



# Differentiating Obsessive-Compulsive Disorder and the Schizophrenia Spectrum

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## DESCRIPTION

It can be difficult to distinguish between obsessive-compulsive disorder (OCD) and schizophrenia-spectrum disorders. Basic concepts such as obsession and delusion overlap in the current diagnostic criteria. This study looked at lifetime schizophrenia-spectrum psychopathology in a sample of people with OCD in a specialised setting, including subtle schizotypal symptomatology and subjective anomalies like self-disorders. The researchers also looked into the diagnostic potential of the classic psychopathological concepts of true obsession and pseudo-obsession. The study included 42 outpatients diagnosed with OCD at two specialised OCD clinics. The patients were subjected to semi-structured, narrative interviews in which they were assessed using a comprehensive battery of psychopathological instruments. A senior clinical psychiatrist and an experienced research clinician reached an agreement on the final lifetime research diagnosis. The study discovered that 29% of the patients met the criteria for schizophrenia or another non-affective psychosis as their primary, lifetime DSM-5 research diagnosis. Another 33% were given a research diagnosis of schizotypal personality disorder, 10% were given a research diagnosis of major depression, and 29% were given a main research diagnosis of OCD. Self-disorders clustered in schizophrenia spectrum groups. True obsessions had a specificity of 93% and a sensitivity of 58% for a primary diagnosis of OCD. This review discusses the epidemiological, sociodemographic, psychopathological, and clinical connections between OCD and SPD. SPD is common in OCD patients: approximately 10% of OCD patients have a full categorical diagnosis of SPD. Early clinical detection of SPD features, as well as psychotic features and personality disorders in OCD patients, is strongly advised. In fact, proper and timely diagnosis and treatment

may improve prognosis. However, while schizotypal OCD appears to have clinical and predictive validity, more neurobiological and genetic research on etiological specificity is needed. Obsessive-compulsive symptoms (OCS) and obsessive-compulsive disorders (OCD) are common in schizophrenia, and a new clinical entity has been proposed for those who have both: schizo-obsessive disorder. This review examines the literature from major academic databases and provides an update on various aspects of schizo-obsessive spectrum disorders, such as schizophrenia, schizotypal personality disorder (SPD) with OCD, OCD with poor insight, schizophrenia with OCS, and schizophrenia with OCD. An epidemiological discussion of the differences in the prevalence of OCS and OCD in schizophrenia over time is provided, followed by a spectral overview of the disorder's main clinical and phenomenological features in comparison to the primary conditions. The main genetic, neurobiological, neurocognitive, and pharmacological treatment aspects for the schizo-obsessive spectrum are updated and compared, and a discussion on endophenotypic markers is introduced to better understand its substrate. Although little is known about the neurobiology, genetics, and neurocognitive aspects of these groups, there is enough evidence in the literature to demonstrate their clinical relevance. The pharmacological treatment of these patients remains difficult, and efforts to identify specific endophenotypic markers would expand our understanding of the schizo-obsessive spectrum. Finally, a high proportion of clinically diagnosed OCD patients met the diagnostic criteria for a schizophrenia-spectrum disorder. Because of the prominent obsessive-compulsive symptomatology, psychotic symptoms and other psychopathology may have been overlooked. Furthermore, distinguishing obsessions from related psychopathological phenomena is insufficient, and future conceptual and empirical efforts in this domain are required.

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## CONFLICT OF INTEREST

The author's declared that they have no conflict of interest