



O.C.D

OBSESSIVE COMPULSIVE DISORDER

Obsessive-compulsive disorder (OCD) is one of the anxiety disorders. People who suffer from OCD become trapped in a pattern of repetitive thoughts and behaviours that are senseless and distressing and they find them extremely difficult to overcome. OCD occurs in a spectrum from mild to severe, but if severe and left untreated, can destroy a person's capacity to function at school, at work or even in the home.

Although OCD symptoms typically begin during the teenage years or early adulthood, recent research shows that some children develop the illness at earlier ages, even during the pre-school years. OCD affects more than 2 percent of the population at some stage and affects people of all ethnic groups. Males and females experience it equally.

Key Features of OCD

Obsessions

These are unwanted ideas or impulses that repeatedly well up in the mind of the person with OCD. Persistent fears that harm may come to self or a loved one, an unreasonable concern with becoming contaminated, or an excessive need to do things correctly or perfectly, are common. Again and again, the individual experiences a disturbing thought, such as, "My hands may be contaminated. I must wash them", "I may have left the gas on", or "I am going to injure somebody with my actions." These thoughts are intrusive, unpleasant, and produce a high degree of anxiety. Sometimes the obsessions are of a violent or a sexual nature, or concern illness.

Compulsions

In response to their obsessions, many people with OCD resort to repetitive behaviours called compulsions. The most common of these are washing and checking. Other compulsive behaviours include counting (often while performing another compulsive action such as hand washing), repeating, hoarding, and endlessly re-arranging objects in an effort to keep them in precise alignment with each other. Repeating phrases or list making is also common. These behaviours generally are intended to ward off harm to the person with OCD or others. Some people with OCD have regimented rituals while others have rituals that are complex and changing. Performing rituals may give the person with OCD some relief from anxiety, but it is only temporary.

Insight

People with OCD show a range of insight into the senselessness of their obsessions. Often they can recognise that their obsessions and compulsions are unrealistic (especially when they are not actually having an obsession). At other times they may be unsure about their fears or believe strongly in their validity.

Resistance

Most people with OCD struggle to banish their unwanted, obsessive thoughts and to prevent themselves from engaging in compulsive behaviours. Many are able to keep their obsessive-compulsive symptoms under control during the hours when they are attending school or are at work. But over the months or years, resistance may weaken, and when this happens, OCD may become so severe that time-consuming rituals take over the sufferers' lives, making it impossible for them to continue outside the home.

OCD sufferers often attempt to hide their condition rather than seek help. Often they are successful in concealing the symptoms from friends or co-workers. An unfortunate consequence of this secrecy is that people with OCD usually do not receive professional help until years after the onset of the disorder. By that time, they may have learned to work their lives, (and family members' lives) around the rituals.

What causes OCD?

The old belief that OCD was the result of life experiences has been weakened before the growing evidence that biological factors are a primary contributor to the disorder. The fact that OCD patients respond well to specific medications that affect the neuro-transmitter serotonin suggests the disorder has a biological basis. For that reason, OCD is no longer attributed only to attitudes a patient learned in child-hood (for example, an inordinate emphasis on cleanliness, or a belief that certain thoughts are dangerous or unacceptable). Instead, the search for causes now focuses on the interaction of biological factors and environmental influences, as well as cognitive (thinking) processes.

OCD is sometimes accompanied by depression, eating disorders, substance abuse disorder, a personality disorder, attention deficit disorder, or another of the anxiety disorders. Co-existing disorders can make OCD more difficult to both diagnose and treat.

People with OCD should not be confused with a much larger group of individuals who are sometimes called "compulsive" because they hold themselves to a high standard of performance and are perfectionists and very organised in their work or recreational activities. This type of "compulsiveness" often serves a valuable purpose, contributing to a person's self-esteem and success. In that respect, it differs from the life-wrecking obsessions and rituals of the person with OCD.

A person with OCD has obsessive and compulsive behaviours that are extreme enough to interfere with everyday life.

Treatment Options

Research has shown that both pharmacological and behavioural treatments that can benefit the person with OCD.

Studies have shown that, for more than half of patients, medications relieve symptoms of OCD by diminishing the frequency and intensity of the obsessions and compulsions. Improvement usually takes at least three weeks or longer. Medication is only part of any solution as sufferers also have been shown to benefit from a particular form of therapy called behavioural therapy. Here the person with OCD works with a therapist to deliberately and voluntarily confront the feared object or idea, either directly or by imagination. At the same time they are strongly encouraged to refrain from ritualising. This is done within the structure provided by the therapist and any other identified support people.

Treatment is different for each person. One person may benefit significantly from behaviour therapy, while another will benefit from interventions with medication. Others may use both medication and behavioural therapy.

The individual affected, in consultation with the helping professional they are seeing should decide which approach to use.