Obsessive-Compulsive Disorder (OCD)

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Topic Overview

What is Obsessive-Compulsive Disorder (OCD)?

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder that causes you to experience obsessive, unwanted thoughts and to compulsively and repeatedly perform tasks to try to get rid of those thoughts.

Some common obsessive thoughts include excessive neatness, fear of germs, or worrying that you might think bad thoughts. A few common compulsive behaviors include frequent hand-washing, repeatedly checking zippers or buttons on clothes, and constantly cleaning or organizing things.

The effects of OCD range from mild to severe. OCD can greatly impair how you function socially, at your job, or in school.

OCD is not a life-threatening condition, but it can cause major disruption in your relationships and daily functioning. People with OCD often need to make great changes in their lives because of the disturbing thoughts and repetitive behaviors.

What are the symptoms of OCD?

OCD consists of two main behaviors:

- **Obsessions**: recurring, unwanted thoughts, ideas, and impulses that interrupt normal thinking, cause anxiety or fear, and will not go away
- **Compulsions**: behaviors or rituals that are repeated intentionally to try to control the obsessions (disturbing, fearful thoughts)

You will usually recognize that your thoughts are senseless and that your behaviors are time-consuming and unnecessary. However, you will feel you are not able to control your thoughts and compelled to perform the behaviors.

Family patterns can play an important role in contributing to the severity of OCD. Family members can unintentionally encourage the OCD behaviors by how they respond to your rituals (such as helping you check locks repeatedly). Family members may need support and education on how to properly deal with these behaviors.
What causes OCD?

The cause of OCD has not yet been proven. Some evidence suggests there is a problem with the way information is transferred from one part of the brain to another. OCD may run in families, although more research is needed to confirm this theory. OCD may be a learned response by which harmless rituals (such as counting objects) are used to reduce anxiety or aggression.

Who gets OCD?

OCD is a common mental disorder that affects 2% to 3% of the general population (millions of people worldwide).

- OCD usually begins during late adolescence or early adulthood.
- One-third of those with OCD report that their first symptoms began before the age of 15.
- OCD occurs equally in males and females.
- Onset of OCD usually occurs earlier in males than in females. (It is possible for preschool children to develop OCD, although this is rare.)
- Males most often develop OCD between the ages of 6 and 15 years.
- Females usually develop OCD between the ages of 20 and 29 years.
- OCD is found in people from all ethnic backgrounds.
- There is an increased rate of OCD in people with Tourette's disorder.
- OCD occurs more often in people who have parents or siblings (first-degree family members) with OCD.

How is OCD diagnosed?

There currently is no laboratory test that can diagnose OCD. Usually OCD is diagnosed by a doctor based on your symptoms and from a medical history and a physical and mental status examination.

Early detection and treatment is very important to successfully manage OCD. The sooner OCD is diagnosed and treated, the more likely the quality of your life will improve.

How is OCD treated?

While there is no cure for OCD, it can be treated successfully with medications such as antidepressants and specific types of counseling, such as cognitive-behavioral therapy. If OCD is left untreated, it can lead to a complete disruption of your life and the lives of those who care about you. Usually, a combination of counseling and medication is the most effective treatment for OCD.

What other illnesses commonly occur with OCD?

Other disorders that commonly occur with OCD can make OCD difficult to recognize and treat. These conditions include:

- Tourette's disorder, a condition that causes uncontrollable body movements.
- Trichotillomania, a disorder that causes a person to pull out his
or her hair.

- Eating disorders, such as bulimia nervosa and/or anorexia nervosa.
- Depression.
- Substance abuse, such as alcohol or drug abuse.
- Attention deficit hyperactivity disorder (ADHD), a condition that causes difficulty with concentration and controlling impulses.
- Hypochondriasis, a recurrent, distressing fear of having a serious disease.
- Body dysmorphic disorder, a preoccupation with defects (imagined or exaggerated) in appearance.
- Other anxiety disorders

Cause

The cause of obsessive-compulsive disorder (OCD) is not yet clear. Theories exist about potential causes and include the following:

Neurobiological (nervous system) causes

- Problems in communication between nerve cells in the brain. When the level of the chemical serotonin is low, information cannot be transferred correctly from one part of the brain to another.
- Problems with how certain parts of the brain are structured
- OCD may run in families (genetic predisposition), although further research is needed to confirm this theory. Current research indicates that if your parent has OCD, your risk of developing OCD is slightly higher. When OCD develops early in early childhood, it is more likely that the OCD may be inherited).

Environmental causes

- Infection caused by a certain bacteria (beta-hemolytic streptococcus) has been linked to signs of temporary OCD behaviors in infected children. When the infection is treated, the signs of OCD clear. This theory is somewhat controversial, and studies are ongoing.

Cognitive (thinking) process causes

- A learned response using harmless rituals (such as counting objects) to reduce anxiety. When anxiety is reduced by the ritual, the behavior is reinforced and is repeated when you feel anxious.
- A learned coping mechanism for aggression. OCD results when other coping mechanisms fail to contain aggressive or sexual impulses. The theory proposes that OCD develops if you have difficulty dealing with conflict or aggressive thoughts.
Symptoms

Symptoms of obsessive-compulsive disorder (OCD) vary. Anxiety is a major symptom of OCD, and significant anxiety can interfere with the quality of your life. Repetitive behaviors (compulsions) often are closely connected to the disturbing thoughts (obsessions). For example, if you fear germs, you may wash your hands over and over again.

Common obsessive thoughts

- Fear of dirt or germs or over concern about body smells/secretions or the proper functioning of the body
- Over concern with order, neatness, and exactness
- Fear of thinking bad thoughts or doing something embarrassing
- Constantly thinking of certain sounds, words, or numbers or a preoccupation with counting or checking
- Constant need for approval or the need to apologize
- Fear that something terrible will happen or fear of harming yourself or someone else

Common compulsive behaviors

- Frequently washing hands, showering, or brushing teeth, or the overuse of items to hide body smells
- Constantly cleaning, straightening, and ordering certain objects
- Repeatedly checking zippers and buttons on clothing
- Checking lights, appliances, or doors again and again to be sure they are turned off or closed
- Repeating certain physical activities, such as sitting down and getting up from a chair
- Hoarding objects, such as newspapers
- Asking the same question or saying the same thing over and over
- Avoiding public places or taking extreme measures to prevent harm to yourself or others
- Religious rituals, such as constant silent praying

It is common for children with OCD to need to repeat actions until they feel "just right," such as going back and forth through a door or up and down stairs. They may need to touch things with their right hand and then their left (symmetrical touch), or have the need to reread or rewrite school assignments.

You may experience suicidal feelings if you have depression along with OCD. Children with OCD may not want to go to school or may be afraid to leave someone they trust. Other conditions can occur along with OCD, such as depression and anxiety.
What Happens

When you first develop obsessive-compulsive disorder (OCD), you may begin to experience disturbing thoughts that cause fear or anxiety. In order to rid yourself of these thoughts, you respond by trying to relieve the fear or by turning your attention toward other, usually harmless, actions. You repeat the actions in response to the thoughts, often until you feel relieved from the fear or anxiety. Unfortunately, the relief is only temporary. The thoughts will return and you will once again attempt to remove these thoughts through repetitive, obsessive behaviors (such as washing hands repeatedly if you fear germs).

The rituals or behaviors can become time-consuming and have a significant, negative impact on your daily life. If your particular fear involves unfamiliar situations, it is possible for you to become so obsessed by the fears that you stop going outside of your home. Quality of life can be substantially lowered by OCD.

OCD behaviors can be eliminated in some people. In others, the symptoms of OCD can be reduced with treatment. And in others, symptoms of OCD will come and go throughout their lifetime.

OCD can have a negative effect on those who care about you. Often family members become angry at the strain the rituals or behaviors put on them. Sometimes family members are so concerned about keeping peace in the house that they give in to all of the ritualistic demands associated with your OCD, which can reinforce the behaviors. There are ways for family members to deal with OCD behaviors that may benefit everyone involved.

What Increases Your Risk

If you have a parent or sibling with obsessive-compulsive disorder (OCD), your chance of developing OCD is slightly increased.

The period of greatest risk of developing OCD is from childhood to middle adulthood. Since the cause of OCD has not been found, there may be other factors that increase the risk of developing OCD that are not yet known.

OCD often accompanies Tourette's disorder or other tic syndromes. Up to 50% of people who have a tic syndrome also have OCD.
When to Call a Doctor

If you suspect you or someone you care about has obsessive-compulsive disorder (OCD), it is important to seek treatment immediately. The sooner OCD is treated, the more likely you will improve the quality of your life and the lives of those around you.

If you have OCD (especially along with depression) and are feeling suicidal, or know someone who does who is feeling suicidal, call a doctor or right away. OCD can be very challenging to live with at times, so make sure you continue to get the support you need.

Watchful Waiting

Waiting to treat OCD is not appropriate. OCD should be treated as soon as you suspect that you or someone you care about has the disorder. If treatment with medications is started, it is appropriate to wait at least 8 to 12 weeks to give the medications a chance to become effective before deciding whether they are working.

Who to See

While there are many health professionals who can treat or monitor obsessive-compulsive disorder (OCD), you may want to partner with a health professional that has had specific training in OCD management. Health professionals who can diagnose, treat, or monitor the progress of OCD include:

- Family practitioner
- Internist
- Psychiatrist

Other health professionals who can provide ongoing counseling and support for OCD but cannot prescribe medications include:

- Psychologist
- Licensed mental health counselor
- Social worker

Exams and Tests
There currently is no laboratory test that can diagnose obsessive-compulsive disorder (OCD). The health professional will perform a mental health assessment that usually includes a physical examination and medical history evaluation. Your response to the questions from this screening will help your health professional diagnose OCD.

In order for OCD to be accurately diagnosed, the following criteria must be met:

- You experience recurrent and persistent thoughts, impulses, or images that are intrusive and cause anxiety or distress.
- The thoughts are not just excessive worries about daily life problems.
- You try to ignore or suppress the worries with other thoughts, behaviors, or actions aimed at reducing the anxiety or distress.
- You know the thoughts are coming from within your own mind.
- The obsessive-compulsive behaviors must last at least 1 hour per day and significantly interfere with your daily routine.
- You must know your behavior or thoughts are not rational or are excessive.
- The obsessive-compulsive thoughts and behaviors are not due to medications or another medical condition.

**Early Detection**

Early detection and proper treatment is very important in improving the course of OCD. OCD is often a long-lasting (chronic) condition that will need to be monitored throughout your life. The sooner you seek treatment, the easier it will be to treat or resolve the symptoms of OCD.

**Treatment Overview**

Many people with obsessive-compulsive disorder (OCD) do not seek treatment because they are embarrassed about their irrational thoughts and behaviors. In addition, they may have other conditions (such as depression or an eating disorder) that make OCD difficult to diagnose. It is very important for you to seek help if you are experiencing recurring, distressing thoughts and feel the need to repeat behaviors to soothe those thoughts.

Treatment includes medications (such as antidepressants) and professional counseling (such as cognitive-behavioral therapy). Family members also may need to obtain counseling to respond appropriately to the demands of OCD. Depending upon the severity of the OCD and your response to treatment, OCD may be treated with medications alone, counseling alone, or a combination of the two. The most effective treatment usually is a combination of medications and counseling.
What to Think About

Current research suggests therapy (such as cognitive-behavioral therapy) is very effective at treating OCD. However, some people respond better to medications along with behavioral therapy. You and your doctor can discuss which therapy and medications will work best for you.

You may try to hide your OCD behaviors from others because you know the behaviors are not rational. This may cause you to withdraw from others and lose touch with loved ones. You may try to handle your symptoms on your own. This may work for short periods of time, but most people fail at self-treatment for OCD.

Prevention

There is no known prevention for obsessive-compulsive disorder (OCD). The best way to prevent a relapse of OCD symptoms is by sticking with your therapy goals, taking any medications exactly as they have been prescribed, and seeking help as soon as you need it.

Home Treatment

Taking care of yourself every day can be very important in dealing with obsessive-compulsive disorder (OCD). Learning as much as you can about your condition by reading or going to support or self-help groups can be very beneficial.

In addition, there are many ways you can reduce the amount of overall stress in your life, including: Reducing anxiety, doing relaxation exercises, and eating a balanced diet.

For more information, see the topic Stress Management.

Medications

Medications used to treat obsessive-compulsive disorder (OCD) help balance neurotransmitters (such as serotonin) in your brain. These medications work best if they are started when you first notice symptoms of OCD. The amount of medication needed may be higher than what is given for other anxiety disorders, and it may take as long as 12 weeks before improvement is noticed. If you do not get better during this time, another medication or other treatments may be needed.

Medication Choices
• **Antidepressants (SSRIs)** are commonly prescribed to treat OCD.

• **Other medications** (such as antipsychotics) are sometimes used to treat OCD.

**What to Think About**

The makers of the antipsychotic, Risperdal (risperidone), which is sometimes used to treat OCD, have recently issued a warning that there may be an increased risk of stroke among older adults taking this medication. Discuss this risk with your doctor before trying Risperdal (risperidone).

It may take up to 12 weeks for a medication to become effective. It is possible that one medication will work better than another for you or that you will be able to tolerate the side effects of one medication over another. However, the side effects often subside during the 8 to 12 weeks it often takes to determine whether the medications are effective. You will need to work with your doctor to determine which medication is best for you.

**Surgery**

Surgery for obsessive-compulsive disorder (OCD) is rarely needed. One type of brain surgery, in which the surgeon cuts or uses a laser to separate certain electrical pathways in the brain, has helped some people who did not get better with medications and counseling. However, this surgery is rarely done.

**Other Treatment**

Current research indicates that behavioral therapy can be as effective as medication for the treatment of obsessive-compulsive disorder (OCD). However, you and your doctor will need to decide whether you Will be treated with therapy alone or in addition to medication.

Types of counseling that have proven effective at treating OCD include:

• Exposure and response prevention (ERP) therapy
• Cognitive-behavioral therapy.

You and your loved ones may choose to go to family therapy. During family therapy, the counselor teaches the family about the condition, offers them support, and gives them suggestions on how to help you with OCD. Family therapy may be very important for other family members who have the same or similar conditions or for family members who
participate in your compulsive behaviors.

Related Information

- Anorexia Nervosa
- Anxiety
- Bulimia Nervosa
- Depression
- Social Anxiety Disorder
- Tourette's Disorder

References

Citations


