

OBSESSIVE-COMPULSIVE DISORDER

Everyone has bothersome worries now and again. Worries that consume a person are called “obsessions.” Obsessions are unwanted or “intrusive” thoughts, urges or images that surface in the mind over and over again. People with obsessive-compulsive disorder (OCD) usually know that their obsessions are creations of their own minds, but they can’t control, ignore or get rid of them.

Often people with OCD will try to reduce or suppress their obsessions by acting out certain rituals. Many people have rituals, or specific ways of doing things. For people with OCD, however, rituals may become “stuck,” and last for hours. When taken to this extreme, rituals are called “compulsions.”

When obsessions and compulsions get out of control, it is called obsessive-compulsive disorder.

OCD is an anxiety disorder that affects about one adult in 40. OCD exists throughout the world and affects men and women at an equal rate. OCD usually begins gradually. Approximately two-thirds of people with OCD develop the disorder in adolescence or early adulthood.

SYMPTOMS

The main symptoms of OCD are recurrent obsessions or compulsions that interfere with a person’s life. The symptoms:

- take up more than one hour a day or
- cause marked distress or significant impairment.

At some point, the person is aware that the obsessions or compulsions are excessive or unreasonable. Often, they feel ashamed.

Common obsessions include:

- fear of contamination (fear of dirt, germs, body fluids or diseases)
- repeated doubting (e.g. whether the stove is turned off)
- focus on exactness and order
- preoccupation with religious images and thoughts or fear of having blasphemous thoughts
- fear of harming oneself or others
- fear of blurting out obscenities in public
- forbidden or unwanted sexual thoughts, images or urges.

Common compulsions include excessive:

- cleaning/washing (e.g. washing hands too often, cleaning household items or other objects)
- checking (e.g. repeatedly checking paperwork for mistakes)
- ordering/arranging (e.g. making sure objects are in a certain order)
- hoarding (collecting seemingly useless items, such as paper, magazines, towels, bottles or pieces of garbage)
- mental rituals, such as praying, counting, or repeating words.

CAUSES

OCD appears to be caused by a combination of psychological, biological and genetic factors.

Psychological factors

One theory suggests that people with OCD associate certain objects or situations with fear, and that they learn to avoid the things they fear or to perform rituals that help reduce the fear.

Another theory suggests that people with OCD misinterpret their thoughts to an extent that they are threatened and frightened by their thoughts.

Biological factors

Research into the biological causes and effects of OCD has revealed a link between OCD and insufficient levels of the brain chemical serotonin (a neurotransmitter that plays a role in regulation of mood, aggression, impulse control, sleep, appetite, body temperature and pain).

Researchers have also found that people with OCD appear to have more than usual activity in areas of the brain that are thought to be involved in controlling feelings and actions.

Genetic factors

OCD seems to “run in the family.” Researchers are looking for genes that might be linked to OCD. One possibility is that genes involved in regulating serotonin may be passed on through the generations.

TREATMENTS

People with OCD should get treatment that is specific to OCD, from a fully qualified therapist. Some forms of traditional psychotherapy do not relieve symptoms of OCD.

Treatment for OCD ideally involves a combination of counselling (cognitive-behaviour therapy is the most common) and medication (usually antidepressant medication; sometimes anti-anxiety medication).

Group therapy (with people who have similar concerns) can also help.

RECOVERY

While cognitive-behaviour therapy and medication usually help to reduce the symptoms of OCD, the process of recovery, like the onset of the illness, is gradual and ongoing. Continuing with treatment, even when symptoms have improved, can help maintain these gains and prevent relapse. People who are recovering from OCD may also benefit from individual, group or family therapy or a support group.



For further information:

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