PSYCHOPATHOLOGY: OCD

Outline and evaluate the biological approach to treating obsessive compulsive disorder

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The biological approach to treating Obsessive Compulsive Disorder (OCD) focuses on drug therapy. Biological treatments for OCD aim to restore biological imbalances, such as too little serotonin. Two types of drug are used for the treatment of OCD; anti-depressants and anti-anxiety drugs. SSRIs (selective serotonin re-uptake inhibitors) are one type of anti-depressant drug, which include drugs like Prozac. When serotonin is released from the pre-synaptic cell into the synapse, it travels to the receptor sites on the post-synaptic neuron. Serotonin which is not absorbed into the post-synaptic neuron is reabsorbed into the sending cell (the pre-synaptic neuron). SSRIs increase the level of serotonin available in the synapse by preventing it from being reabsorbed into the sending cell. These have been shown to be effective in helping patients tackle their ruminating thoughts contributing to their obsessions. **Soomro et al (2008)** conducted a meta-analysis of 17 different studies that used SSRIs with OCD patients and found SSRIs to be more effective than placebos in the short-term. Tricyclics such as clomipramine are sometimes used as an alternative medication. All of these drugs aim to stabilise a patients biochemistry and essentially their mood.

Anti-anxiety medication such as Benzodiazepines (BZs) which include trade names like Valium and Diazepam are also helpful in treating OCD. BZs work by enhancing the action of the neurotransmitter GABA (gamma-aminobutyric acid). GABA tells neurons in the brain to 'slow down' and 'stop firing' and around 40% of the neurons in the brain respond to GABA. BZs have a general quietening influence on the brain and consequently reduce anxiety, which is experienced as a result of the obsessive thoughts.

One strength of this biological approach to treating OCD is that drug therapy is quick and easy to administer and **Sansone & Sansone (2011)** found SSRIs significantly reduced symptoms in around 70% of patients. However, the success of drug therapy can vary between individuals, with some requiring higher dosages than others. Also, once a patient stops taking medication for OCD, they are prone to relapse. Another downside is that drugs have many side effects, for example, BZs are renowned for being highly addictive and can also cause increased aggression and long term memory impairments. **NICE guidelines evidence (2014)** found non-biological treatments like cognitive behavioural therapy (CBT) more effective, with better remission rates. Nevertheless, biological treatments, including anti-depressants and anti-anxiety drugs, are relatively cost effective in comparison to psychological treatments, like CBT. Consequently, many doctors prefer the use of drugs over psychological treatments, as they are a cost effective solution for treating OCD, which is beneficial for health service providers.

Despite the disadvantages to drug therapy, many suggest the benefits outweigh the costs. Alternative therapies like CBT require a patient to be motivated, whereas drugs however are non-disruptive and can simply be taken until the symptoms subside. Yet, **Goldacre (2013)** suggest that many supporting drug studies are biased as they are sponsored by pharmaceutical companies. However, drug therapy is still one of the most effective ways of treating patients with OCD.