

## Obsessive-compulsive Disorder (OCD)

People with obsessive-compulsive disorder (OCD) suffer intensely from recurrent unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals, such as handwashing, counting, checking or cleaning, are often performed in hope of preventing obsessive thoughts or making them go away. Performing these rituals, however, provides only temporary relief, and not performing them increases anxiety. Left untreated, obsessions and the need to perform rituals can take over a person's life. OCD is often a chronic, relapsing illness. Fortunately, through research supported by the National Institute of Mental Health (NIMH) and other organizations, effective treatments have been developed to help people with OCD.

### Prevalence

About 2.3% of the U.S. population ages 18 to 54 (3.3 million Americans) experiences OCD in a given year. OCD affects men and women equally. OCD typically begins during adolescence or early childhood; at least one-third of the cases of adult OCD began in childhood. OCD cost the U.S. 8.4 billion dollars in 1990 in social and economic losses, nearly 6% of the total mental health bill of \$148 billion.

### Characteristics

Obsessions are thoughts, images or impulses that occur repeatedly. The person does not want to have these ideas, finds them disturbing and intrusive and, usually, recognizes that they really don't make sense. Obsessions are accompanied by uncomfortable feelings, such as fear, disgust or doubt. Common obsessions include contamination fears, imagining having harmed self or others, imagining losing control of aggressive urges, intrusive sexual thoughts or urges, excessive religious or moral doubt, or a need to tell, ask or confess. People with OCD typically try to make their obsessions go away by performing compulsions. Compulsions are acts the person repeatedly performs, often according to certain "rules." These rituals are performed to obtain relief from the discomfort caused by the obsessions. Examples of compulsions are washing, repeating, checking, touching, counting, ordering/arranging, hoarding or saving, and praying.

In some instances, a person may suffer from only obsessions or only compulsions. OCD symptoms cause distress, take up a lot of 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 not just excessive worries about real problems and that the compulsions they perform are excessive or unreasonable. The extent to which a person with OCD realizes that his or her beliefs and actions are unreasonable is called his or her "insight."

### Causes

There is growing evidence that OCD has a biological basis. OCD is no longer attributed to family problems or to attitudes learned in childhood. Instead, the search for causes now focuses on the interaction between biological factors and environmental influences. Research suggests that OCD involves problems in communication between parts of the brain. These problems may be caused by insufficient levels of certain brain chemicals, called neurotransmitters. Drugs that increase the brain concentration of these chemicals often help improve OCD symptoms.

# What You Need to Know...



## Treatments

The most common treatment for OCD is a combination of cognitive-behavioral psychotherapy (CBT) and medication. A type of behavioral therapy known as “exposure and response prevention” (E/RP) is very useful for treating OCD. In this approach, a person is deliberately and voluntarily exposed to whatever triggers the obsessive thoughts (exposure) and is then taught techniques to avoid performing the compulsive rituals (response prevention). The cognitive portion of CBT is often added to E/RP to help challenge the irrational beliefs associated with OCD.

Several medications have been proven effective in helping people with OCD, particularly those that increase the level of the neurotransmitter, serotonin. These are called selective serotonin reuptake inhibitors (SSRI) and include Prozac, Paxil and Zoloft.

## Outcome

While as many as 25% of patients refuse CBT, those who complete CBT report a 50% to 80% reduction in OCD symptoms after 12 to 20 sessions. Just as important, people with OCD who respond to CBT usually stay well, often for years to come. When someone is being treated with medication, using CBT with the medication may help prevent relapse when the medication is stopped. Unfortunately, it is sometimes difficult to find CBT therapists in a patient’s area, and therapy can be time-consuming and expensive. For patients who cannot get or afford CBT, medication alone may still be effective.

## Co-occurring Illnesses

OCD is sometimes accompanied by depression, eating disorders, substance abuse, attention deficit/hyperactivity disorder or other anxiety disorders. When a person also has other disorders, OCD is often more difficult to diagnose and treat. Appropriate diagnosis and treatment of other disorders are important to successful treatment of OCD.<sup>1</sup> On average, people with OCD see three to four doctors and spend over nine years seeking treatment before they receive a correct diagnosis. Studies have also found that it takes an average of 17 years from the time OCD begins for people to obtain appropriate treatment.

It is important for family, friends and doctors of people with OCD to remember that OCD sufferers often hide their obsessions and compulsive behaviors because they are embarrassed or ashamed. Remember – there is no reason to be ashamed of OCD! It is a biochemical disorder beyond your control. What’s more, the treatments discussed above are extremely successful.

*Source: National Institute of Mental Health*

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