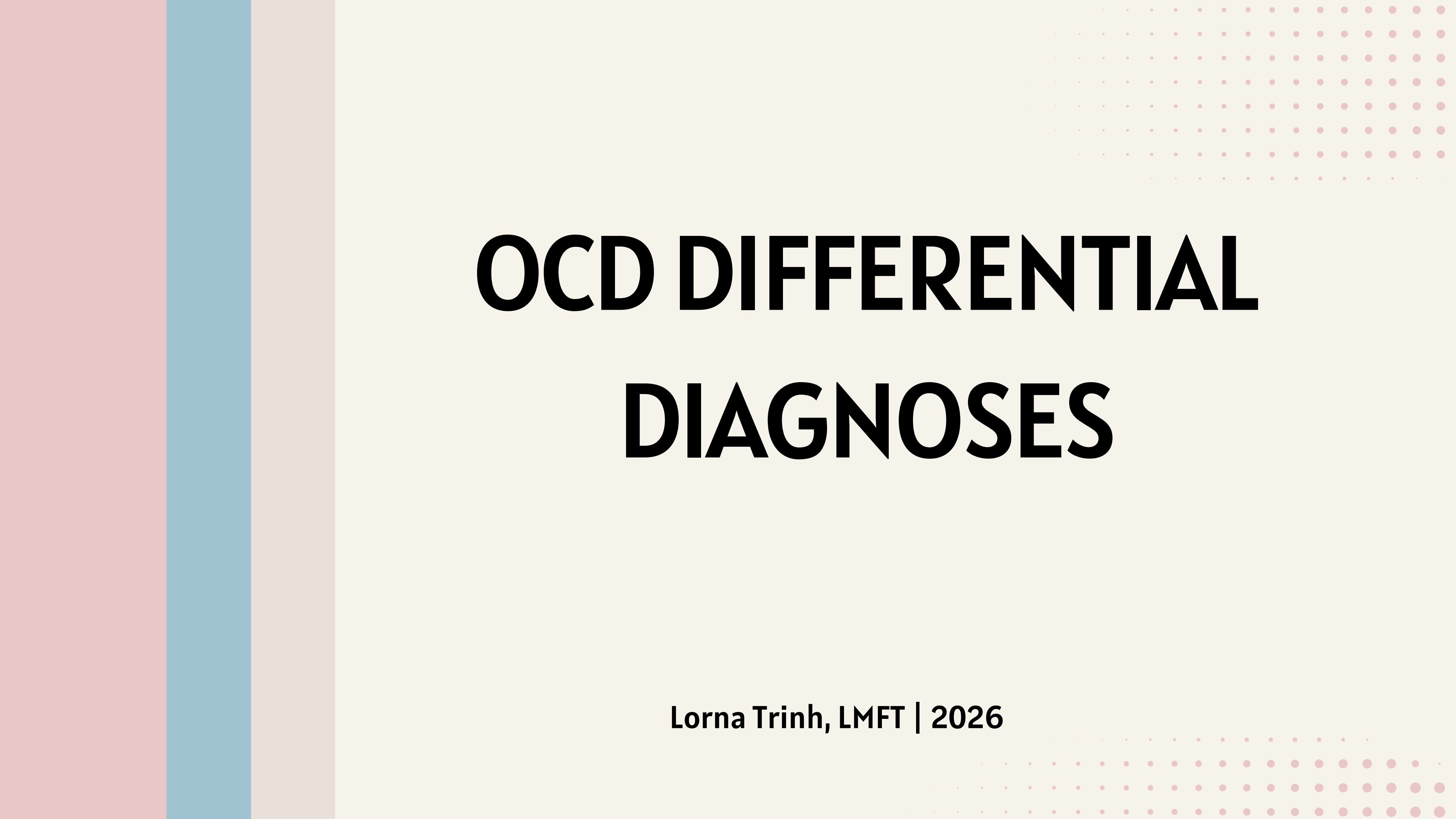


The background features three vertical stripes on the left: a wide pink stripe, a medium blue stripe, and a narrow light beige stripe. The right side of the slide is a light cream color, decorated with two rectangular areas of small, light pink dots. One area is in the top right corner, and the other is in the bottom right corner.

OCD DIFFERENTIAL DIAGNOSES

Lorna Trinh, LMFT | 2026

DIFFERENTIAL DIAGNOSES

- GAD
- ASD
- ADDICTION
- OCPD
- BDD
- OTHER
- PSYCHOTIC
- EATING DISORDERS

GAD

02

Behavioral Differences

GAD typical does not have associated rituals

OCD rituals have a clear connection to obsessions

Cognitive Differences

GAD tends to be focused on real-life concerns

Obsessions are **INTRUSIVE** and typically are not consistent with how the person thinks

obsessive-compulsive disorder	generalized anxiety disorder
unrealistic and extreme intrusive thoughts	real world and plausible concerns and worries
thought pattern: what if i didn't lock the door and a murderer comes in and kills my family?	thought patterns: what if i fail my test? what if i get lost? what if i lose my job?
fears are specific in nature	fears jump from one to the next when one fear feels resolved
mental and physical rituals are believed to prevent the fear from occurring	excessive worry is accompanied by physical symptoms (e.g. fatigue)
treatment options include: medication and psychotherapy (specifically ERP)	treatment options include: medication and psychotherapy (CBT, ACT, talk therapy)

@agirlwithpureo

OCPD

PERSONALITY disorder, characterized by rigid adherence to rules and how things "should" be done, in an inflexible way.

Perfectionism interferes with finishing tasks, fixates on minor details, unwilling to yield responsibilities to others, and symptoms impacting relationships.



OCPD vs OCD

	INSIGHT	FOCUS OF CONCERNS	IMPAIRMENTS	WAY OF SUFFERING	CONSISTENCY OF SYMPTOMS
OCD	aware unwanted thoughts are unreasonable	typically not relevant to real-life concerns	interferes with several areas	tortured by symptoms, aware unreasonable, often feel guilty	ebbs and flows based on current anxiety or fear
OCPD	usually comfortable with self-imposed rules	fixated with following procedures to manage daily tasks	interferes with interpersonal relationships, but makes work functioning more efficient	does not need treatment, others are problem; threat of relationship or job loss may be motivator	personality disorder, behaviors don't tend to fluctuate, consistent over time

PSYCHOTIC DISORDERS

It is crucial to differentiate between OCD and a psychotic disorder, because drugs that are prescribed for psychosis (antipsychotics) have been known to induce and/or exacerbate symptoms of OCD.

Psychosis or OCD ↔ Delusion or Obsession

PSYCHOTIC DISORDERS

Obsessions

- Ego-dystonic: Intrusive
- Quasi-hallucinations: You know it's not real, but the feeling is still strong

Example: You might feel dirt on your skin and have a compulsion to wash it off, even though you know there isn't really dirt on your skin.

Delusions

- Ego-syntonic: Comfortable and accepting of beliefs, does not question belief nor content
- Not associated with compulsions

Example: Those with schizophrenia believe there is some external agency or cause to what they are experiencing and thinking.

ASD

07

Clinical Considerations

- Lack of insight
- General inability to emotionally and socially connect
- Angry outbursts
- Frequent, extreme, and unpredictable changes in mood
- Impulsivity

Consider anger management and social skills before ERP.

As many as 37% diagnosed with ASD have additional comorbid OCD diagnosis.

In higher functioning ASD patients, ERP can be highly effective, so long as you take the time to analyze the function of the observed symptom.

OCD vs ASD

	FUNCTION OF BEHAVIORS	TICS	ROUTINES
OCD	escape	AKA body focused repetitive behaviors (BFRB); rituals to eliminate	break up as much as possible
ASD	escape, attention, tangibles, sensory	AKA stimming; shape for appropriateness; give outlets	build flexibility tolerance, but mostly maintain

OCD and BDD

BDD focuses specifically on distorted perceptions of one's appearance. OCD extends beyond appearance concerns, and encompasses various themes.

BDD RP examples: decrease mirror checking, excessive grooming, camouflaging, reassurance seeking, and other compulsive behaviors

OCD and BDD both have unwanted thoughts that lead to repetitive behaviors aimed at reducing anxiety. Both are treated through ERP.

OCD/BDD vs ED

Emetophobia: OCD diagnosed if obsessions and compulsions are time consuming, cause significant distress, or interfere with functioning, but are not specifically related to vomiting

BDD is often confused with an ED, but BDD do not obsess over weight, food, or calories as opposed to individuals struggling with an ED.

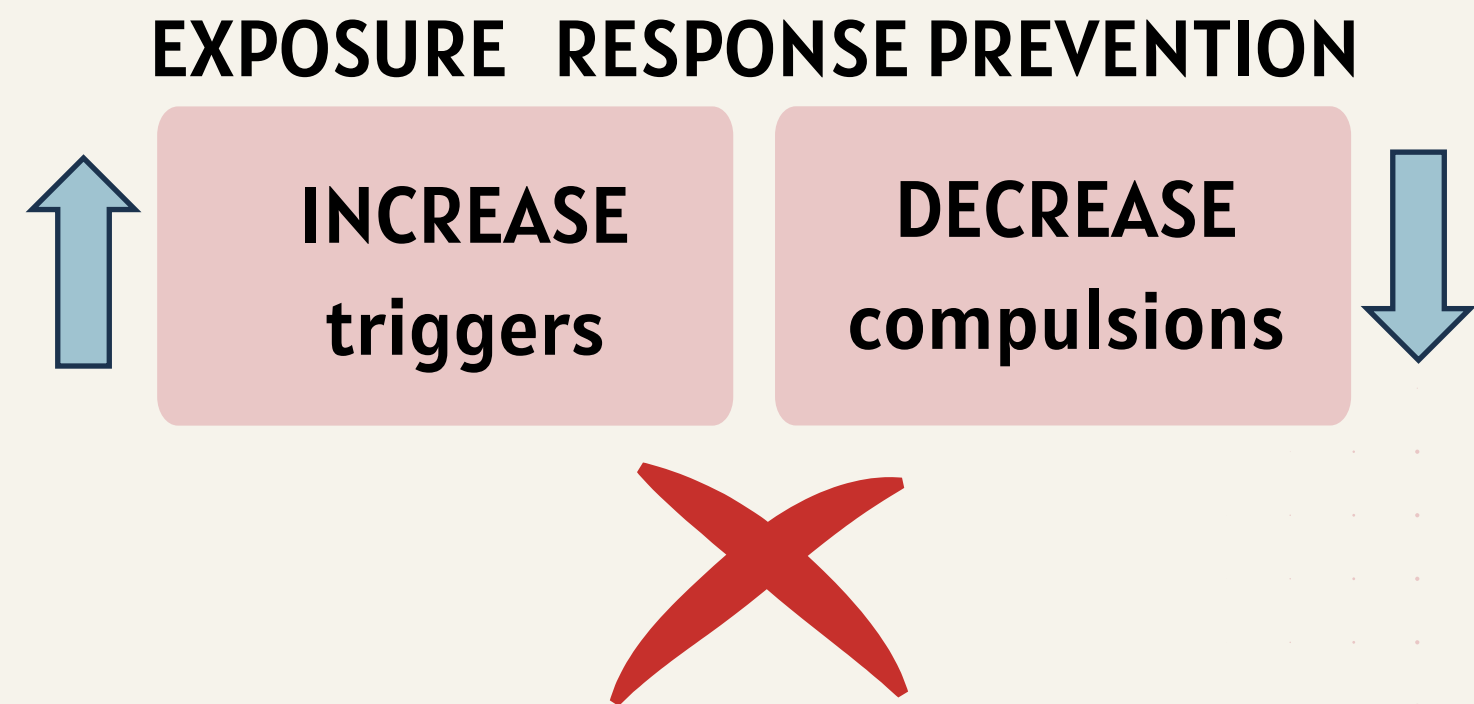
Ritualized eating is an OCD compulsion, and may take on the appearance of food restriction. Contamination fears can also lead to emetophobia, a fear of vomiting, which can also lead to extreme food restriction to prevent the feared consequence. These are also unrelated to ED's focus on weight.

OCD vs ED

BEHAVIORS	Counts number of mouthfuls chewed	Repeatedly washes hands	Inspects food packaging and throws out	Repeatedly asks waiter about ingredients	Refuses to enter kitchen	Repeatedly checks refrigerator, shelves, etc
OCD	Attain some magical number, "correct" or "just right"	Remove germs or other sources of contamination	Avoid food poisoning or serious illness from questionable preservations	Get enough knowledge to make perfect meal decision	Due to fear of accidentally mixing cleaning items with food	Make sure every piece of food bought is in its proper, designated place
ED	Limit portions and thus effectively lose more weight	Remove trace amounts of oil that might cause weight gain if ingested	Avoid consuming too many calories after reading label	Stay away from having any butter, oil, or fat	Due to fear that it will lead to temptation to eat and get fat	Find food to eat in an extensive bulimic binge period

ADDICTION

While both involve repetitive behaviors, OCD is driven by anxiety and unwanted thoughts, whereas addiction is more about dependence on a substance or activity for pleasure or relief.



OTHER DIFFERENTIALS

- **SPECIFIC PHOBIA**
Fear and avoidance cued by specific objects or situations. In OCD, avoidance is related to avoiding the trigger of an obsession or compulsion (e.g., avoidance of dirt due to contamination fears)
- **ILLNESS ANXIETY DISORDER**
Recurrent thoughts that one has a serious disease. In illness anxiety disorder, preoccupations are usually focused on having a disease. In OCD, thoughts are usually focused on fears of getting a disease in the future.
- **MAJOR DEPRESSIVE DISORDER**
May be characterized by recurrent ruminations that are usually mood congruent, and not necessarily experienced as intrusive or distressing.
Depressive ruminations not linked to compulsions.

DIFFERENTIAL SYMPTOMS

OCD	OTHER	DIFFERENCE
Harm OCD	Suicidal/Homicidal Ideation	Egodystonic Egosyntonic
Quasi-hallucinations	Psychosis	Egodystonic Egosyntonic
Ritualized Eating	Eating Disorder	Nothing to do with weight loss
BFRB	ASD Stimming	Distressing Soothing
OCD Routine	ASD Routine	Distressing, repeat when interrupted Calming, mostly appropriate, meltdown

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Questions?

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