

## **About Obsessive-Compulsive Disorder**

### **What is OCD?**

Obsessive-Compulsive Disorder (OCD) is a neurological disorder defined by recurrent, unwelcome thoughts (obsessions) and repetitive behaviors (compulsions) that OCD sufferers feel driven to perform. People with OCD know their obsessions and compulsions are irrational or excessive, yet they have little or no control over them. If you or someone you care about has been diagnosed with Obsessive-Compulsive Disorder (OCD), you may feel you are the only person facing the difficulties of this illness. But you are not alone. In the United States, 1 in 50 adults have OCD, and twice that many have had it at some point in their lives. Today very effective treatments for OCD are now available to help you regain a more satisfying life. Here are answers to the most commonly asked questions about OCD.

### **What Is Obsessive-Compulsive Disorder?**

Worries, doubts, superstitious beliefs are common in everyday life. However, when they become so excessive such as hours of hand washing or driving around and around the block to check that an accident didn't occur then a diagnosis of OCD is made. In OCD, the brain gets stuck on a particular thought or urge and just can't let go. People with OCD often say the symptoms feel like a case of mental hiccups that won't go away. OCD is a medical brain disorder that causes problems in information processing. It is not your fault or the result of a "weak" or unstable personality.

Before the arrival of modern medications and cognitive behavior therapy, OCD was generally thought to be untreatable. Most people with OCD continued to suffer, despite years of ineffective psychotherapy. Today, luckily, treatment can help most people with OCD. Although OCD is usually completely curable only in some individuals, most people achieve meaningful and long-term symptom relief with comprehensive treatment.

### **What are the symptoms of Obsessive-Compulsive Disorder?**

OCD involves having both obsessions and compulsions. A person with OCD may sometimes have one or the other.

Common obsessions are: contamination fears of germs, dirt, etc. imagining having harmed self or others, imagining losing control or aggressive urges, intrusive sexual thoughts or urges, excessive religious or moral doubt, forbidden thoughts A need to have things "just so" A need to tell, ask, confess common compulsions: washing repeating checking touching counting

OCD symptoms can occur in people of all ages. Not all Obsessive-Compulsive behaviors represent an illness. Some rituals (e.g., bedtime songs, religious practices) are a welcome part of daily life. Normal worries, such as contamination fears, may increase during times

of stress, such as when someone in the family is sick or dying. Only when symptoms persist, make no sense, cause much distress, or interfere with functioning do they need clinical attention.

1. Obsessions

Obsessions are thoughts, images, or impulses that occur over and over again and feel out of your control. The person does not want to have these ideas. He finds them disturbing and intrusive, and usually recognizes that they don't really make sense. People with OCD worry excessively about dirt and germs and become obsessed with the idea that they are contaminated or contaminate others. They may have obsessive fears of having inadvertently harmed someone else even though they usually know this is not realistic. Obsessions are accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a sensation that things have to be done in a way that is "just so."

2. Compulsions

People with OCD try to make their obsessions go away by performing compulsions. Compulsions are acts the person performs over and over again, often according to certain "rules." People with an obsession about contamination may wash constantly to the point that their hands become raw and inflamed. A person may repeatedly check that she has turned off the stove or iron because of an obsessive fear of burning the house down. She may have to count certain objects over and over because of an obsession about losing them. Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions.

3. Other features of Obsessive-Compulsive Disorder

OCD symptoms cause distress, take up time (more than an hour a day), or significantly interfere with the person's work, social life, or relationships. Most individuals with OCD recognize that their obsessions are coming from their own minds and are not just excessive worries about real problems. They realize that the compulsions they perform are excessive or unreasonable. When someone with OCD does not recognize that their beliefs and actions are unreasonable, this is called OCD with poor insight. OCD symptoms tend to wax and wane over time. Some may be little more than background noise; others may produce extremely severe distress.

## **When does Obsessive-Compulsive Disorder begin?**

OCD starts at any time from preschool age to adulthood (usually by age 40). One third to one half of adults with OCD report that it started during childhood.

Unfortunately, OCD often goes unrecognized. On average, people with OCD see three to four doctors and spend 9 years seeking treatment before they receive a correct diagnosis. Studies find that it takes an average of 17 years from the time OCD begins for people to obtain appropriate treatment.

OCD tends to be underdiagnosed and undertreated for a number of reasons. People with OCD are secretive about their symptoms or lack insight about their illness. Many healthcare providers are not familiar with the symptoms or are not trained in providing the appropriate treatments. Some people don't have access to treatment resources. This is unfortunate because earlier diagnosis and proper treatment, including finding the right medications, can help people avoid the suffering associated with OCD. This lessens the risk of developing other problems, such as depression, marital and work problems.

### **Is Obsessive-Compulsive Disorder Inherited?**

No specific genes for OCD have been identified. Research suggests that genes do play a role in the development of the disorder. Childhood-onset OCD runs in families (sometimes in association with tic disorders). When a parent has OCD, there is a slightly increased risk that a child will develop OCD, although the risk is still low. When OCD runs in families, it is the general nature of OCD is inherited, not specific symptoms. Thus a child may have checking rituals, while his mother washes compulsively.

### **What causes Obsessive-Compulsive Disorder?**

There is no proven cause of OCD. Research suggests that OCD involves problems in communication between the front part of the brain (the orbital cortex) and deeper structures (the basal ganglia). These brain structures use the chemical messenger serotonin. It is believed that insufficient levels of serotonin are involved in OCD. Drugs that increase the brain concentration of serotonin often help improve OCD symptoms.

Pictures of the brain at work also show that the brain circuits involved in OCD return toward normal in those who improve after taking a serotonin medication or receiving cognitive-behavioral psychotherapy. Although it seems clear that reduced levels of serotonin play a role in OCD, there are no laboratory tests for OCD. The diagnosis is made based on an assessment of the person's symptoms. When OCD starts suddenly in childhood in association with strep throat, an autoimmune mechanism may be involved, and treatment with an antibiotic may prove helpful.

### **What Other Problems Are Sometimes Confused With OCD?**

Some disorders that closely resemble OCD may respond to some of the same treatments. They are trichotillomania (compulsive hair pulling), body dysmorphic disorder (imagined ugliness), and habit disorders, such as nail biting or skin picking. While they share superficial similarities, impulse control problems, such as substance abuse, pathological gambling, or compulsive sexual activity, are probably not related to OCD in any substantial way.

The most common conditions that resemble OCD are the tic disorders (Tourette's disorder and other motor and vocal tic disorders). Tics are involuntary motor behaviors (such as facial grimacing) or vocal behaviors (such as snorting) that often occur in response to a feeling of discomfort. More complex tics, like touching or tapping tics,

resemble compulsions. Tics and OCD occur together much more often when the OCD or tics begin during childhood.

Depression and OCD often occur in adults, and, less commonly, in children and adolescents. However, unless depression is present, people with OCD are not sad or lacking in pleasure. People who are depressed but do not have OCD rarely have the kinds of intrusive thoughts that are characteristic of OCD. Stress can make OCD worse. Although most people with OCD report that the symptoms can come and go on their own.

OCD is easy to distinguish from a condition called posttraumatic stress disorder, because OCD is not caused by a terrible event. Schizophrenia, delusional disorders, and other psychotic conditions are usually easy to distinguish from OCD. Unlike psychotic individuals, people with OCD have a clear idea of what is real and what is not. OCD may worsen or cause disruptive behaviors in children and adolescents, exaggerate a pre-existing learning disorder, cause problems with attention and concentration, or interfere with learning at school. In many children with OCD, these disruptive behaviors are related to the OCD and will go away when the OCD is successfully treated.

Individuals with OCD often have substance-abuse problems, as a result of attempts to self-medicate. Specific treatment for the substance abuse is usually needed. Children and adults with pervasive developmental disorders (autism, Asperger's Disorder) are extremely rigid and compulsive. They have stereotyped behaviors that often resemble very severe OCD. Those with pervasive developmental disorders have extremely severe problems relating to and communicating with other people, which do not occur in OCD.

Only a small number of those with OCD have the collection of personality traits called Obsessive Compulsive Personality Disorder (OCPD). Despite its similar name, OCPD does not involve obsessions and compulsions, but rather is a personality pattern that involves a preoccupation with rules, schedules, and lists; perfectionism; an excessive devotion to work; rigidity; and inflexibility. However, when people have both OCPD and OCD, the successful treatment of the OCD often causes a favorable change in the person's personality.

## **What Types of Treatment Are Available for OCD?**

There are two treatments that have been proven effective against OCD. They include cognitive-behavior therapy (CBT) and medication (primarily SSRIs). A combination of medication and CBT is often the most effective treatment for OCD.

### Cognitive-Behavioral Therapy

CBT consist of a technique called exposure and response prevention, and it is effective for many people with OCD. In this approach, the patient is deliberately and voluntarily exposed to feared objects or ideas (the exposure component), either directly or by imagination and then is discouraged or prevented (with the patient's permission) from carrying out the usual compulsive response (the response prevention component). For

example, a compulsive hand washer may be urged to touch an object believed to be contaminated and then may be denied the opportunity to wash for several hours. When the treatment works well, the patient gradually experiences less anxiety from the obsessive thought and becomes able to do without the compulsive action for extended periods of time. Studies of behavior therapy for OCD have found it to produce lasting benefits. To achieve the best results, a combination of factors is necessary. The therapist should be well trained, the patient must be highly motivated, and the patient's family must be cooperative. In addition to visit to the therapist, the patient must be faithful in fulfilling "homework assignments". For those patients who complete the course of treatment, the improvements can be significant. Traditional psychotherapy, aimed at helping patient develop insight into his or her problem, is generally not helpful specifically for OCD symptoms themselves. However, traditional psychotherapy may be of benefit as part of a treatment package for patients who have been ill and isolated for many years or for those whose illness started at an early age.

### Medication

Drugs that have been shown to be effective in research studies include: fluvoxamine (Luvox), fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), and clomipramine (Anafranil). Anafranil has been around the longest and is the best studied throughout the world, but there is growing evidence that the other drugs are as effective.

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Obsessive Compulsive Foundation, Inc. The OC Foundation is a not-for-profit mental health organization. Its mission is to increase research into, treatment for understanding of OCD. For more information, please visit [www.ocfoundation.org](http://www.ocfoundation.org) or email [info@ocfoundation.org](mailto:info@ocfoundation.org).