Decisional processes in obsessive-compulsive spectrum disorders: from neuropsychology to clinical implications

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Obsessive–compulsive disorder (OCD) is classified as an anxiety disorder in the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision). However, the notion of a spectrum of obsessive–compulsive related disorders (OCSD), that is comprised of such disparate disorders as OCD, body dysmorphic disorder, eating disorders, pathological gambling and autism, is gaining acceptance.

Although these disorders were initially included in the spectrum on the basis of overlapping in overt symptom presentation (e.g., repetitive thinking and behaviour), OCSD proponents currently assert that the model is fundamentally etiological in that it defines OCD and related disorders based on endophenotypes and purported commonalities in etiologically relevant factors such as heritability, brain circuitry, neurotransmitter abnormalities, and phenotypic similarities with other disorders.

Much evidence has been found of functional brain impairments in OCD using the neuropsychological approach. In particular, impairment in executive functions related to orbitofrontal cortex functioning, seems to be primarily involved in the pathophysiology of OCD. When malfunctioning of this area occurs, one of the abilities which appears much more impaired is the perception of reward and the capacity of subjects to make advantageous decisions in many real-life situations. These deficits are typical impairments in so-called decision making abilities. In psychological literature, decision-making is used to define the executive functions useful to modulate reward and punishment in order enable subjects to make advantageous choices in uncertain situations.

The hypothesis of this work was that obsessive-compulsive spectrum disorders may be conceptualized as a disorder of decision-making and that this could lead to a better understanding of its physiopathology, to a new approach in its investigation and to novel strategies for both physical and behavioural treatment.

The redefinition of the OCD affected phenotype may have very important implications in the field of OCD research, making it possible to define different subtypes of OCD patients beyond the psychopathology of the disorder, characterised by common genetic substrates and common neurofunctional profiles. Thus, examining how decision-making ability “runs” in families could allow the identifications of a new endophenotype, useful for the possible detection of homogeneous subgroups inside a given disease. This approach is not simply a strategy to resolve classificatory issues, but it is a way of defining reliable outcome predictors and to implement specific treatment strategies.

Many other questions remain unanswered with regard to OCD and need further scientific investigation to obtain a better understanding of these disorders which could lead to new treatment approaches able to improve quality of life for patients affected by this invalidating disorder.
ARTICLES DISCUSSED IN THE THESIS


