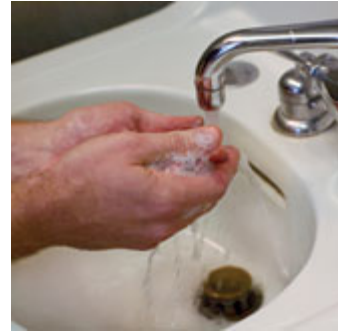


WHAT IS OBSESSIVE COMPULSIVE DISORDER

In the United States, 1 in 50 adults currently have OCD, and twice that many have had it at some point in their lives. Fortunately, very effective treatments for OCD are now available to help regain a more satisfying life. Here are answers to the most commonly asked questions about OCD.

Worries, doubts, superstitious beliefs all are common in everyday life. However, when they become so excessive such as hours of hand washing or make no sense at all such as driving around and around the block to check that an accident didn't occur then a diagnosis of OCD is made. In OCD, it is as though the brain gets stuck on a particular thought or urge and just can't let go. People with OCD often say the symptoms feel like a case of mental hiccups that won't go away. OCD is a medical brain disorder that causes problems in information processing. It is not the person's fault or the result of a "weak" or unstable personality.



Before the arrival of modern medications and cognitive behavior therapy, OCD was generally thought to be untreatable. Most people with OCD continued to suffer, despite years of ineffective psychotherapy. Today, luckily, treatment can help most people with OCD. Although OCD is usually completely curable only in some individuals, most people achieve meaningful and long-term symptom relief with comprehensive treatment.

What are the symptoms of Obsessive-Compulsive Disorder?

OCD usually involves having both obsessions and compulsions, though a person with OCD may sometimes have only one or the other.

Common Obsessions	Common Compulsions
Contamination fears of germs, dirt, etc.	Washing
Imagining having harmed self or others	Repeating
Imagining losing control of aggressive urges	Checking
Intrusive sexual thoughts or urges	Touching
Excessive religious or moral doubt	Counting
Forbidden thoughts	Ordering/arranging
A need to have things "just so"	Hoarding or saving

OCD symptoms can occur in people of all ages. Not all Obsessive-Compulsive behaviors represent an illness. Some rituals (e.g., bedtime songs, religious practices) are a welcome part of daily life. Normal worries, such as contamination fears, may increase during times of stress, such as when someone in the family is sick or dying. Only when symptoms persist, make no sense, cause much distress, or interfere with functioning do they need clinical attention.

1. Obsessions. Obsessions are thoughts, images, or impulses that occur over and over again and feel out of your control. The person does not want to have these ideas, finds them disturbing and intrusive, and usually recognizes that they don't really make sense. People with OCD may worry excessively about dirt and germs and be obsessed with the idea that they are contaminated or may contaminate others. Or they may have obsessive fears of having inadvertently harmed someone else (perhaps while pulling the car out of the driveway), even though they usually know this is not realistic. Obsessions are accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a sensation that things have to be done in a way that is "just so."

2. Compulsions. People with OCD typically try to make their obsessions go away by performing compulsions. Compulsions are acts the person performs over and over again, often according to certain "rules." People with an obsession about contamination may wash constantly to the point that their hands become raw and inflamed. A person may repeatedly check that she has turned off the stove or iron because of an obsessive fear of burning the house down. She may have to count certain objects over and over because of an obsession about losing them. Unlike compulsive drinking or gambling, OCD compulsions do not give the person pleasure. Rather, the rituals are performed to obtain relief from the discomfort caused by the obsessions.

3. Other features of Obsessive-Compulsive Disorder

- OCD symptoms cause distress, take up a lot of time (more than an hour a day), or significantly interfere with the person's work, social life, or relationships.
- Most individuals with OCD recognize at some point that their obsessions are coming from within their own minds and are not just excessive worries about real problems, and that the compulsions they perform are excessive or unreasonable. When someone with OCD does not recognize that his or her beliefs and actions are unreasonable, this is called OCD with poor insight.
- OCD symptoms tend to wax and wane over time. Some may be little more than background noise; others may produce extremely severe distress.

When does Obsessive-Compulsive Disorder begin?

OCD can start at any time from preschool age to adulthood (usually by age 40). One third to one half of adults with OCD report that it started during childhood. Unfortunately, OCD often goes unrecognized.

On average, people with OCD see three to four doctors and spend over 9 years seeking treatment before they receive a correct diagnosis. Studies have also found that it takes an average of 17 years from the time OCD begins for people to obtain appropriate treatment.

OCD tends to be under diagnosed and undertreated for a number of reasons. People with OCD may be secretive about their symptoms or lack insight about their illness. Many healthcare providers are not familiar with the symptoms or are not trained in providing the appropriate treatments. Some people may not have access to treatment resources. This is unfortunate since earlier diagnosis and proper treatment, including finding the right medications, can help people avoid the suffering associated with OCD and lessen the risk of developing other problems, such as depression or marital and work problems.

Is Obsessive-Compulsive Disorder Inherited?

No specific genes for OCD have yet been identified, but research suggests that genes do play a role in the development of the disorder in some cases. Childhood-onset OCD tends to run in families (sometimes in association with tic disorders). When a parent has OCD, there is a slightly increased risk that a child will develop OCD, although the risk is still low. When OCD runs in families, it is the general nature of OCD that seems to be inherited, not specific symptoms. Thus a child may have checking rituals, while his mother washes compulsively.

What causes Obsessive-Compulsive Disorder?

There is no single, proven cause of OCD. Research suggests that OCD involves problems in communication between the front part of the brain (the orbital cortex) and deeper structures (the basal ganglia). These brain structures use the chemical messenger serotonin. It is believed that insufficient levels of serotonin are prominently involved in OCD. Drugs that increase the brain concentration of serotonin often help improve OCD symptoms. Pictures of the brain at work also show that the brain circuits involved in OCD return toward normal in those who improve after taking a serotonin medication or receiving cognitive-behavioral psychotherapy. Although it seems clear that reduced levels of serotonin play a role in OCD, there is no laboratory test for OCD. Rather, the diagnosis is made based on an assessment of the person's symptoms. When OCD starts suddenly in childhood in association with strep throat, an autoimmune mechanism may be involved, and treatment with an antibiotic may prove helpful.

What other problems are sometimes confused with OCD?

- Some disorders that closely resemble OCD and may respond to some of the same treatments are Trichotillomania (compulsive hair pulling), body dysmorphic disorder (imagined ugliness), and habit disorders, such as nail biting or skin picking. While they share superficial similarities, impulse control problems, such as substance abuse, pathological gambling, or compulsive sexual activity, are probably not related to OCD in any substantial way.
- The most common conditions that resemble OCD are the tic disorders (Tourette's disorder and other motor and vocal tic disorders). Tics are involuntary motor behaviors (such as facial grimacing) or vocal behaviors (such as snorting) that often occur in response to a feeling of discomfort. More complex tics, like touching or tapping tics, may closely resemble compulsions. Tics and OCD occur together much more often when the OCD or tics begin during childhood.
- Depression and OCD often occur together in adults, and, less commonly, in children and adolescents. However, unless depression is also present, people with OCD are not generally sad or lacking in pleasure, and people who are depressed but do not have OCD rarely have the kinds of intrusive thoughts that are characteristic of OCD.
- Although stress can make OCD worse, most people with OCD report that the symptoms can come and go on their own. OCD is easy to distinguish from a condition called posttraumatic stress disorder, because OCD is not caused by a terrible event.
- Schizophrenia, delusional disorders, and other psychotic conditions are usually easy to distinguish from OCD. Unlike psychotic individuals, people with OCD continue to have a clear idea of what is real and what is not.
- In children and adolescents, OCD may worsen or cause disruptive behaviors, exaggerate a pre-existing





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learning disorder, cause problems with attention and concentration, or interfere with learning at school. In many children with OCD, these disruptive behaviors are related to the OCD and will go away when the OCD is successfully treated.

- Individuals with OCD may have substance-abuse problems, sometimes as a result of attempts to self-medicate. Specific treatment for the substance abuse is usually also needed.
- Children and adults with pervasive developmental disorders (autism, Asperger's Disorder) are extremely rigid and compulsive, with stereotyped behaviors that somewhat resemble very severe OCD. However, those with pervasive developmental disorders have extremely severe problems relating to and communicating with other people, which do not occur in OCD.

Only a small number of those with OCD have the collection of personality traits called Obsessive Compulsive Personality Disorder (OCPD). Despite its similar name, OCPD does not involve obsessions and compulsions, but rather is a personality pattern that involves a preoccupation with rules, schedules, and lists; perfectionism; an excessive devotion to work; rigidity; and inflexibility. However, when people have both OCPD and OCD, the successful treatment of the OCD often causes a favorable change in the person's personality.

