

ADHD–OCD Interactions: When Compulsions Are Actually Compensation

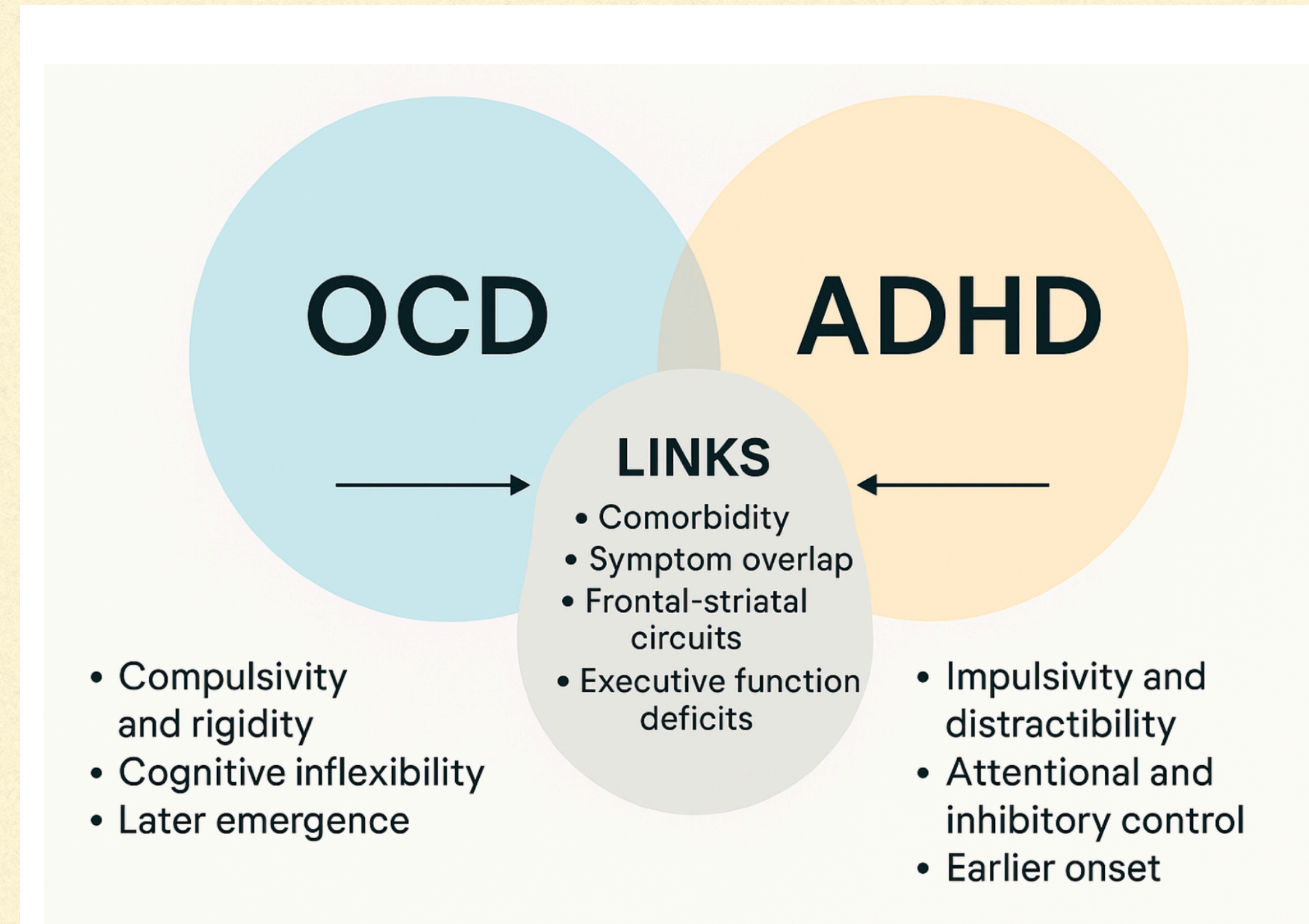
Understanding Secondary/Reactive
OCD-Like Symptoms in ADHD

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INTRODUCTION

- ADHD and OCD comorbidity: 11–23%
- OCD-like behaviours may emerge from ADHD-related chaos
- High expectations + instability amplify compensatory patterns
- Misdiagnosis is common

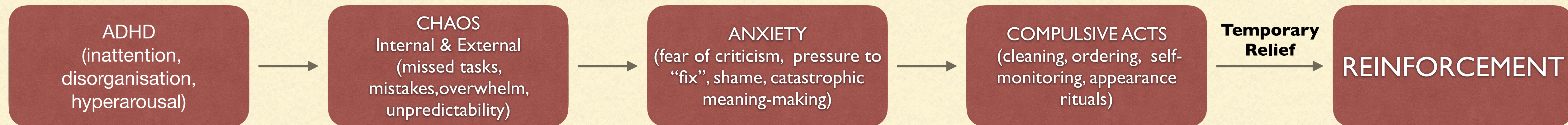


KEY DISTINCTION

- Primary OCD
- Obsessions → anxiety → compulsions to neutralise
- Compensatory OCD-like patterns (ADHD)
- Chaos → anxiety → compulsions to impose order



CONCEPTUAL LOOP



MISS 'K' CASE OVERVIEW

- Premature birth; no follow-up
- Quiet, masked ADHD symptoms in childhood
- Hyperactivity outside restrictive environments
- Parental divorce → increased responsibility → perfectionistic self-image



EMERGENCE OF SYMPTOMS

- Cleaning/tidying as attempts to “fix the chaos”
 - High internal pressure + fear of mistakes
 - Intrusive thoughts → suppressed via self-correction behaviours
 - Memory fragmentation
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FUNCTIONAL IMPAIRMENT

- Educational failures
 - Employment breakdown
 - Difficulty learning to drive
 - Emotional distress and shame
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WHY OCD WAS SUSPECTED?

- Rigid cleaning
 - Perfectionistic routines
 - Appearance-focused self-monitoring
 - Anxiety when things felt out of control
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- but....no classical obsessions.



ADHD ASSESSMENT

- ADHD—combined presentation
- OCD symptoms were present phenomenologically but lacked classic OCD structure
- Many compulsive behaviours functioned as ADHD compensation:
- Memory fragmentation (particularly childhood amnesia prior to age 11)
- Significant shame-driven perfectionism and fear of failure were present

Treating ADHD first felt like the most logical step....

TREATMENT GOALS

- Reduce symptoms of executive dysfunction
 - Improve emotional regulation and reduce perfectionistic anxiety
 - Identify and target compulsive behaviours driven by ADHD-related chaos, not classical obsessions
 - Distinguish functional habits from anxiety-driven rituals
 - Promote flexible coping strategies that do not rely on pseudo-OCD routines
 - Address internalised pressure from family and school expectations
 - Improve functioning across home, school/work, and social contexts
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CORE TREATMENT STRUCTURE AND OUTCOME EXPECTATIONS

Treatment structure:

- Psychoeducation
- Executive function support
- Anxiety/perfectionism work
- ERP (modified)
- Identity, shame, self-compassion
- Relapse prevention

Outcome:

With ADHD treated first, we expected:

- Reduced compulsive behaviours
- Better emotional regulation
- Increased flexibility
- Improved functioning across life domains:



many OCD-like behaviours fade naturally once ADHD was stabilised; Miss K's compulsions dropped significantly after EF supports were introduced

KEY TAKEAWAY

- Not all compulsive behaviours are OCD
 - Some are survival mechanisms—especially in individuals masking ADHD in high-pressure or chaotic environments.
 - Treatment must reflect the underlying mechanism, not the surface behaviour. Clinicians must understand the mechanism, not just the symptom.
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