



# Understanding Changes in *DSM-5*

## **OBSESSIVE-COMPULSIVE AND RELATED DISORDERS**

In *DSM-5*, OCD was removed from the Anxiety Disorders section and placed in a separate section, Obsessive-Compulsive and Related Disorders. As a result, *DSM-5* changed the conception of OCD from less emotion and anxiety related to more behaviorally oriented. Part of the rationale for this is that anxiety is not used to define OCD. Although some individuals with OCD may reflect fears of becoming sick and so forth, other individuals with OCD who seek symmetry may show little anxiety. The *DSM-5* change views anxiety as potentially part of a number of disorders, OCD being one. But by itself, OCD is not considered an anxiety disorder.

There is also a difference in brain processes involved in OCD and anxiety. Processes associated with OCD suggest involvement of the dorsolateral prefrontal

cortex (DLPFC), insula, the temporal and parietal lobes, and the cerebellum. Anxiety is related to those areas of the brain that regulate the fear system. These include the PFC, the amygdala, and the hippocampus. Typically, different medications are used to treat OCD and anxiety, suggesting different pathways for each.

Although behavioral and brain processes are different in OCD and anxiety, the removal of OCD from the anxiety disorders section surprised some mental health professionals since there had been few problems related to OCD diagnosis over the past 20 years. Likewise, patient support groups and other disorder-related groups did not seek the move. Further, there were a number of debates as to whether the change should be made (K. A. Phillips et al., 2010; D. J. Stein et al., 2010).