NCLEX 2026 TEST PLAN · MENTAL HEALTH SERIES · NO. 14

Obsessive-Compulsive *Disorder*

A chronic, distressing cycle of intrusive thoughts and ritualistic behaviors — high-yield review for psychiatric NCLEX questions on safety, ERP therapy, and SSRI pharmacology.

PSYCHOSOCIAL INTEGRITY | PHARMACOLOGICAL THERAPIES | SAFETY & INFECTION CONTROL

SECTION 01

1 Definition & Overview

- **OCD** is a chronic anxiety-spectrum disorder defined by recurrent **obsessions** (intrusive, unwanted thoughts) and/or **compulsions** (repetitive behaviors or mental acts) performed to neutralize anxiety.
- Rituals consume **>1 hour/day** and cause significant functional impairment — clients usually recognize the thoughts as irrational (ego-dystonic).
- DSM-5 classifies OCD under **Obsessive-Compulsive & Related Disorders** — *separate* from anxiety disorders. Onset is typically late adolescence to early adulthood; course is chronic with waxing/waning symptoms.

2.3%
U.S. lifetime prevalence

19y
avg. age of onset

>1hr
daily ritual threshold

90%
have comorbid dx (MDD, anxiety)

SECTION 02

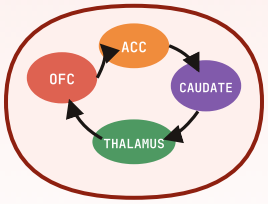
2 Pathophysiology

Dysregulation of **serotonin (5-HT)** in the cortico-striatal-thalamo-cortical (CSTC) loop → hyperactivity of orbitofrontal cortex, anterior cingulate, and caudate nucleus. **Genetic loading** in first-degree relatives. **PANDAS** (post-strep autoimmune) can trigger sudden pediatric onset.

1. **TRIGGER** — internal or external cue (dirt, doubt, doorknob)
2. **OBSESSION** — intrusive, unwanted thought enters awareness
3. **ANXIETY ↑** — distress spikes; client cannot dismiss the thought
4. **COMPULSION** — ritual performed to neutralize the obsession
5. **TEMPORARY RELIEF** → reinforces ritual → cycle repeats & strengthens

NEUROCIRCUITRY

The CSTC Loop



Hyperactive feedback loop. SSRIs ↑ synaptic serotonin → dampen circuit over **8–12 weeks**.

SECTION 03

3 Signs & Symptoms

Obsessions (Thoughts)

- **Contamination** — germs, dirt, bodily fluids
- **Doubt** — "Did I lock the door? Turn off the stove?"
- **Symmetry / order** — things must be "just right"
- **Aggressive / taboo** thoughts — harm, sexual, blasphemous (ego-dystonic)
- **Scrupulosity** — religious or moral fixations
- **Forbidden numbers / colors**

Compulsions (Behaviors)

- **Washing** — hands, body, objects (often hours)
- **Checking** — locks, appliances, body parts
- **Counting / ordering / arranging**
- **Mental rituals** — silent prayers, mental counting
- **Reassurance-seeking** from family
- **Repeating** actions until "right"

RED FLAGS — Escalate Immediately

- **Skin breakdown** — raw, chapped, bleeding hands from washing rituals
- **Suicidal ideation** — OCD has high comorbidity with MDD and suicide risk
- **Severe ADL impairment** — unable to eat, sleep, leave home, or attend work/school
- **Sudden pediatric onset** — assess for recent strep infection (PANDAS workup)
- **Dehydration / malnutrition** — rituals interfere with intake

SECTION 04

4 Priority Nursing Interventions

ASSESS Suicide risk first (highest priority). Then skin integrity, hydration, nutrition, and ritual time per day.

ALLOW Rituals initially — abrupt interruption causes panic and worsens anxiety. Build trust before limiting.

SCHEDULE Structured activities to gradually reduce ritual time. Collaborate with client on time limits.

PROVIDE Calm, non-judgmental environment. Active listening. Don't argue with obsessions or offer reassurance.

IMPLEMENT **ERP — Exposure & Response Prevention** (gold-standard therapy): exposure to trigger + prevention of ritual.

ADMINISTER SSRIs as prescribed. Monitor for serotonin syndrome and suicidal ideation (black box).

PRAISE Non-ritualistic behavior. Positively reinforce small wins to support behavior change.

DO NOT Stop rituals abruptly · participate in rituals · call thoughts irrational · suppress thoughts (paradoxical ↑).

GOLD STANDARD

⚡ The ERP Method

Exposure & Response Prevention — combined with SSRIs, the most effective evidence-based treatment for OCD.

STEP 1 · EXPOSURE
Client deliberately faces the feared trigger (touches doorknob, leaves house unlocked briefly).

STEP 2 · RESPONSE PREVENTION
Client refrains from performing the ritual — sits with the anxiety until it naturally subsides.

STEP 3 · HABITUATION
Anxiety extinguishes naturally — brain learns the ritual isn't required for safety.

SECTION 05

5 Pharmacology

Key principle: OCD requires **higher doses** of SSRIs than depression, and full therapeutic effect takes **8–12 weeks** (vs. 4–6 for MDD). Always pair with ERP for best outcomes.

Fluvoxamine (Luvox)

SSRI · FIRST-LINE · FDA-APPROVED FOR OCD

- **MOA:** Blocks 5-HT reuptake → ↑ synaptic serotonin
- **S/E:** GI upset, insomnia, sexual dysfunction, headache
- **NURSING:** Monitor SI (black box); avoid MAOIs (serotonin syndrome); taper to D/C

Sertraline (Zoloft)

SSRI · FIRST-LINE

- **MOA:** Selective 5-HT reuptake inhibition
- **S/E:** Nausea, diarrhea, anxiety initially, weight changes
- **NURSING:** Take with food; 8–12 weeks for OCD response; assess suicide risk

Fluoxetine (Prozac)

SSRI · FIRST-LINE

- **MOA:** Long-half-life SSRI
- **S/E:** Insomnia, agitation, sexual dysfunction
- **NURSING:** Give AM (insomnia); long half-life = less withdrawal but slower washout

Clomipramine (Anafranil)

TCA · GOLD-STANDARD 2ND-LINE

- **MOA:** Blocks 5-HT and NE reuptake
- **S/E:** Anticholinergic (dry mouth, constipation, urinary retention, blurred vision), sedation, orthostasis
- **NURSING:** Baseline & ongoing **EKG** (QT prolongation); cardiac monitoring; fall risk; lethal in overdose

Paroxetine (Paxil)

SSRI · FIRST-LINE

- **MOA:** Strong 5-HT reuptake inhibition + mild anticholinergic
- **S/E:** Sedation, weight gain, severe discontinuation syndrome
- **NURSING:** Never stop abruptly — taper slowly; pregnancy Category D

Risperidone / Aripiprazole

ATYPICAL ANTIPSYCHOTIC · AUGMENTATION

- **MOA:** D2 + 5-HT2A antagonism — added for treatment-resistant OCD
- **S/E:** EPS, metabolic syndrome, ↑ prolactin (risperidone)
- **NURSING:** Monitor weight, glucose, lipids; assess for EPS / akathisia

SECTION 06

6 NCLEX Test Traps ⚠

✕ "Stop the ritual immediately to break the cycle."
✓ Allow rituals at first; gradually reduce time. Abrupt interruption → panic.

✕ "Tell the client their thoughts are irrational."
✓ Client already knows (ego-dystonic). Use empathy; don't argue with obsessions.

✕ SSRIs work in 2 weeks for OCD.
✓ OCD needs **8–12 weeks** at higher doses than for depression.

✕ OCD = OCPD (the personality disorder).
✓ OCPD is ego-syntonic, no true obsessions/compulsions. OCD is ego-dystonic.

✕ "Encourage the client to suppress intrusive thoughts."
✓ Suppression paradoxically **increases** obsessions ("white bear effect"). Use ERP.

✕ Hoarding is the same diagnosis as OCD.
✓ Hoarding Disorder is a **separate** DSM-5 diagnosis under OCD-related disorders.

✕ "Reassure the client the door is locked" when they ask.
✓ Reassurance-seeking is a compulsion. Don't reinforce — redirect to coping skill.

✕ Best therapy = supportive talk therapy.
✓ **ERP** (Exposure & Response Prevention) is the evidence-based gold standard.

SECTION 07

7 Patient & Family Education

- ✓ OCD is a **medical brain disorder** — not a personal weakness or character flaw.
- ✓ SSRIs take **8–12 weeks** to work — do not stop early or abruptly.
- ✓ Report new or worsening **suicidal thoughts** immediately.
- ✓ Commit to ERP — short-term anxiety leads to long-term freedom.
- ✓ Avoid **caffeine, alcohol, recreational stimulants** — they worsen anxiety.
- ✓ Use a **thought journal** to identify triggers and patterns.
- ✓ Practice relaxation: deep breathing, progressive muscle relaxation, mindfulness.
- ✓ Maintain consistent sleep, exercise, and nutrition — supports brain chemistry.
- ✓ **Family:** Do *not* accommodate rituals — this enables the disorder.
- ✓ Connect with support: **IOCDF** (International OCD Foundation), local groups.

SECTION 08

8 Memory Boosters

"STOP" — DSM Criteria Check

S tress / distress
T ime > 1 hr/day
O bsessions / compulsions
P ersistent / impairing

"FSC + Clomi" — Drugs for OCD

Fluoxetine · **F**luvoxamine · **S**ertraline · **C**lomipramine — the four most-tested OCD meds.

"Allow then Slow"

Allow rituals at first → Slowly reduce time. Never abrupt stopping.

OCD vs OCPD

OCD = ego-*Dystonic* ("I **Don't** want this")
OCPD = ego-*Syntonic* ("This **Suits** me")

"ERP = Exposure Reduces Power"

Face the fear, skip the ritual → anxiety extinguishes.