Obsessive-Compulsive Disorder May Reflect a Propensity for Bad Habits

Report new studies in Biological Psychiatry

Philadelphia, PA, April 10, 2014 – Two new studies published this week in Biological Psychiatry shed light on the propensity for habit formation in obsessive-compulsive disorder (OCD). These studies suggest that a tendency to develop habits, i.e., the compulsive component of the disorder, may be a core feature of the disorder rather than a consequence of irrational beliefs. In other words, instead of washing one’s hands because of the belief that they are contaminated, some people may develop concerns about hand contamination as a consequence of a recurring urge to wash their hands.

Habits are behaviors engrained by practice that enable us to perform very complex behaviors in a nearly automatic way, such as swinging a golf club or performing a piano sonata. Habits do not seem to be fully conscious goal-directed behaviors in that when one thinks about the details of the complex behavior, for example when trying to improve a golf swing, it often interferes with the expression of the habit.

Habits also appear to be defining characteristics of psychiatric disorders with prominent behavioral components, such as alcoholism, drug addiction, pathological gambling, and eating disorders. These new studies support the view that habit formation is also an important component of OCD.

Both studies were conducted by researchers at the University of Cambridge who compared habits and goal-directed behaviors in a group of people diagnosed with OCD and a matched group of healthy people. They found that the group with OCD had a greater tendency to develop avoidance habits and also displayed impairments of their goal-directed decision making.

“Habit formation is appearing to be a critical component of an increasing number of illnesses including eating disorders, addictions, and now OCD,” commented Dr. John Krystal, Editor of Biological Psychiatry. “For all of these conditions, we need to better understand the biology of habit formation to rationally develop new and more effective treatments.”

“The bigger picture from these studies is that we have identified a model of compulsivity, which may extend beyond OCD and prove to be a good model of how people lose control over their own behavior more generally, and in other disorders of compulsivity, like addiction and some eating disorders,” said Dr. Claire Gillan, corresponding author on both projects.

“Importantly, this model was derived from earlier work in both animals and humans which characterized dissociable neural systems supporting the balance between purposeful action and more automatic habits. The time is right for psychiatry to start moving away from diagnostic labels and instead focus of biological traits that transcend the current definitions of discrete disorders.”

It is hoped that a greater level of biological precision will allow for the development of targeted treatments for individuals, and hopefully allow movement away from a one-size-fits-all approach to treatment. These studies are a step in this direction.

Notes for editors

Full text of the articles is available to credentialed journalists upon request; contact Rhiannon Bugno at +1 214 648 0880 or Biol.Psych@utsouthwestern.edu. Journalists wishing to interview the authors may contact Claire Gillan at +44 (0) 1223 76428 or claire.gillan@gmail.com.

The authors’ affiliations, and disclosures of financial and conflicts of interests are available in the article.

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