotillomania	Excoriation				
Obsession, compulsions, or both OBSESSIONS (1 & 2) 1. Recurrent, persistent thoughts/urges/images that are	Preoccupied with defects/flaws in physical appearance that are not observable/slight to others	Persistent difficulty discarding possessions, regardless of value	Recurrent hair pulling Results in hair loss	Recurrent skin picking Results in skin lesions				
intrusive/unwanted, causing anxiety/distress 2. Attempts to ignore/suppress or neutralize with compulsion COMPULSIONS (1 & 2) 1. Repetitive behaviors/mental acts, feels driven to do, in response to obsession or according to rigid rules 2. Aimed to prevent/reduce anxiety, but not realistically connected or are excessive	Repetitive behaviors or mental acts for appearance concerns (at some point during course)	Due to perceived need to save, distress assoc with discarding Accumulation of possessions Congests/clutters living areas Compromises intended use	Attempts to decrease/stop	Attempts to decrease/stop				
Sig distress/fxnal impairment, or Time-consuming (>1hr/day)	Sig distress/fxnal impairment	Sig distress/fxnal impairment	Sig distress/fxnal impairment	Sig distress/fxnal impairment				
Not due to another mental disorder	Not due to another mental disorder (eating disorders)	Not due to another mental disorder	Not due to another mental disorder	Not due to another mental disorder				
Not due to substance or AMC		Not due to AMC	Not due to AMC	Not due to substance or AMC				
With good/fair insight With poor insight With absent insight/delusional beliefs Tic-related	With good/fair insight With poor insight With absent insight/delusional beliefs	With good/fair insight With poor insight With absent insight/delusional beliefs						
- Tio Fold Cod	With muscle dysmorphia	With excessive acquisition						

Obsessive-Compulsive and Related Disorders								
Sub/Med-Induced	Due to AMC	Other Specified	Unspecified					
OC&RD symptoms predominate clinical picture Hx, P/E, lab findings of both:	OC&RD symptoms predominate clinical picture Direct pathophysiological	Does not meet any full criteria Choose TO communication specific reason for not meeting	Does not meet any full criteria Choose NOT to communication specific reason for not meeting Insufficient information for dx					
Sx onset during/soon after substance intox/withdrawal or medication exposure Sub/med capable of sx	consequence of AMC, as per evidence from Hx, P/E, labs	BDD-like, with actual flaws Flaws clearly observable Excessive preoccupation Sig distress/impairment BDD-like, without repetitive behaviors						
		No repetitive behavior or mental acts in response to appearance concerns 3. Body-focused repetitive behav						
		Recurrent body behave Attempts to decr/stop Sig distress/impairment Not better explained						
		Obsessional jealousy Non-delusional preoccupation partner's perceived infidelity May lead to repetitive behave Sig distress/impairment Not better explained						
Sig distress/fxnal impairment	Sig distress/fxnal impairment	Shubo-kyofu Excessive fear of deformity Similar to BDD, taijin kyofu						
Not due to another OC&RD (Sx precede sub/med use, sx persist >1 month after stopping, other evidence)	Not due to another mental disorder	Koro Sudden anxiety that penis or vulva will recede into body, possibly leading to death Related to dhat syndrome						
Not during delirium	Not during delirium	Jikoshu-kyofu Fear of having offensive odor						
With onset during intoxication With onset during withdrawal With onset after medication use	With OCD-like sx With appearance preoccupation With hoarding sx With hair-pulling sx With skin-picking sx	Fear of naving oriensive odor Olfactory reference syndrome Variant of taijin kyofu						