

EDITORIAL

New Developments in Conceptualization and Treatment of Obsessive Compulsive Related Disorders

It is our pleasure to have served as co-editors of this special series on new developments in the conceptualization and treatment of obsessive-compulsive related disorders (OCDs). The current edition of the Diagnostic and Statistical Manual (DSM-5; American Psychiatric Association, 2013 [1]) now designates a category for OCDs, comprised of the following conditions: obsessive-compulsive disorder (OCD), body dysmorphic disorder (BDD), hoarding disorder (HD), trichotillomania (TM), excoriation (skin picking) disorder (ED), as well as OCD induced by substances or medication. Prior editions did not gather these disorders under one broader category, instead either listed in other categories (i.e., OCD in anxiety disorders; BDD in somatoform disorders) or not listed them at all (i.e., ED). This new categorization was suggested over 30 years ago by Yaryura-Tobias & Neziroglu (1983) [7] when they suggested the term Obsessive Compulsive Disorders and later in 1997 they spoke of Obsessive Compulsive Disorder Spectrum [8]. Others also suggested that these disorders could be viewed as part of a spectrum (Hollander & Stein, 1997 [3]; Hollander & Allen, 2000 [4]). Recently it has been proposed that this class of disorders emerges from a breakdown in behavioral inhibition (Abramowitz, *et al.*, 2009 [2]; Hollander, Braun, & Simeon, 2008 [5]). As a result of codifying this putative mechanism of action for the etiology of these disorders, the door has been opened for a great deal of research, treatment development and debate.

A structural rearrangement of the way diagnoses are grouped and conceptualized could not occur without controversy. The case of the OCDs is no exception. Indeed, the idea for establishing a group of putative OCDs has been in the works for over twenty years. In order to establish the perspectives in support and opposed to the creation of a separate OCD category, we provide papers on each side, one by McKay (opposed) and one by Stein and Philips (supportive). We are confident that the discussion around the benefits and challenges of the new OCD will be productive and ensure that treatments are refined. Further, as these refinements in how to conceptualize the different disorders in the OCD emerge, we will move closer to the aim of the National Institutes of Mental Health where the initiative to develop more personalized medicine in treating psychiatric disorders is a high priority (i.e., Collins, 2013 [6]). On the route to accomplishing this, additional research is warranted to define the boundaries of the OCD more clearly. The papers in this series help shine a critical light on ways this may be accomplished.

With any new taxonomic system comes the hope of treatment advances. After the papers describing the benefits and challenges of the OCD, several papers are included from leading researchers in the OCD highlighting new therapeutic developments. These include papers that are purely psychosocial in nature. Of note, exposure therapies have been available for many decades; with the advent of the OCD, the use and tailoring of exposure to fit the needs of each condition will warrant additional scrutiny. Abramowitz and Jacoby highlight the ways in which this procedure may be successfully applied. Of more recent psychosocial treatment developments, one with particular promise is Acceptance and Commitment Therapy (ACT). Twohig, Morrison, and Bluett discuss the application of this approach to the diverse conditions present in the OCD. Although advances have been made in the treatment of OCD, Neziroglu and Mancusi highlight the possible factors leading to treatment resistance and explore possible new approaches that show promise in poor responders.

Agencies seeking to support research that draws together different disciplines have been successful in harnessing their respective strengths to increase the efficacy of treatment. To this end, one specific translational effort has involved the use of d-cycloserine in enhancing outcome with exposure methods. In this series, Sulkowski *et al.* discuss the application of this medication in enhancing treatment for the OCDs, with specific attention paid to recommended next steps in the research. Finally, new psychopharmacological therapeutic strategies have been laid out. In this arena, one compound has received considerable attention, n-acetylcholine. Bloch and colleagues discuss the benefits and potential next steps in developing this medication into a widely available treatment option for sufferers of OCDs.

The OCDs, as currently depicted in the DSM-5, are complex and heterogeneous. The disorders present a unique challenge to clinicians. The research into this group of disorders is sure to increase now that the conditions are grouped in this manner in the just published edition of the DSM. However, given the diverse range of symptoms, it is unlikely this broad class of disorders will be viewed as simple any time soon. Indeed, it is increasingly the case that effective treatment for complex cases in the OCD calls for multiple treatment delivery modalities. As the papers in this series demonstrate, this class of disorders fulfills the axiom well stated by Atul Gawande, "I think the extreme complexity of medicine has become more than an individual clinician can handle. But not more than teams of clinicians can handle."

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