

Obsessive-Compulsive Disorder

Facts

People with obsessive-compulsive disorder (OCD), a form of anxiety disorder, suffer intensely from unwanted recurring thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals such as counting, washing, or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away. Performing these rituals provides only temporary relief; not performing them markedly increases anxiety. Left untreated, obsessions and the need to perform rituals can take over a person's life.

Although a lot of healthy people can relate to some of the symptoms of OCD, such as checking the stove or whether the coffeepot is plugged in before leaving the house, the disorder is diagnosed only when such activities consume at least an hour a day, are very distressing, and interfere with daily life.

About 1.2% of the U.S. population has OCD in any given year, with women affected at a slightly higher rate than men. While the disorder usually begins during adolescence or early childhood, recent research shows that some children develop the illness even earlier, during the preschool years.

Signs & Symptoms

- **Obsessions** — These are unwanted ideas or impulses that repeatedly run through the head of the person with OCD. These thoughts are intrusive, unpleasant, and produce a high degree of anxiety.
- **Compulsions** — In response to their obsessions, most people with OCD resort to repetitive behaviors called compulsions.
- **Insight** — People with OCD usually have a great deal of insight into their own

problems. Most of the time, they know that their obsessive thoughts are senseless and exaggerated, and that their compulsive behaviors are not really necessary. However, the knowledge is not enough to enable them to stop obsessing or carrying out their rituals.

- **Resistance** — Most people with OCD struggle to banish their obsessive thoughts and stop engaging in compulsive behaviors. Many are able to control their symptoms during the hours when they are at work or school, but over time, resistance may weaken. When this happens, OCD may become so severe that day-to-day activities are affected.

- **Shame and Secrecy** — Frequently people suffering from OCD try to hide their disorder instead of seeking help.

- **Long-lasting Symptoms** — The disorder tends to last for years, even decades. The symptoms may become less severe from time to time, and there may be long intervals where the symptoms are mild, but for most persons with the disorder, the symptoms are chronic.

Causes

Evidence is growing that biological factors are a primary contributor to the disorder. The fact that people with OCD respond well to medications affecting specific brain chemicals suggests the disorder has a physical basis. For that reason, OCD is no longer attributed only to attitudes or behaviors learned in childhood (e.g., an inordinate emphasis on cleanliness). Instead, the search for causes now focuses on the interaction of physical and environmental factors, as well as thought processes.

Brain imaging studies, using a technique called positron emission tomography (PET), indicate that those people with OCD have patterns of brain activity that differ from

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individuals with other mental illnesses or people with no mental illness. PET scans also show that both behavioral therapy and medication produce changes in the brain's image in persons with OCD.

Treatments

Research has led to both pharmacological and behavioral treatments that can help people with this disorder. One person may benefit significantly from behavior therapy, while another will benefit from pharmacotherapy (medication). Others may use both medication and behavior therapy. Still others may begin with medication to gain control over their symptoms and then continue with behavior therapy. Which strategy to use should be decided by the individual with OCD and his or her therapist.

A specific behavior therapy approach called "exposure and response prevention" has been effective for many people with OCD. Through this method, a person deliberately and voluntarily confronts the feared object or idea, either directly or by imagination. At the same time, the person is strongly encouraged to refrain from ritualizing with support and structure provided by the therapist and possibly by others whom the person recruits for assistance. For example, a person who compulsively washes his or her hands may be encouraged to touch something believed to be contaminated, and then urged to avoid washing for several hours until the anxiety produced by the effort has greatly decreased. Treatment then proceeds step by step as the person is able; gradually the person experiences less anxiety from the obsessive thoughts and is able to resist the compulsive urges.

Helping Yourself

If you think you have OCD, you should seek the help of a mental health professional. The greatest fear of many people with OCD is that other people will find out and think they are "crazy." This is why people suffering from OCD try to hide their pain and symptoms. However, it is very important to be honest with your family and ask them to help you. Invite them to go with you to meetings to learn more about

the disorder so that they understand what you will experience in treatment. Tell them you do not want them to help you with your rituals and ask for support when you face the objects or events that trigger your attacks. Tell them you need praise when you make even small improvements, and ask them to help you take your medications correctly. In addition to visiting the therapist, be faithful in fulfilling any "homework assignments" given to you. For those who complete the course of treatment, the improvements can be significant.

Helping Someone Else

Obsessive-compulsive disorder affects the entire family. The family often has a difficult time accepting the fact that the person with OCD cannot stop the distressing behavior. Family members may show anger and resentment, resulting in an increase in the OCD behavior, or they may assist the person in the rituals or give constant reassurance. Education about OCD is important for the family to learn specific ways to encourage the person with OCD to adhere fully to behavior therapy and/or medication programs. Self-help books are often a good source of information, and many families find it helpful to join an educational support group.

Sources:

*National Institute of Mental Health
American Psychiatric Association
National Alliance on Mental Illness*

For more information contact

Northern Lakes Community Mental Health Authority
231-922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
1-866-615-6464 (M-F 8:30A-5:00)

Mental Health America
www.nmha.org
(800) 969-6642