

Obsessive-Compulsive Personality Disorder (OCPD)

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Reviewed/Revised Sep 2023

Obsessive-compulsive personality disorder is characterized by a pervasive preoccupation with orderliness, perfectionism, and control (with no room for flexibility) that ultimately slows or interferes with completing a task. Diagnosis is by clinical criteria. Treatment is with psychodynamic psychotherapy, cognitive-behavioral therapy, and selective serotonin reuptake inhibitors (SSRIs).

(See also [Overview of Personality Disorders](#).)

Patients with obsessive-compulsive personality disorder need to be in control, thus, they tend to be solitary in their endeavors and to mistrust the help of others.

The estimated median prevalence is 4.7% but may be as high as 7.8% ([1](#), [2](#)). In population-based studies it is equally common in males and females.

Familial traits of compulsivity, restricted range of emotion, and perfectionism are thought to contribute to this disorder ([3](#)).

Comorbidities may be present. Patients often also have a [depressive disorder](#) (major depressive disorder or persistent depressive disorder), [anxiety disorder](#), or [obsessive-compulsive disorder](#) ([4](#)).

General references

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- [Marincowitz C, Lochner C, Stein DJ](#): The neurobiology of obsessive-compulsive personality disorder: A systematic review. *CNS Spectr* 27(6):664-675, 2022. doi: 10.1017/S1092852921000754
- [Zimmerman M, Rothschild L, Chelminski I](#): The prevalence of DSM-IV personality disorders in psychiatric outpatients. *Amer J Psychiatry* 162:1911-1918, 2005, doi: 10.1176/appi.ajp.162.10.1911

Symptoms and Signs of OCPD

In patients with obsessive-compulsive personality disorder, preoccupation with order, perfectionism, and control of themselves and situations interferes with flexibility, effectiveness, and openness. Rigid and stubborn in their activities, these patients insist that everything be done in specific ways.

To maintain a sense of control, patients focus on rules, minute details, procedures, schedules, and lists. As a result, the main point of a project or activity is lost. These patients repeatedly check for mistakes and pay extraordinary attention to detail. They do not make good use of their time, often leaving the most important tasks until the end. Their preoccupation with the details and making sure everything is perfect can endlessly delay completion. They are unaware of how their behavior affects their coworkers. When focused on one task, these patients may neglect all other aspects of their life.

Because these patients want everything done in a specific way, they have difficulty delegating tasks and working with others. When working with others, they may make detailed lists about how a task should be done and become upset if a coworker suggests an alternative way. They may reject help even when they are behind schedule.

Patients with obsessive-compulsive personality disorder are excessively dedicated to work and productivity; their dedication is not motivated by financial necessity. As a result, leisure activities and relationships are neglected. They may think they have no time to relax or go out with friends; they may postpone a vacation so long that it does not happen, or they may feel they must take work with them so that they do not waste time. Time spent with friends, when it occurs, tends to be in a formally organized activity (eg, a sport). Hobbies and recreational activities are considered important tasks requiring organization and hard work to master; the goal is perfection.

These patients plan ahead in great detail and do not wish to consider changes. Their relentless rigidity may frustrate coworkers and friends.

Expression of affection is also tightly controlled. These patients may relate to others in a formal, stiff, or serious way. Often, they speak only after they think of the perfect thing to say. They may focus on logic and intellect and be intolerant of emotional or expressive behavior.

These patients may be overzealous, picky, and rigid about issues of morality, ethics, and values. They apply rigid moral principles to themselves and to others and are harshly self-critical. They are rigidly deferential to authorities and insist on exact compliance to rules, with no exceptions for extenuating circumstances.

Symptoms of obsessive-compulsive personality disorder may improve over a time (eg, within one 1 year), but their persistence (ie, remission and relapse rates) over time is less clear.

Diagnosis of OCPD

- *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed, Text Revision (DSM-5-TR) criteria

For a diagnosis of obsessive-compulsive personality disorder (1), patients must have

- A persistent pattern of preoccupation with order; perfectionism; and control of self, others, and situations

This pattern is shown by the presence of ≥ 4 of the following:

- Preoccupation with details, rules, schedules, organization, and lists
- A striving to do something perfectly that interferes with completion of the task
- Excessive devotion to work and productivity (not due to financial necessity), resulting in neglect of leisure activities and friends
- Excessive conscientiousness, fastidiousness, and inflexibility regarding ethical and moral issues and values
- Unwillingness to throw out worn-out or worthless objects, even those with no sentimental value
- Reluctance to delegate or work with other people unless those people agree to do things exactly as the patient wants
- A miserly approach to spending for themselves and others because they see money as something to be saved for future disasters
- Rigidity and stubbornness

Also, symptoms must have begun by early adulthood.

Differential diagnosis

Obsessive-compulsive personality disorder should be distinguished from the following disorders:

- **Obsessive-compulsive disorder (OCD)**: Patients with OCD have true obsessions (repetitive, unwanted, intrusive thoughts that cause marked anxiety) and compulsions (ritualistic behaviors that they feel they must do to reduce their anxiety-related obsessions). Patients with OCD are often distressed by their lack of control over compulsive drives; in patients with obsessive-compulsive personality disorder, the need for control is driven by their preoccupation with order so their behavior, values, and feelings are acceptable and consistent with their sense of self.
- **Avoidant personality disorder**: Both avoidant and obsessive-compulsive personality disorders are characterized by social isolation; however, in patients with obsessive-compulsive personality disorder, isolation results from giving priority to work and productivity rather than to relationships, and these patients mistrust others only because of their potential to interfere with perfectionism.
- **Schizoid personality disorder**: Both schizoid and obsessive-compulsive personality disorders are characterized by a seeming formality in interpersonal relationships and by detachment. However, the motives are different: a basic incapability for intimacy in patients with schizoid personality disorder vs discomfort with emotions and dedication to work in patients with obsessive-compulsive personality disorder.

Diagnosis reference

1. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed, Text Revision (DSM-5-TR). Washington, DC, American Psychiatric Association, 2022, pp 771-775.

Treatment of OCPD

- Psychodynamic psychotherapy
- Cognitive-behavioral therapy
- Selective serotonin reuptake inhibitors (SSRIs)

[General principles for treatment](#) of obsessive-compulsive personality disorder are similar to those for all personality disorders.

Information about treatment for obsessive-compulsive personality disorder is sparse. Also, treatment is complicated by the patient's rigidity, obstinacy, and need for control, which can be frustrating for therapists.

Psychodynamic therapy and cognitive-behavioral therapy can help patients with obsessive-compulsive

Psychodynamic therapy and cognitive-behavioral therapy can help patients with obsessive-compulsive personality disorder (1). Sometimes during therapy, the patient's interesting, detailed, intellectualized conversation may seem psychologically oriented, but it is void of affect and does not lead to change.

[Limited data suggest SSRIs](#) may be effective (2).

Treatment references

1. [Diedrich A, Voderholzer U](#): Obsessive-compulsive personality disorder: A current review. *Curr Psychiatry Rep*. 17(2):2, 2015. doi: 10.1007/s11920-014-0547-8
2. [Gecaite-Stonciene J, Williams T, Lochner C, et al](#): Efficacy and tolerability of pharmacotherapy for obsessive-compulsive personality disorder: A systematic review of randomized controlled trials. *Expert Opin Pharmacother* 23(11):1351-1358, 2022. doi: 10.1080/14656566.2022.2100695



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