

Main points

- Neuropsychology
- OCD
- Neuropsychological models of OCD
- · Is there a specific cognitive deficit?
- Summary further directions

Neuropsychology

- is an experimental field of psychology
- studies the structure and function of the brain as they relate to specific psychological processes and behaviors
- aims to understand how behavior and cognition are influenced by brain functioning

Neuropsychological methods

- Observation of behavior
- Anamnesis and heteroanamesis (the case history of a patient)
- Neuropsychological testing
- Questionnaires (personality; clinical scales)
- Brain mapping techniques (EEG, fMRI, PET etc.)



OCD

- Obsessive-Compulsive Disorder (OCD) is characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions)
- Lifetime prevalence: 2-3%
- Comorbidity: depression, phobias, bulimia, anorexia, panic disorder, tic disorders

Symptoms Typical Obsessions Typical Compulsions Contamination (with dirt, germs, Washing, cleaning rituals chemicals etc.) Fear of harm to self or others Doubting Need for specific order, symmetry "Just right" feeling Moral, religious Disturbing Images (violent or sexual) Saving, hoarding

Avoidance Checking, needing reassurance Counting, ordering, rearranging Perfectionism Praying, penance

OCD – DSM V

Obsessive-Compulsive and Related Disorders

- Body Dysmorphic Disorder
- Hoarding Disorder

• OCD

- Trichotillomania (Hair-Pulling Disorder)
- · Excoriation (Skin-Picking) Disorder
- Substance/Medication-Induced Obsessive-Compulsive and Related Disorder and Obsessive-Compulsive and Related **Disorder Due to Another Medical Condition**
- Other Specified and Unspecified Obsessive-Compulsive and Related Disorders

































Conclusions

- the OCD group performed significantly slower than the control group in all experimental conditions: baseline, expectation and execution
- the OCD group slowed down significantly more than the control group both in the expectation and the execution conditions expectation and execution costs
- the OCD group responded significantly slower on the PM task in the execution condition



Retrieval induced forgetting (RIF)

- Selectively retrieving a target memory among related memories requires some degree of inhibitory control over interfering and competing memories, a process held to be supported by inhibitory mechanisms.
- Evidence from behavioral studies suggests that such inhibitory control can lead to subsequent forgetting of the interfering information, a finding called retrieval-induced forgetting (Anderson & Spellman, 1995; Anderson, Bjork, & Bjork, 1994).







Conclusions

- retrieval of some memories led to enhancement in both groups (practice effects), but forgetting of related memories (RIF) occurred only among controls
- it seems that neither state- and trait anxiety nor working memory capacity influence RIF in OCD (no significant correlation between STAI, n-back and RIF scores)
- we suggest that the lack of RIF effect in OCD is due to the dysfunction of conflict detection or resolution processes

Summary

- Specific neurocognitive pattern (?)
- Heterogeneity identification of different subgroups, cognitive patterns
- Valid neuropsychological tasks + cognitive experimental psychological paradigms
- Biological markers (e.g.: Eye-tracking, Deep Brain Stimulation)