Affecting OCD

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Just graduated, I started as a young doctor at the Academic Anxiety Center in Maastricht, where I met patients with OCD. I was impressed by the impairment and burden of this disease, for the patients as well as for the people around them, and by the complex compulsive rituals, which they cannot stop, although they knew that the thoughts and worries which caused these behaviors were unreasonable and sometimes even bizar. What keeps them going on with the compulsive behavior? Anxiety and the reward of the rapid relief after compulsions, I learned from the behavioral therapists. I saw, how the severity of the symptoms and impairment due to the OCD diminished after treatment using exposure with response prevention, and I had little doubt that OCD was an anxiety disorder. However, the DSM-5 was in development and with it rose the discussion if OCD better fits within a new category of obsessive-compulsive and related disorders. Research stressed the importance of habits in compulsive behavior, and the focus seemed to change from the role of anxiety to the role of habitual behavior. What is the relevance of anxiety or affective symptoms in general within this approach to the etiology of OCD? Are they still of significance in the diagnosis and treatment of OCD? The wish to investigate these questions resulted in a PhD-trajectory and the aim of this thesis: What is the role of affective symptoms in OCD and how do they relate to obsessive-compulsive symptoms?

In this thesis, we demonstrate that affective symptoms have a role in OCD and that they affect obsessive-compulsive symptoms. We found that obsessive-compulsive symptoms and anxiety are distinct groups of symptoms, which can be considered as an argument for a specific obsessive-compulsive category. But does this categorization of psychiatric diagnoses really help to better understand the nature of the distinct disorders? In fact, many patients suffering from mental health problems experience several co-occuring symptoms, which often are diagnosed as comorbidities. In addition, most psychiatric symptoms, such as anxiety or depressive mood, are not exclusively associated with specific disorders but occur transdiagnostically. The borders between distinct diagnostic categories are not clear-cut but very diffuse. Although a structured overview and generally-shared definition is helpful in the clinical and scientific communication, clinicians and researchers should not forget that several factors not included in the diagnostic criteria play a role in the experience and course of psychiatric illness, as the results of this thesis demonstrate with regard to OCD.

Another risk of the concept of distinct categories of comorbid diagnoses is that symptoms not fulfilling the diagnostic criteria of a specific psychiatric illness may be ignored. Results

of this thesis demonstrate that even subclinical co-occuring depressive symptoms affect obsessive-compulsive symptoms. Thus, we recommend to routinely assess them and consider them in treatment planning. However, further research on treatment approaches addressing both groups of symptoms, e.g., by targeting transdiagnostic mechanisms, and their efficacy is needed.

The results of this thesis underline that OCD is a heterogeneous disorder. The presentation of the obsessive-compulsive symptoms as well as the affective symptoms varies between individuals with OCD, and the relation between affective and obsessive-compulsive symptoms differs between OCD patients depending on the symptom profile and probably also on the duration of OCD. This asks for a personalized treatment planning instead of a "one-size-fits-all" protocol. Such a personalized approach requires a thorough assessment of all aspects of affect, cognition and behavior, leading to a more holistic explanation of the mental problems and the relation of the distinct symptoms. When the patient and mental health care worker agree on such an individual theory of the mental problems, approaches for treatment can be chosen. During the training of medical students, future psychiatrists and other mental health care workers, I try to emphasize that such a diagnostic explanation is more important than the diagnostic classification.

The development of predictive algorithms, such as described in this thesis, may form a tool for individual treatment planning in the future. While the developed algorithm predicted the remission or persistence of OCD with moderate accuracy, future algorithms may help to differentiate between treatment options by predicting outcome of different treatments. However, as described in chapter 5, several methodological challenges still have to be solved before such an algorithm can be safely applied in clinical practice. In addition, there may be several ethical concerns that accompany the broad application of algorithms in mental health care. An algorithm may unjustly suggest high certainty of the prediction, which may lead to an over-reliance on the prognosis. We could also ask the question if predictions are always helpful. In particular negative outcome, such as the prognosis of chronicity or deterioration, may induce feelings of despair and demoralization and thus become a self-fulfilling prophecy. Maybe, sometimes it is better not to know. In addition, we do not know, how the inclusion of algorithms in the clinical practice affects decision making by the mental health care workers and patients. Whom to trust, the prediction of the algorithm or the experience of the doctor, especially when both oppose each other?

When reflecting on the results of this thesis, I remembered a conversation with a peer worker with OCD. He explained to me that according to his experience the focus on

reducing obsessive-compulsive symptoms is too restrictive and only partially effective, for the sole decrease of OCD symptoms leaves an emptiness, which has to be filled. Instead, the increase of positive feelings and experiences and meaningful and satisfying activities diminish the room for obsessive-compulsive symptoms and thus help to improve OCD. The feature ranking of the developed algorithm underlines the importance of such factors by acknowledging the involvement in organizations or sports club, working hours or a paid job as top-ten predictors.

Unfortunately, I have to admit that this thesis also focussed on negative factors and left out factors which may be related to resilience. Thus, I leave the investigation of this very relevant subject to future research.