

# Difference Between OCD and ADD

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## Key Difference – OCD vs ADD

If you are a movie addict, Obsessive Compulsive Disorder or OCD should not be a strange word for you. Blockbuster creations such as Aviator, Matchstick Men and As good as it gets were woven around characters with OCD. In psychiatry, OCD is defined as a condition characterized by obsessions and/or compulsions that the person feels driven to perform according to specific rules in order to prevent an imagined dreaded event. The other part of our topic of discussion, ADD, or Attention Deficit Disorder became an outdated term with the release of guidelines on psychiatric disorders by the American Psychiatric Association in 2013. It was previously used to describe the type of ADHD where the patient is inattentive but not hyperactive. **The lack of obsessive behavioral patterns in ADD and their presence in OCD** can be considered as the key difference between OCD and ADD.

## What is OCD?

Obsessive Compulsive Disorder (OCD) is a condition characterized by obsessions and/or compulsions that the person feels driven to perform according to specific rules in order to prevent an imagined dreaded event. OCD is ranked as the fourth commonest psychiatric disorder of the world.

## Clinical Features

### Obsessions

Obsessions are recurrent, persistent impulses, thoughts or images that enter the mind despite the attempts to exclude them.

- Obsessional thoughts, images, ruminations, doubts, impulses, and rituals.
- Slowness of activities

There can be other symptoms such as anxiety, phobias, depressions, and depersonalization.

At the same time, patients with OCD are at a high risk of getting other psychiatric disorders such as [phobias](#), eating disorders, alcohol use disorders and [PTSD](#).

Conditions with clinical manifestations and symptoms similar to OCD are,

- Phobias
- Anxiety disorders
- Depressive disorders
- [Schizophrenia](#)
- Organic cerebral disorders



**Figure 01: Frequent hand washing is a hall mark sign of OCD**

## **Causes**

## **Predisposing Factors**

- Family history
- Genetics
- Neurobiological mechanisms
- Early experiences
- Obsessive compulsive personality

## **Precipitating Factors**

- Stressful situations such as unemployment, ill health and family issues

## **Maintaining Factors**

- Depressive disorders
- Continuation of stressful life events
- Cycle of anxiety

## **Management**

The management of OCD is carried out according to the NICE guidelines published in 2005.

- It is important to assess the patient correctly and identify any comorbidities right at the beginning.
- Depending on the stage of the disease progression, general measures such as psychoeducation, self-instruction manuals and problem-solving techniques that are employed in the management of mild psychological problems can be used in this instance.
- Any minor functional impairment can be corrected by brief cognitive behavioral therapy.
- In case of major functional impairments, a full course of behavioral therapy has to be used.
- If the patient has extremely severe functional impairments use of medications along with behavioral therapy and SSRI is advised.

## **Screening questions for OCD**

- Do you wash and clean a lot?
- Do you check things a lot?
- Are there any thoughts that keep bothering you that you like to get rid of but can't?
- Do your daily activities take a long time to finish?
- Are you very upset by mess?
- Do these problems trouble you?

## **What is ADD?**

Attention Deficit Disorder (ADD) is actually a misnomer which was used to define the type of ADHD where the patient has inattention but not impulsivity or

hyperactivity. This definition has become an outdated one with the new guidelines published by the American Psychiatric Association in 2013.

Since ADD is no longer a standard term included in the medical jargon, from here onwards, the discussion will be on ADHD.

ADHD is a persistent pattern of hyperactivity, inattention, and impulsivity that is frequently displayed and more severe than in the individuals at a comparable level of development.

## **Diagnostic Criteria**

- Presence of the core symptoms: inattention, hyperactivity, and impulsivity
- Onset of the symptoms before 7 years of age
- Presence of the symptoms at least in two settings
- Presence of the definite evidence of impaired function
- The symptoms should not be due to any other associated psychiatric condition

## **Clinical Features**

- Extreme restlessness
- Sustained overactivity
- Poor attention
- Learning difficulty
- Impulsiveness
- Restlessness
- Accident proneness
- Disobedience
- Aggression

The prevalence of ADHD varies according to the criteria that are used in making the diagnosis. Males are three times more likely to have the disease than females.

ADHD patients have a higher tendency of developing other psychiatric comorbidities such as depression, tic disorders, anxiety, oppositional defiance disorder, PDD and substance abuse.



**Figure 02: Restlessness and overactivity are two symptoms of ADHD.**

## **Aetiology**

### **Biological Causes**

- Genetics
- Structural and functional brain anomalies
- Dysregulation in the dopamine synthesis
- Low birth weight

### **Psychological Causes**

- Physical, sexual or emotional abuse
- Institutional rearing
- Poor family interactions

### **Environmental Causes**

- Exposure to various drugs and alcohol during the prenatal period
- Perinatal obstetric complications
- Brain injury in the early life
- Nutritional deficiencies
- Low socio economic status
- Lead toxicity

## Management

Management of ADHD is carried out according to the NICE guidelines.

- General measure such as psychoeducation and self-instruction materials can be helpful in the management of mild form of the disease.
- The knowledge and awareness of the parents on ADHD should be improved.
- Behavioral therapy
- Social skills training
- Pharmacological interventions are used as the last resort

Stimulants such as dexamphetamine are usually prescribed.

There are two main indications for the use of medications in the management of ADHD

1. Failure of the nonpharmacological interventions to successfully alleviate the symptoms
2. Presence of severe functional impairment

## What is the difference between OCD and ADD?

### OCD vs ADD

Obsessive Compulsive Disorder (OCD) is a condition characterized by obsessions and/or compulsions that the person feels driven to perform according to specific rules in order to prevent an imagined dreaded event.

Attention Deficit Disorder (ADD) is a misnomer which was used to define the type ADHD where the patient has inattention but not either impulsivity or hyperactivity. This definition has become an outdated one with the new guidelines published by the American Psychiatric Association in 2013.

### Obsessive Behavioral Patterns

Obsessive behavioral patterns are present.

Obsessive behavioral patterns are not usually observed.

### Concentration

Concentration is not affected.

Patient lacks the ability to concentrate.

## Summary – OCD vs ADD

Obsessive Compulsive Disorder (OCD) is a condition characterized by obsessions and/or compulsions that the person feels driven to perform according to specific rules in order to prevent an imagined dreaded event. ADD was previously used to describe the type of ADHD where the patient is inattentive but not hyperactive. The absence of obsessive behavioral patterns in ADD is the difference between OCD and ADD.

### References:

1. Tasman, Allan, et al. *Psychiatry*. 4th ed., Chichester, John Wiley & Sons, 2015.

### Image Courtesy:

1. “OCD handwash” By Lars Klintwall Malmqvist (Larsklintwallmalmqvist) – Own work (Public Domain) via [Commons Wikimedia](#)
2. “Can’t Study” ([CC BY-SA 2.0](#)) via [www.amenclinics.com](http://www.amenclinics.com).

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