

Obsessive-Compulsive Disorder Fact Sheet



What is Obsessive-Compulsive Disorder?

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder in which time-consuming obsessions and compulsions significantly interfere with a person's routine, making it difficult to work, have a normal social life or interpersonal relationships. OCD can strike at any age but often begins in adolescence or early adulthood. Afflicting nearly 4 million Americans, OCD is equally common in men and women and knows no geographic, ethnic, or economic boundaries.

Obsessions are intrusive, irrational thoughts – unwanted ideas or impulses that repeatedly well up in a person's mind. Again and again, the person experiences disturbing thoughts, such as "My hands must be contaminated, I must wash them."; "I may have left the gas stove on."; "I am going to injure my child." On one level, the sufferer knows these obsessive thoughts are irrational. But on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety.

Compulsions are repetitive rituals such as hand washing, counting, checking, hoarding, or arranging. An individual repeats these actions, perhaps feeling momentary relief, but without feeling satisfaction or a sense of completion. People with OCD feel they must perform these compulsive rituals or something bad will happen.

What Causes Obsessive-Compulsive Disorder?

A large body of scientific evidence suggests that OCD results from a chemical imbalance in the brain. Evidence suggests there is a strong link between OCD and a brain chemical called serotonin, which is a neurotransmitter that helps nerve cells communicate.

Scientists have also observed that people with OCD have increased metabolism in the basal ganglia and the frontal lobes of the brain. This, scientists believe, causes repetitive movements, rigid thinking, and lack of spontaneity. Successful treatment with medication or behavior therapy produces a decrease in the over-activity of this brain circuitry.

Heredity appears to be a strong factor. If you have OCD, there is a 25% chance that one of your immediate family members will have it. It definitely seems to run in families.

What are the Symptoms of Obsessive-Compulsive Disorder?

The symptoms of OCD are as varied as the people who have this illness. Following are four descriptions of people with the illness.

- A woman visits her dermatologist, complaining of extremely dry skin and seldom feeling clean. She showers for two hours every day.
- A lawyer insists on making coffee several times each day. His colleagues do not realize that he lives in fear that the coffee will be poisoned, and he feels compelled to pour most of it down the drain. The lawyer is so obsessed with these thoughts that he spends 12 hours a day at work – four of them worrying about contaminated coffee.
- A man cannot bear to throw anything away. Junk mail, old newspapers, empty milk cartons all "could contain something valuable that might be useful someday." If he throws things away, "something terrible will happen." He hoards so much clutter that he can no longer walk through his house. Insisting that nothing be thrown away, he moves to another house where he continues to hoard.
- A 10-year old girl keeps apologizing for "disturbing" her class. She feels that she is too restless and is clearing her throat too loudly. Her teachers are puzzled and over time become annoyed at her repeated apologies since they did not notice any sounds or movements. She is also preoccupied with "being good all the time".

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Following are some examples of common compulsions of people with this illness:

- **Cleaning** – Provoked by the fear that real or imagined germs, dirt or chemicals will “contaminate” them, some spend hours and hours washing themselves or cleaning their surroundings.
- **Repeating** – To dispel anxiety, some utter a name, phrase, or behavior several times. They know these repetitions won’t actually guard against injury but fear harm will occur if they don’t do it.
- **Completing** – People with this compulsion must perform a series of complicated behaviors in an exact order or repeat them again and again until they are done perfectly.
- **Checking** – The fear of harming oneself or others by forgetting to lock the door or turn off the gas stove develops into the ritual of checking. Others repeatedly retrace routes they drive to be sure that haven’t hit anyone or caused any accidents.
- **Being meticulous** – While neatness and tidiness don’t signify a disorder, some individuals with OCD develop an overwhelming concern about where things go on a desk or the appearance of a room.
- **Avoiding** – Compulsive avoiders stay away from the cause of their anxiety and anything related to it. One patient became so anxious about chocolate that she avoided not only the candy but also anything else that was brown.
- **Hoarding** – One of the less common compulsions, hoarding, involves the constant collection of useless items. People with this compulsion may collect anything – scraps, newspapers, clothing, containers, cans, stones, garbage, even excrement – to the point that rooms are filled, doorways are blocked, and health hazards develop.

Treatment of Obsessive-Compulsive Disorder

Several studies suggest that medication and behavior therapy are equally effective in alleviating symptoms of OCD. About half of the patients with this disorder improve substantially with behavior therapy; the rest improve moderately.

Behavior therapy is not traditional psychotherapy. It is “exposure and response prevention,” and it is effective for many people with OCD. Patients are deliberately exposed to a feared object or idea either directly or by imagination, and are then discouraged or prevented from carrying out the usual compulsive response. For example, a compulsive hand-washer may be urged to touch an object he or she believes is contaminated and denied the opportunity to wash for several hours. When the treatment works well, the patient gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the compulsive actions for extended periods of time.

Some patients will not agree to participate in behavior therapy because it can be difficult. Others also have depression, which must be treated simultaneously. Medication can regulate serotonin, reducing obsessive thoughts and compulsive behaviors. Many of the antidepressant medications known as selective serotonin reuptake inhibitors (SSRIs) have also proven effective in treating the symptoms associated with OCD.

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