OCD is a rather common, frequently chronic, and sometimes severely incapacitating psychiatric disorder. Persons with OCD are often reluctant to seek help and, when they do, it’s not unusual that their OCD is missed. This is unfortunate, since active treatment may substantially improve social function and quality of life. Serotonin reuptake inhibitors (SRIs) have well-documented efficacy in OCD, but treatment response is often delayed and difficult to predict. Because SRIs are effective, much OCD research has focussed on serotonin. However, no obvious abnormalities of serotonin have been found, why other mechanisms ought to be involved.

Our aims were to facilitate clinical detection and assessment of OCD, to search for biochemical correlates of response and side effects in SRI treatment of OCD, and to explore whether oxytocin is involved in the pathophysiology of OCD.

The “Brief Obsessive Compulsive Scale” (BOCS) was developed in Sweden by Susanne Bejerot. We tested the usefulness and the psychometric properties of this concise rating scale in 402 psychiatric out-patients. BOCS was easy to use, covered the principal aspects of OCD and had excellent discriminant validity in relation to other common psychiatric disorders.

We also investigated possible response predictors in 36 OCD patients from a randomised controlled trial of SRIs or placebo. Contrary to expectation, the change (decrease) of serotonin in whole blood was most pronounced in non-responders to SRI. This may reflect inflammatory influence on platelet turnover rather than serotonergic processes within the central nervous system.

Finally, we found several links between oxytocin in plasma and OCD, and between oxytocin and the SRI related sexual side effects. In males, delayed orgasm predicted anti-obsessive response. Taken together, this supports that oxytocin is involved in OCD pathophysiology.