

To the Members of the DSM-V OCD Work Group:

This letter is submitted for your review on behalf of the Scientific Advisory Board (SAB) of the International OCD Foundation, Inc. A task force was formed from volunteers of the SAB and headed by myself as acting Chair of the Clinical Advisory Committee of the International OCD Foundation. Members of the task force included:

Jonathan S. Abramowitz, Ph.D., University of North Carolina

Brian Martis, M.D., VA Ann Arbor Healthcare System

Patrick B. McGrath, Ph.D., Alexian Brothers Behavioral Health Hospital

David L. Pauls, Ph.D., Harvard Medical School

Bradley C. Riemann, Ph.D., Rogers Memorial Hospital

S. Evelyn Stewart, M.D., Harvard Medical School

First, we would like to thank you for your willingness to receive feedback on your proposed changes. We greatly appreciate this opportunity and we hope you find our comments helpful. We will only discuss areas of suggested change from our view to keep this brief. If an area is not discussed below than consider it an area of agreement.

1. Criterion A. We believe strongly that the Work Group consider changing the wording of “either obsessions or compulsions” to read “obsessions and compulsions”. It is our opinion that some form of compulsion is always present in OCD.
2. Criterion A. It is our opinion that the Work Group consider adding behavioral avoidance in the description of OCD. It is suggested that this could be done in point 2 under obsessions such as the following: “The person attempts to ignore or suppress such thoughts, urges, or images to avoid stimuli that trigger them, or to neutralize them
3. Criterion C. We feel that the Work Group should consider changing the wording of “disturbance” to “obsessions and compulsions” or “symptoms”. We feel this more accurately describes the phenomenon. We also feel that PANDAS needs to be addressed here as well in terms of the “not due to general medical condition”. Does someone with PANDAS have OCD despite it being caused by a general medical condition or do we not consider it OCD?
4. Insight Specifier. We strongly agree with the expansion of the degrees of insight specifier that the Work Group is proposing, however we would like you to consider eliminating the term “delusional beliefs” and replacing it with “no insight”. We believe that “no insight” just as accurately describes the phenomenon without the possibility of confusing consumers, the public

and possibly insurance reviewers that we are still describing an anxiety disorder and not a delusional disorder. This would also be relevant to body dysmorphic disorder if included in the Anxiety and Obsessive Compulsive Spectrum Disorders.

5. Hoarding Disorder. We are not clear on how we will distinguish “hoarding disorder” from “hoarding due to obsessions in OCD” (Criterion E) if we include in Criterion A of hoarding disorder “and/or indecision associated with discarding”. This indecision or doubting one’s ability to sort correctly seems to be at the heart of hoarding due to OCD.

Once again we would like to thank you for allowing us to provide you with our feedback. We know that you are all dedicating a great deal of time and energy towards this cause. Please contact me if you have any questions or concerns regarding these suggestions.

Sincerely,

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