

Obsessive-Compulsive Disorder OCD

OCD



Obsessive-Compulsive Disorder

We all have habits and routines that help us stay clean, healthy, and safe. We wash our hands before eating. We lock the doors and turn off the iron before leaving the house. Our comfortable rituals may involve humming a song while working, reading before bedtime, or laying out clothes for the next day.

But children and adults with obsessive-compulsive disorder, or OCD, experience unwanted and intrusive thoughts (obsessions), which cause them to repeatedly perform ritualistic behaviors and routines (compulsions) to ease their anxiety or discomfort.

Some people spend hours at a time performing complicated rituals involving hand washing, counting, or checking to ward off persistent unwelcome thoughts, feelings, or images. Others live in terror that they will accidentally harm someone, blurt out an improper statement, throw out something by mistake, or do something else wrong. They can realize that their seemingly uncontrollable behavior is irrational, but they may feel unable to stop it. People with OCD may sometimes even avoid triggering activities altogether in their efforts to avoid discomfort or prevent “getting stuck.”

OCD is a brain disorder. The American Psychiatric Association includes obsessive-compulsive and related disorders, including body dysmorphic disorder, hoarding, trichotillomania (hair-pulling), and skin-picking together in a category that is closely linked to anxiety disorders.

The category of anxiety disorders includes generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, selective mutism, separation anxiety, specific phobias, agoraphobia, and substance/medication-induced

anxiety disorder. These are characterized by persistent, irrational, or overwhelming anxiety that interferes with daily activities. Evidence shows that these disorders share some symptoms and can occur at the same time.

OCD affects 2.2 million adults, or about 1 percent of the U.S. population. It is as common in men as in women, and the median age of onset is 19. But 25 percent of people have symptoms by age 14, one-third first experiencing symptoms in childhood.

Screen yourself for OCD at www.adaa.org. The disorder is characterized by some common obsessions and compulsions:

OBSESSIONS

- ▶ Constant irrational worry about dirt, germs, or contamination
- ▶ Excessive concern with order, arrangement, or symmetry
- ▶ Fear that negative or blasphemous thoughts or impulses will cause personal harm or harm to a loved one
- ▶ Preoccupation with losing or throwing away objects with little or no value
- ▶ Distasteful religious and sexual thoughts or images

COMPULSIONS

- ▶ Cleaning — Repeatedly washing hands, bathing, or cleaning household items
- ▶ Checking and re-checking several to hundreds of times a day that the doors are locked, stove is turned off, hairdryer is unplugged, etc.
- ▶ Repeating — Unable to stop repeating a name, phrase, or activity
- ▶ Touching and arranging
- ▶ Mental rituals — Endless reviewing of conversations, counting, or praying to neutralize obsessions

Obsessive-Compulsive Disorder

Obsessive

Obsessive-Compulsive Disorder

Effects

Obsessions and rituals can interfere substantially with a regular routine of schoolwork, job, family, or social activities. Several hours each day may be spent on obsessive thoughts, performing seemingly senseless rituals, or avoiding triggering situations, making concentrating on daily activities very difficult. People with OCD may go to great lengths to hide their behavior, even from friends and loved ones. OCD symptoms may wax and wane, and change in content over time.

Causes

OCD is a disorder of the brain. It appears to run in families, and genetics may play a partial role in its development. Scientists continue to study the life stressors, triggers, and factors that are important to the development and severity of symptoms, including whether they begin in childhood or later in life.

Children and Adolescents



Children and adolescents can develop symptoms of OCD, which are real and not a result of a particular event, phase, or anything that the child or parent did wrong. Children often involve their

family in their compulsions, which may also cause great strain in family relationships and should be addressed in therapy. Early diagnosis and intervention is critical for recovery, and it can also help lessen the strains and impact of the disorder on development.

Symptoms typically begin in late adolescence, by age 14 for about one-fourth of children. Boys experience symptoms

earlier than girls, about 25 percent before age 10. Some experts argue that symptoms beginning in childhood may predict a more severe or chronic course, as well as a higher incidence of tic disorders, anxiety disorders, attention-deficit hyperactivity disorder (ADHD), and eating disorders, and other related disorders. Find more information about related disorders at www.adaa.org.

Children with OCD, anxiety, or depression may also be less able to verbalize their discomfort and be prone to headaches, stomachaches, and other stress-related physical ailments. Symptoms may make it difficult for a child to complete schoolwork, household chores, and other tasks. Relationships with peers, siblings, and parents may become problematic.

The most common obsessions of children focus on a fear of contamination or illness, fear of harm to others and self, need for symmetry or feeling “just right,” and excessive doubt.

Mental health providers can more easily diagnose childhood compulsions because they are easier to observe than obsessions. Typical compulsions of children include cleaning or washing, checking, and performing arranging or organizing rituals. Children often have difficulty reporting their obsessions, which a mental health provider is required to assess.

Children might not understand that their obsessions and compulsions are irrational or they might not be able to explain their symptoms. Some might be wary of talking about symptoms that frighten them, or they feel shame about the thoughts involved in their obsessions.

A triad of OCD, tic disorder, and ADHD has been described in children, as has OCD occurring in Tourette’s syndrome. Acute development of symptoms might occur, which could be related to infectious agents, post-infectious autoimmune syndromes, or other environmental factors.

Effects
Causes
Treatments

*Early diagnosis and
intervention is critical.*

Treatment



OCD can be effectively treated with medication, therapy — or a combination of both. Forty percent of those with childhood OCD may experience remission by early adulthood, but

the symptoms that have a great impact on quality of life can be ameliorated with treatment. Early diagnosis and treatment is critical to wellness and the alleviation of substance abuse, depression, and additional co-occurring disorders. Without appropriate treatment, OCD can follow a progressive course that becomes disabling.

Scientifically supported effective treatments for OCD include cognitive-behavioral therapy (CBT) with exposure and response prevention (ERP), and medication. The medications may include an antidepressant such as an SSRI or SNRI or other types. These medications may not work immediately; it may take weeks before offering relief from symptoms. Successful treatment may include a combination of CBT with ERP and medication. Speak with your mental health provider about how long you might need to take medication or be engaged in CBT and ERP. Find questions to ask a mental health provider at www.adaa.org.

It is important to make sure your provider has experience in CBT and ERP. Interview all prospective providers about their training and experience in treating OCD. It can be difficult to find providers with experience using CBT and ERP for OCD, particularly for children and adolescents. Look for someone knowledgeable, open to answering your questions, and able to discuss the contributions of medications and CBT and ERP, including the particular treatment choices that might be right for you.

Finding Help

Visit ADAA at www.adaa.org to find qualified mental health professionals using the [Find-a-Therapist](#) directory.

ADAA also provides resources and connections to help you and your loved ones better understand this disorder. You can screen yourself for OCD, request a DVD, and learn more about treatment. Review questions to ask a mental health provider, find resources and books, and locate support groups in your area.

ADAA serves as a comprehensive resource for learning more about the causes, symptoms, and treatments of OCD, anxiety, depression, and related disorders. We are here to help you find answers and make good decisions for your health care.

Let us help you help yourself.



Let us help

www.adaa.org

*Let us help you
find treatment.*

About ADAA

The Anxiety and Depression Association of America (ADAA) is a national 501(c)(3) nonprofit organization whose mission is to promote the prevention, treatment, and cure of anxiety, OCD, PTSD, depression, and related disorders and to improve the lives of all people who suffer from them.

Help ADAA help others. Please donate at www.adaa.org.

PHOTOS

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