Obsessive-compulsive disorder (OCD) is a neuropsychiatric illness due to damage of prefrontal cortex and basal ganglia. The lifetime prevalence rate of OCD is about 2.5% of the population. The rates in men and women are equal. The mean age of onset is in the mid-to-late twenties to early thirties, and it is slightly earlier in males' population.

OCD has two fundamental phenomenological characteristics: repetitive urges of thoughts or actions which patients experience as coming from their own mind but as alien to their will; and surges of unbearable anxiety which accompany either resistance to these compulsions or exposure to objects or thoughts which trigger the repetitive behaviour or cognitions. The cultural influence on the content of the obsessions has been noted in the epidemiological studies. The familial nature of OCD has been observed since several years and recent studies have provided limited evidence for the importance of genetic factors in the manifestation of obsessive-compulsive symptoms. Recent studies suggest gender-related clinical differences in the obsessive-compulsive disorder. The most prevalent obsession is concerned with contamination by dirt and/or germs. Washing is the accompanying compulsion and such patients may spend several hours daily washing their hands or cleaning their clothes.

There are two main approaches to the treatment of OCD: psychological treatment and pharmacological treatment. Antidepressants afford a successful treatments for OCD but only those with potent effects on the serotonergic neurotransmitter systems appear to have antiobsessional efficacy.