



OBSESSIVE-COMPULSIVE DISORDER (OCD)

Let's talk about it

People who are distressed by recurring, unwanted, and uncontrollable thoughts or who feel driven to repeat specific behaviors may have obsessive-compulsive disorder (OCD). The thoughts and behaviors that characterize OCD can interfere with daily life, but treatment can help people manage their symptoms.

What is OCD?

OCD is a common, long-lasting disorder characterized by uncontrollable, recurring thoughts (obsessions) that can lead people to engage in repetitive behaviors (compulsions).

Although everyone worries or feels the need to double-check things on occasion, the symptoms associated with OCD are severe and persistent. These symptoms can cause distress and lead to behaviors that interfere with day-to-day activities. People with OCD may feel the urge to check things repeatedly or perform routines for more than an hour each day as a way of achieving temporary relief from anxiety. If OCD symptoms are not treated, these behaviors can disrupt work, school, and personal relationships and can cause feelings of distress.

OCD symptoms tend to emerge in childhood, around age 10, or in young adulthood, around age 20 to 21, and they often appear earlier in boys than in girls. Most people are diagnosed with OCD by the time they reach young adulthood.

How do I know it's OCD?

Not all rituals or habits are compulsions. Everyone double-checks things sometimes. In general, people with OCD:

- Can't control their obsessive thoughts or compulsive behaviors, even when they recognize those thoughts or behaviors as excessive
- Spend at least 1 hour a day on these obsessive thoughts or compulsive behaviors
- Don't get pleasure when performing compulsive behaviors or rituals, but may feel brief relief from the anxiety brought on by obsessive thoughts
- Experience significant problems in daily life due to these thoughts or behaviors

Signs & Symptoms

People with OCD may have obsessions, compulsions, or both.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common obsessions include:

- Fear of germs or contamination
- Fear of forgetting, losing, or misplacing something
- Fear of losing control over one's behavior
- Aggressive thoughts toward others or oneself
- Unwanted, forbidden, or taboo thoughts involving sex, religion, or harm
- Desire to have things symmetrical or in perfect order
- Compulsions are repetitive behaviors that a person feels the urge to do in response to an obsessive thought. Common compulsions include:
 - Excessive cleaning or handwashing
 - Ordering or arranging items in a particular, precise way
 - Repeatedly checking things, such as that the door is locked or the oven is off
 - Compulsive counting

Some individuals with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds. It is common for people with OCD also to have a diagnosed mood disorder or anxiety disorder.

Symptoms of OCD may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves.

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(620) 723 - 2272



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Signs & Symptoms (cont.)

Although most adults with OCD recognize that their compulsive behaviors don't make sense, some adults and most children may not realize that their behavior is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children.

If you think you or your child may have OCD, talk to a health care provider about the possible symptoms. If left untreated, OCD can interfere in all aspects of life.

What causes OCD?

The exact causes of OCD aren't known; however, a variety of factors are associated with an increased chance of developing the disorder.

Genetics is one factor associated with OCD. Studies have shown that having a first-degree relative (parent, sibling, or child) with OCD is associated with an increased chance of developing the disorder. Scientists have not identified any one gene or set of genes that definitively lead to OCD, but studies exploring the connection between genetics and OCD are ongoing.

In addition to genetics, other biological factors may play a role. Brain imaging studies have shown that people with OCD often have differences in the frontal cortex and subcortical structures of the brain, areas of the brain that underlie the ability to control behavior and emotional responses. Researchers also have found that several brain areas, brain networks, and biological processes play a key role in obsessive thoughts, compulsive behavior, and associated fear and anxiety. Research is underway to better understand the connection between OCD symptoms and parts of the brain.

Some studies have reported an association between childhood trauma and obsessive-compulsive symptoms. More research is needed to understand this relationship.

Children who develop a sudden onset or worsening of OCD symptoms after a streptococcal infection may be diagnosed with a condition called Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS).

How is OCD treated?

The first step is to talk with your health care provider about your symptoms. Asking questions and providing information to your health care provider can improve your care.

Your health care provider will perform a physical exam and ask you about your health history to make sure that your symptoms are not caused by other illnesses or conditions. Your health care provider may refer you to a mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, for further evaluation or treatment.

Treatment for OCD typically includes specific types of psychotherapy (such as cognitive behavioral therapy), medication, or a combination of the two. A mental health professional can talk about the benefits and risks associated with different treatment options and help identify the best treatment for you. Sometimes people with OCD also have other mental illnesses, such as anxiety, depression, and body dysmorphic disorder, a disorder in which someone mistakenly believes that a part of their body is abnormal. It is important to consider these other disorders when making decisions about treatment.

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Source: National Institute of Mental Health



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How is OCD treated? (cont.)

It is important to follow your treatment plan because both psychotherapy and medication can take some time to work. Although there is no cure for OCD, current treatments help many people with the disorder manage their symptoms, engage in day-to-day activities, and lead full, active lives.

Psychotherapy

Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behavioral therapy (CBT) and other related therapies (such as habit reversal training), can be as effective as medication for many people. For others, psychotherapy may be most effective when used in combination with medication.

Research shows that a specific type of CBT called Exposure and Response Prevention (ERP) is effective for reducing compulsive behaviors, even for people who did not respond well to medication. With ERP, people spend time in a situation that triggers their compulsion (such as touching dirty objects) and they are prevented from engaging in their typical compulsion (such as handwashing). Although this approach may cause feelings of anxiety at first, compulsions decrease for most people as they continue treatment.

Children with OCD may need additional help from family members and health care providers when it comes to recognizing and managing their OCD symptoms. Mental health professionals can work with young patients to identify strategies for managing stress and increasing support so that the children are able to manage their OCD symptoms at school and at home.

Medication

Your health care provider may prescribe medication to help treat OCD. Serotonin reuptake inhibitors (SRIs) are the most common type of medication prescribed for the treatment of OCD.

SRIs, including selective serotonin reuptake inhibitors (SSRIs), are often used to treat depression, and they also are helpful for treating symptoms of OCD. With SRI treatment, it may take up to 8 to 12 weeks before symptoms begin to improve, and treatment for OCD may require higher SRI doses than are typically used in treating depression. For some people, these medications may cause side effects such as headaches, nausea, or difficulty sleeping.

People respond to medication in different ways, but most people with OCD find that medication, often in combination with psychotherapy, can help them manage their symptoms.

Your health care provider can adjust medication doses over time to minimize any side effects or withdrawal symptoms. Do not stop taking your medication without talking to your health care provider first. Your health care provider will work with you to monitor your health and can adjust the treatment plan in a safe and effective way.

Other Treatments

In 2018, FDA approved the use of transcranial magnetic stimulation (TMS), most commonly used in treating depression, as an add-on treatment for adults with OCD. You can learn more about brain stimulation therapies, including TMS, on the NIMH website.

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