

Obsessive Compulsive Disorder

Obsessive compulsive disorder is a common mental health problem. The usual treatments are antidepressant medication, behaviour therapy, or both. Symptoms can often be much improved with treatment.

What is obsessive compulsive disorder?

Obsessive compulsive disorder (OCD) is a condition where you have recurring obsessions, compulsions, or both.

Obsessions

These are unpleasant thoughts, images, or urges that keep coming into your mind. Obsessions are not simply worries about your life problems. Common obsessions include:

- fears about contamination with dirt, germs, etc.
- worries about doors being unlocked, fires left on, causing harm to someone, etc.
- intrusive thoughts or images of swearing, blasphemy, sex, someone being harmed, etc.
- fear of making a mistake or behaving badly.
- a need for exactness in how you order or arrange things.

These are just examples. Obsessions can be about all sorts of things. Obsessive thoughts can make you feel very anxious or disgusted. You normally try to ignore or suppress obsessive thoughts. For example, you may try to think other thoughts to 'neutralise' the obsession.

Compulsions

These are thoughts or actions that you feel you must do or repeat. Usually the compulsive act is in response to an obsession. A compulsion is a way of trying to deal with the distress or anxiety caused by an obsession.

For example, you may wash your hands every few minutes in response to an obsessional fear about germs. Another example is you may keep on checking that doors are locked in response to the obsession about doors being unlocked. Other compulsions include repeated cleaning, counting, touching, saying words silently, arranging and organising - but there are others.

The obsessions and/or compulsions cause a lot of distress. They can also take up a lot of your time and interfere with your life. You know that the obsessions and compulsions are excessive or unreasonable. However, you find it difficult or impossible to resist them.

What causes obsessive compulsive disorder (OCD)?

The cause of OCD is not clear. Slight changes in the balance of some brain chemicals (neurotransmitters) such as serotonin may play a role. This is why medication is thought to help (see below). Other theories have been suggested, but none proved.

Who gets obsessive compulsive disorder?

About 1 in 100 people develop OCD. Anyone can develop OCD. However, the chance of developing OCD is higher than average in first degree relatives of affected people (mother, father, brother, sister, child). It usually first develops between the ages of 18 and 30. It is usually a chronic (persistent) condition. Many people with OCD do not tell their doctor or anyone else about their symptoms. They fear that other people might think they are crazy. As a result, many people with OCD also become depressed. However, if you have OCD you are not crazy or mad, and treatment often works.

What is the treatment for obsessive compulsive disorder?

Treatment options are an antidepressant medicine, behaviour therapy, or a combination of the two.

Antidepressant medicines

Although these are often used to treat depression, they can also reduce the symptoms of OCD even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters) such as serotonin which may be involved in causing symptoms of OCD.

- Antidepressants do not work straight away. It takes 2-4 weeks before their effect builds up and start to work. They may take up to 10 weeks to work fully. A common problem is that some people stop the medicine after a week or so as they feel that it is doing no good. You need to give them time to work.
- Antidepressants are not tranquillisers, and are not usually addictive.
- There are several types of antidepressants, each with various 'pros and cons'. For example, they differ in their possible side-effects. However, SSRI antidepressants (selective serotonin reuptake inhibitors) are the ones most commonly used to treat OCD.
- The doses needed to treat OCD are sometimes higher than those needed for depression.
- If it works, it is usual to take an antidepressant for at least a year to treat OCD.

Symptoms can improve by up to 70% if you take an antidepressant. So, although symptoms may not go completely, they usually greatly improve so the obsessions and compulsions are much less of a problem. This can make a big difference to your quality of life.

You should not stop antidepressants suddenly. You should gradually reduce the dose as advised by a doctor at the end of treatment. In some people the symptoms return when medication is stopped. An option then is to take an antidepressant long-term. However, symptoms are less likely to return once you stop antidepressants if you have had a course of behaviour therapy (see below).

Reasons why medication may not work so well in some people include:

- The dose is not high enough and needs to be increased.
- Medication was not taken for long enough - it may take up to 10 weeks to work.
- Side-effects became a problem and so you may stop the medication. Remember, there are different types of antidepressants with different possible side-effects. If one does not suit, you can try another. Tell a doctor if side-effects are troublesome.

Behaviour therapy

This aims to change any behaviours which are harmful or not helpful. Various techniques are used. For obsessive compulsive disorder the therapist will usually help you to gradually face up to feared situations, a little bit at a time. This type of behaviour therapy is called 'exposure therapy'.

For example, say you have a compulsion to keep washing your hands in response to an obsessional fear about 'contamination' with germs. In this situation the therapist may gradually 'expose' you to 'contaminated' objects. But, the therapist prevents you from doing your usual compulsion (repeated hand washing) to ease your anxiety about contamination. Instead, the therapist may teach you how to control any anxiety in other ways. For example, by using deep breathing techniques. In time, you should become less anxious about 'contamination' and feel less need to wash your hands so much.

A weekly session is needed for several weeks in most cases. However, about 1 in 4 people with OCD find behaviour therapy too stressful and 'not for them'. Of those who complete a course of therapy, there is a marked improvement in more than 3 in 4 cases. Symptoms may not go completely, but usually the obsessions and compulsions are much less of a problem.

Behaviour therapy is not available in all areas of the UK. However, some people manage to do their own behaviour therapy with the help and advice of support groups, leaflets or books. Support

groups are often run by people who have had personal experience of OCD. One may be available in your area (ask your doctor or practice nurse). The groups listed below are national groups which may be able to help, or give details of local groups.

There is another leaflet in this series called '*Obsessions and Compulsions - A Self Help Guide*'. This may be a good start if you want to try your own behaviour therapy.

A combination of behaviour therapy and medication is probably better than either used alone.

Cognitive therapy

In some cases this may be used in addition to behaviour therapy. Cognitive therapy is based on the idea that certain ways of thinking can trigger, or 'fuel', certain mental health problems such as obsessions. The therapist helps you to understand your current thought patterns. In particular, to identify any harmful, unhelpful, and 'false' ideas or thoughts which you have. The aim is then to change your ways of thinking to avoid these ideas. Also, to help your thought patterns to be more realistic and helpful.

For example, if you have OCD it may be helpful to understand that thoughts or obsessions in themselves do no harm, and you do not have to counter them with compulsive acts. The therapist suggests ways in which you can achieve these changes in thinking.

Further help and advice

OCD Action

Aberdeen Centre, 22-24 Highbury Grove, London, N5 2EA

Tel: 020 7226 4000 Web: www.ocdaction.org.uk

A national charity which provides information, advice, and support to people with OCD.

OCD-UK

PO Box 8115, Nottingham, NG7 1YT

Tel: 0870 126 9506 Web: www.ocduk.org

For people who are affected by Obsessive-Compulsive Disorder (OCD).

NO PANIC (National Organisation For Phobias, Anxiety, Neuroses, Information & Care)

93 Brands Farm Way, Randlay, Telford, Shropshire TF3 2JQ

Helpline: 0808 808 0545 Web: <http://nopanic.org.uk>

For people with panic attacks, phobias, obsessive compulsive disorder, and related disorders.

Triumph Over Phobia (TOP UK)

Tel: 0845 600 9601 Web: www.triumphoverphobia.com

Runs a national network of structured, self-help groups for adults (16+) suffering from recognisable phobia, or obsessive compulsive disorder.

National Phobics Society

Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester, M15 4ZY

Tel: 0870 122 2325 Web: www.phobics-society.org.uk

A leading UK charity for anxiety disorders such as OCD, etc.