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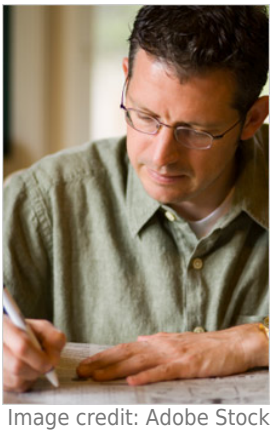
Obsessive Compulsive Disorder (OCD) in Adults



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Summary: Obsessive Compulsive Disorder (OCD) is a condition marked by having obessions (distressing thoughts that you can't get off your mind) and/or compulsions (distressing habits, rituals or behaviours that you feel compelled to do over and over again).

Introduction

Most people have had times when certain thoughts or images get stuck in our head. Like getting a certain song stuck in your head; worrying that we forgot to turn off the stove at home.

But when such thoughts get so extreme that it gets in the way of daily life, it may be the sign of obsessive compulsive disorder...

What is Obsessive Compulsive Disorder?

Obsessive compulsive disorder (OCD) is a condition where people have troubles with obsessions and/or compulsions:

- **Obsessions** are distressing thoughts or images that won't go away, for example, worries about being dirty or contaminated.
- **Compulsions** are behaviours that the person feels forced to do, in order to relieve distress related to the obsession. For example, having to wash one's hands over and over again in order to feel less anxious about being contaminated.

Many people are obsessive or perfectionistic about certain things. Indeed, when we have just enough of these traits, it can be helpful.

For example, a person who is obsessive about cleanliness will definitely be better at preventing the spread of germs and infections.

But when these habits get so severe that it gets in the way of life, then it becomes a disorder. In OCD, concerns of cleanliness can get so severe that a person may end up:

- Avoiding touching even family members for fear of contamination
- Wash his/her hands so excessively that they become chapped and bleeding.
- Avoid going to work or school due to fears of contamination
- Be unable to turn on the TV because others have touched it.

- Spend hours every day consumed with cleanliness related rituals

Common Obsessions and Compulsions

- Cleanliness / contamination: Worries that things are dirty or contaminated, which leads to a compulsion of needing to wash or bathe over and over again, or avoiding touching things that might be 'contaminated.'
- Symmetry and order: Gets upset or distressed if things aren't exactly 'just so' or in a certain order. May spend large amounts of time arranging or re-arranging things in one's room, workplace or other places.
- Numbers and counting: Having to count or repeat things a certain number of times, having "safe" or "bad" numbers.
- Self-doubt and need for reassurance: Fear of doing wrong or having done wrong, which may lead to repetitively asking others for reassurance, over and over again.
- Guilt/need to confess: Needing to tell others about things that you have done.
- Checking: Excessive checking of such things as doors, lights, locks, windows.
- Perfectionism: Excessive time doing things over and over again until they are perfect, or 'just right'.

OCD symptoms can then lead to other problems such as:

- Troubles paying attention, because the person's attention is focused on obsessions/compulsions
- Anxiety and anger if OCD routines get interrupted.
- Lateness and fatigue from energy and time that rituals require
- Withdrawal from usual activities and friends
- Trying to get friends and family to cooperate with the OCD rituals.

Whether its just you (or a loved one who has OCD), everyone in the family is usually affected by OCD. And hence, everyone has a role to play in helping make things better.

How Common is it?

Over a six month period, about 1.6% of the population has OCD (Greist and Jefferson, 1995, 1998).

When Does OCD Start?

OCD can start at any age. Because symptoms are often mild in the beginning, it is often not picked up until the person is older. According to the National Institute for Mental Health, most cases of OCD are diagnosed in early adulthood, around age 19. About 1/3 of adults believe their OCD started back in their childhood or adolescence.

How is OCD Treated?

The good news is that there are various effective treatments and ways to deal with OCD. The two main types of treatments that can help OCD are:

1. Cognitive behaviour therapy (CBT): a type of therapy that helps a person with OCD learn new ways to think ("cognitive") and ways to do things ("behavioural") to deal with the OCD. CBT is usually provided by a psychologist or psychiatrist. There are many books on OCD as well, which makes it easier and easier for people with OCD and their families to learn about these strategies and use them on their own (e.g., "Talking Back to OCD" by John March).

2. Medications: specific serotonin reuptake inhibitors (SSRIs) help OCD by affecting the function of the serotonin, a brain chemical. Medications can be very helpful in situations where a person has not responded to non-medication treatments.

Medication may be needed for a shorter or longer period depending on the person's need.

In a very small percentage of cases, OCD is due to a type of bacterial infection known as streptococcus and in those cases antibiotics may be helpful.

Cognitive Behaviour Strategies for OCD

Cognitive behavioural therapy (CBT) is one of the most effective treatments for obsessions or compulsions and uses both cognitive and behavioural techniques (March, 1998).

1. Cognitive Strategies

OCD makes a person have OCD thoughts, and cognitive (thought) strategies are about replacing OCD thoughts with more helpful thoughts.

For example, a person with cleanliness obsessions touches something at work and gets the automatic thought (cognition), "Now I'm all dirty and I'm going to get sick! I have to wash my hands!"

Cognitive techniques help the person develop more helpful coping thoughts such as, e.g. "I'm not going to let the OCD push me around! So what if I've just touched ___? I'm not going to get sick."

2. Behavioural techniques

a) OCD Hierarchy

A hierarchy is a way of deciding which OCD behaviours to work on first. It involves ranking one's compulsions (or obsessions) from those that are easy to resist, to those that are 'medium' difficulty to resist, to those that are extremely hard to resist doing.

b) Exposure with Response Prevention

Exposure is exposing yourself to the feared situation that triggers the OCD. For example, if your hand washing rituals are triggered by touching "contaminated" objects, then you would gradually touch "contaminated" objects, in a gradually increasing way.

Response prevention is preventing the response (or ritual) that the OCD tries to boss you into doing.

For example, a person with hand washing compulsions would feel an urge to wash his/her hands after touching "contaminated" objects. Response prevention is where the person agrees to stop doing the compulsion. Although this is anxiety-provoking in the beginning, the more this is done, the easier it becomes over time to stop doing the compulsion.

This is where the hierarchy comes in. The hierarchy is used to decide which situations to start working on first.

Making a hierarchy is important because when starting to work on OCD compulsions with a therapist, it is usually best to start working on easy or moderately hard compulsions, as opposed to working with the hardest compulsions first.

For example, a hierarchy of compulsions might look something like this:

- Easiest: Touching my own things
- Easier: Using the toilet at home
- Harder: Touching friend's possessions; Using toilet at friend's home
- Hardest: Touching things at work; Using toilet at work

OCD is the Problem, Not You

- Realize that OCD is the problem, not you. One of the most powerful strategies to deal with OCD is realizing what is you, and what is OCD. Using this strategy, a person with OCD might say something like this: "Okay, so I've just touched a doorknob. Now I feel this urge to go wash my hands. That's the OCD again, trying to trick me. Its trying to make me think I'm contaminated. I'm not going to give in; I'm going to beat this thing

and not let it push me around.... Just like I planned it with my therapist, today's plan is to wait at least 5 minutes until giving into the OCD... Who knows, maybe after 5 minutes that OCD urge will be gone..."

If you Suspect OCD

If you suspect that you may have OCD, then start by seeing a medical doctor. In extremely rare cases, OCD may actually be caused by a type of infection known as streptococcal infection. In these cases, treatments such as antibiotics may be helpful. The doctor may also recommend more specialized mental health services, or help with referrals to mental health professionals such as a psychologist, psychiatrist or social worker.

Recommended Readings

For Adults

- Stop Obsessing!: How to Overcome Your Obsession... by Edna B. Foa and Wilson Reid, 2001.
- Overcoming Obsessive-Compuslive Disorder, by David Veale
- Brain Lock, by Jeffrey M. Schwartz, 1996.
- Lee Baer, Getting Control, Revised Edition, 2000.

Recommended Websites

Canadian Mental Health Association
http://www.cmha.ca/bins/content_page.asp?cid=3-94-95

American Academy of Child & Adolescent Psychiatry
http://www.aacap.org/factsfam/ocd.htm

Anxiety Disorders Association of America
http://www.adaa.org/aboutanxietydisorders/ocd/index.cfm

Obsessive-Compulsive Foundation
http://www.ocfoundation.org

American Academy of Family Physicians
http://www.aafp.org/patientinfo/ocd.html

MentalHealth.com
http://www.mentalhealth.com/fr20.html

Self-help manual from the National Health Service (NHS), UK, suitable for teens/adults
http://www.nnt.nhs.uk/mh/leaflets/OCD%20A5.pdf

Summary

OCD is a condition where a person experiences obsessions (distressing thoughts or images) and compulsions (habits or rituals that s/he has to do over and over again).
Fortunately, there are many effective treatments and strategies for dealing with OCD.

About this Document

Written by the eMH Team and Partners.

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