



OBSESSIVE- COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD) is characterized by anxious thoughts or rituals you feel you can't control. If you have OCD you may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals. Rituals such as handwashing, counting, checking, or cleaning are often performed in hope of preventing obsessive thoughts or making them go away. OCD is often a chronic, relapsing illness.

OBSSESSIONS

You may be obsessed with germs or dirt, so you wash your hands over and over. You may be filled with doubt and feel the need to check things repeatedly. You might be preoccupied by thoughts of violence and fear that you will harm people close to you. You may spend long periods of time touching things or counting; you may be preoccupied by order or symmetry; you may have persistent thoughts of performing sexual acts that are repugnant to you; or you may be troubled by thoughts that are against your religious beliefs.

The disturbing thoughts or images are called *obsessions*, and the rituals that are performed to try to prevent or dispel them are called *compulsions*. There is no pleasure in carrying out the rituals you are drawn to, only temporary relief from the discomfort caused by the obsession.

WHO IS AFFECTED?

OCD strikes men and women in approximately equal numbers and afflicts roughly 1 in 50 people. It can appear in childhood, adolescence, or adulthood, but on average it first shows up in the teens or early adulthood. A third of adults with OCD experienced their first symptoms as children. The course of the disease is variable—symptoms may come and go, they may ease over time, or they can grow progressively worse. Evidence suggests that OCD might run in families.

Depression or other anxiety disorders may accompany OCD. And some people with OCD have eating disorders. In addition, they may avoid situations in which they might have to confront their obsessions. Or they may try unsuccessfully to use alcohol or drugs to calm themselves. If OCD grows severe enough, it can keep someone from holding down a job or from carrying out normal responsibilities at home, but more often doesn't develop to those extremes.

WHAT CAUSES OCD?

There is growing evidence that OCD has a neurobiological basis. OCD is no longer attributed to family problems or to attitudes learned in childhood—for example, an inordinate emphasis on cleanliness, or a belief that certain thoughts are dangerous or unacceptable. Instead, the search for causes now focuses on the interaction of neurobiological factors and environmental influences. Brain imaging studies using a technique called positron emission tomography (PET) have compared people with and without OCD. Those with OCD have patterns of brain activity that differ from people with other mental illnesses or people with no mental illness at all. In addition, PET scans show that in patients with OCD, both behavioral therapy and medication produce changes in the brain—evidence that both psychotherapy and medication help.

TREATMENT HELPS

Research has led to the development of medications and behavioral treatments that can benefit people with OCD. A combination of the two treatments is often helpful for most patients. Some individuals respond best to one therapy, some to another. Two medications that have been found effective in treating OCD are clomipramine and fluoxetine. A number of others are showing promise, however, and may soon be available.

Behavioral therapy, specifically a type called *exposure and response prevention*, has also proven useful for treating OCD. It involves exposing the person to whatever triggers the problem and then helping him or her forego the usual ritual—for instance, having the patient touch something dirty and then not wash his hands. This therapy is often successful in patients who complete a behavioral therapy program.

IF YOU THINK YOU HAVE OCD . . .

Remember, this problem is not your fault and it can be effectively treated. There is no reason to suffer in silence. Contact us for help. We provide private assessments for individuals and families. During this appointment, you'll learn more about the signs, symptoms and treatments for your illness. Take the next step. Reach out for help. Relief and recovery are the rewards.

CALL 1-800-556-6249.



DARTMOUTH-HITCHCOCK PSYCHIATRIC ASSOCIATES

Source: National Institute of Mental Health.