



Guideline for Assessment and Management of
Obsessive Compulsive Disorder

AMRH/ PSY/GUD/004/Vers.01
Effective Date: January 2023
Review Date: January 2026

Institution Name: Al Masarra Hospital					
Document Title: Guideline for Assessment and Management of Obsessive Compulsive Disorder					
Approval Process					
	Name	Title/Designation	Institution	Date	Signature
Written by	Dr. Rashid Al Zaidi	Specialist Psychiatrist	Al Masarra Hospital	29-1-2023	
Reviewed by	Dr. Said Al.Kaabi	Head of Psychiatry	Al Masarra Hospital	24-1-23	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	January 2023	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	Jan 2023	





Content Table:

Acronyms	3
1. Introduction	4
2. Scope	4
3. Purpose	4
4. Definition	4
5. Guideline	5-6
6. Responsibilities	6
7. Document History and Version Control	7
8. References	7
9. Appendices	8-10
Appendix 1. Audit Tool	8
Appendix 2. Document Request Form.....	9
Appendix 2. Document Validation Form	10



Acronyms:

AMRH	Al Masarra Hospital
MOH	Ministry of Health
OMSB	Oman Medical Specialty Board
OCD	Obsessive Compulsive Disorder
ERP	Exposure & Response Prevention
APA	American Psychological Association
NICE	National Institute for Health and care Excellence
SSRI	Selective Serotonin Reuptake Inhibitor



Guideline for Assessment and Management of Obsessive Compulsive Disorder

1. Introduction

This guideline may facilitate the appropriate assessment and management of one of the common and disabling mental illness, the obsessive compulsive disorder (OCD). This guideline is intended to summarize the main points related to the obsessive compulsive disorder, its definition and diagnostic criteria, and evidence based medicine management of OCD.

2. Scope

This policy is applicable to all doctors working in different psychiatry departments (General Adult Psychiatry, Addiction Psychiatry, Child and Adolescent Psychiatry, Geriatric Psychiatry, Forensic Psychiatry, Neuropsychiatry and Oman Medical Specialty Board (OMSB) residents rotating in Al Masarra Hospital (AMRH).

3. Purpose

- 3.1 To provide easy and accessible protocol to help psychiatrists in proper assessment and management plans with OCD patients
- 3.2 To improve clinical skills of the psychiatrists at AMRH related to patient assessment and treatment.
- 3.3 To participate in establishing guidelines that can improve the health services and patient outcome in AMRH.

4. Definitions

4.1. Obsessive compulsive disorder (OCD) is a disorder characterized by recurrent intrusive thoughts (obsessions) and repetitive behaviour (compulsions) which causing distress and anxiety for the patient. This has estimated prevalence rate of 2-3% around the world and symptoms usually started in the childhood and early adulthood with the majority begins before the age of 25.

4.1.1. The most common obsessions are contamination, pathological doubt and symmetry while the most common compulsions are cleaning, checking, ordering and counting.

4.2. Obsessions- Recurrent and persistent thoughts, urges, images that are experienced as intrusive and unwanted, despite attempts to ignore or suppress such thoughts, urges or



images or to neutralize them with some other thought or action; in which most individuals develop marked anxiety or distress.

4.3. Compulsion- Repetitive behaviors or mental acts that the individual feels driven to perform in response to an obsession which aimed at preventing some dreaded event or situation but not connected in a realistic way with what this act or behavior is designed to neutralize or prevent an event or situation.

5. Guideline

5.1 It is important to diagnose OCD through good standard history taking and mental status examination.

5.2. The main factor in this approach is therapeutic alliance. Due to risk of anxiety symptoms and depression, suicide risk assessment is very important to be assessed with patients with OCD.

5.3. The doctor / psychiatrist should exclude medical and substances abuse which can cause OCD symptoms. Other diagnoses such as psychosis and obsessive personality disorder should be ruled out too.

5.4. In this guideline, DSM 5 is used to diagnose obsessive compulsive disorder.

5.5. **DSM 5 criteria for diagnosing OCD** require the presence of obsessions, compulsions or both.

5.6. The obsessions and compulsions are time consuming or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

5.7. **Management of OCD.** There are pharmacological and cognitive behavioral therapies as treatment approaches for management of OCD.

5.8. Behavioral treatments are considered first line treatments.

5.9. The treatment of choice is Exposure and Response Prevention (ERP).

5.10. Exposure and response prevention is based on learning theory of habituation and extinction.

5.11. Graded exposure is combined with the patient to suppress the response until anxiety abates leading to extinction of response and the unlearning of the strong link that exists between the obsession and the compulsion.

5.12. Cognitive techniques can be used to address cognitive distortions regarding the symptoms.



5.13. Self-help books and internet based therapies as applicable can also help in management of OCD

5.13 Pharmacological Treatment of OCD

5.13.1 APA and NICE guidelines

5.13.2 Combined drug and psychological therapy may be most effective based on Maudsley Prescribing Guidelines, 11th Edition.

5.13.3 Selective Serotonin Reuptake Inhibitor (SSRIs) is first line pharmacological treatment

5.13.4 Clomipramine as second line drug of choice with a usual 8-12 weeks response

5.13.5 Other augmentation strategies may include:

5.13.5.1. antipsychotic medication Mirtazapine + SSRI as supported by NICE Guideline;

5.13.5.2. Clonazepam+ Citalopram + Clomipramine

5.13.5.3. Refractory OCD

5.13.5.4. Deep Brain stimulation

5.13.5.5. Cingulotomy

6. Responsibilities

6.1 All professional health professionals (psychiatrists /medical officers, OMSB residents, pharmacists) who work in AMRH and deal with OCD patients

6.1.1. Shall be aware of this guideline and adhere to safe management of patients with OCD according to the guideline



7. Document History and Version Control Table

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1.	Initial Release	Dr. Rashid Al Zaidi	January 2026
Written by		Reviewed by	Approved by
Dr. Rashid Al Zaidi		Dr. Said Al Kaabi	Dr. Bader Al Habsi

8. Related Documents

Appendix 1.Audit Tool

Appendix 2.Document Request Form

Appendix 3.Validation Checklist

9. References

Title of book/journals/articles/Website	Author	Year of publication	Page
Psychiatric Diagnosis	Donald W.Goodwin Samuel B.Guze	1996	127- 148
Psychiatry Clerkship Guide	Myrl R.S. Manley	2007	237- 240
CURRENT Diagnosis and Treatment	Michael H .Ebert Barry Nurocombe	2008	379- 394




Appendices

Appendix 1.Audit Tool

Department						Date	
Guideline for Assessment and Management of Obsessive Compulsive Disorder							
Department:						Date:	
No.	Audit Process	Criteria	Yes	Partial	No	N/A	Comment
1	Interview	Are all the staff/ doctor aware of the guideline for assessment and management of Obsessive and Compulsive Disorder?					
2	Checking document	Are the doctors/ staff documenting properly the proper assessment of OCD symptoms?					
3	Interview	Are the psychiatrists following recommended guidelines in the management of OCD?					
4	Checking document	Maintain the records of proper risk assessment such as Suicide Risk Assessment Tool					



Appendix 2.Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Dr. Rashid A Zaidi	Date of Request	May 2022
Institute	Al Masarra Hospital	Mobile	009687040888
Department	General Adult Psychiatry Team C	Email	r_alzidi@hotmail.com
The Purpose of Request			
<input checked="" type="checkbox"/> Develop New Document	<input type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Guideline for Assessment and Management of Obsessive Compulsive Disorder		
Document Code	AMRH/PSY/GUD/004/Vers.01		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation: <i>Proceed with the document</i>			
Name	Kunooz Al Balushi	Date	May 2022
Signature		Stamp	





Appendix 3. Document Validation Checklist

Document Validation Checklist					
Document Title: Guideline for Assessment and Management of Obsessive Compulsive Disorder			Document Code: AMRH/PSY/GUD/004/Ver.01		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)			✓	
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓		✓	
3.2	Procedure define personnel to carry out step			✓	
3.3	Procedures define the use of relevant forms			✓	
3.4	Procedures to define flowchart			✓	
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed			✓	
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed			✓	
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations For implementation .✓..... More revision To be cancelled					
Reviewed by: <u>Kunooz Al Balushi</u>			Reviewed by: <u>Maria Claudia Fajard-Bala</u>		

Kunooz



Page 10 of 10