



Obsessive Compulsive Disorder



Obsession is a popular term these days. It expresses fascination for a person or object; it is the name of a well-known fragrance for men and women. All of which seems to suggest that obsession is an acceptable, even a desirable sensation. But for people with obsessive-compulsive disorder, obsession creates a maze of persistent, unwanted thoughts. Those thoughts lead them to act out rituals (compulsions), sometimes for hours a day.

Obsessive-compulsive disorder (OCD) is any anxiety disorder - one of a group of medical disorders which affects the thoughts, behaviour, emotions and sensations. Collectively, these disorders are among the most common of mental health problems. It is estimated that 1 in 10 people suffers from an anxiety disorder sometime in their life.

While a complete cure for OCD is rare, specialized treatment can bring many people long-term relief from their symptoms. Education is the first important step in removing the social stigma and lack of knowledge which keep people from looking for medical and other professional help.

When worry becomes obsession

Worries and doubts, superstitions and rituals are common to most everyone. OCD occurs when worries become obsessions, and the compulsive rituals so excessive, that they dominate a person's life. It is as if the brain is a scratched vinyl record, forever skipping at the same groove and repeating one fragment of song.

Obsessions are persistent ideas, thoughts, impulses or images; they are intrusive and illogical. Common OCD obsessions revolve around contamination, doubts (such as not being sure whether the lights are off or the door is locked) and disturbing sexual or religious thoughts. People with OCD may have extreme concerns about germs; they may have a terrible fear that they have harmed somebody. These thoughts cannot be stopped or ignored, even though the person usually knows they are unrealistic. Often, a person's obsessions are accompanied by feelings of fear, disgust and doubt, or the belief that certain activities have to be done just so".

People with OCD try to relieve their obsessions by performing compulsive rituals, over and over again, and often according to certain "rules". Typical compulsions are washing, checking and arranging things, and counting. These actions give them only temporary relief from their anxiety.

Cause and effect

OCD used to be considered the result of family troubles or attitudes learned in childhood. But it is now believed that the disorder has a neurological and genetic basis. Current research into its causes focuses on the workings of the brain and the influences of personal circumstances. OCD can occur in people of all ages, but it generally begins before 40. Studies show that the disorder usually begins during adolescence or early childhood. It affects men and women equally.

People with OCD are under great stress. The intensity of their symptoms varies: sometimes they are like background noise; at other times they are a deafening roar. Because individuals with OCD may spend an hour or more every day carrying out rituals, their ability to conduct a balanced life is impaired and their relationships at work and home can suffer.

Coping with OCD

With early diagnosis and the right treatment, people can avoid the suffering that comes with OCD. They also have a greater chance of avoiding depression and relationship problems that often come with OCD.

Unfortunately, OCD tends to be underdiagnosed and undertreated. This is partly because many people with OCD are ashamed and secretive about their symptoms, and some do not believe they have a problem. Another factor is that many healthcare practitioners are not well informed about the condition.

Two effective treatments for OCD have been developed: medication and cognitive-behavioural therapy (CBT). Used together, these treatments can be effective.

The drugs used to combat OCD symptoms are those which affect levels of serotonin, a chemical messenger in the brain.

Psychotherapy techniques used to combat OCD symptoms are exposure and response prevention. These involve encouraging a person to stay in contact with the object or situation that forms the obsession, and to not perform the ritual to ease the pressure of that obsession. Depending on the intensity of the therapy, improvement may be seen within 2 or more months.

Support and understanding are vital

People with OCD feel severe stress; so do their loved ones. Knowing how to support a family member or friend with OCD begins with educating yourself about the disorder. This will give you the confidence to help them to understand that there are treatments which can help.

If you have OCD, it is important to be aware that doubts and discomfort during treatment are normal. Work with your doctor to adjust medication; don't hesitate to ask for second opinions about cognitive-behavioural therapy. It can help to know that, once you get your OCD under control, keeping it there is easier.

Children with OCD have special needs

Many adults diagnosed with OCD report that their symptoms begin in childhood. Coping with embarrassing compulsions and trying to hide them from friends and family can place great stress on a child.

Children with OCD appear to be more likely to have additional psychiatric problems. They may suffer from conditions such as panic disorder or social phobia, depression, learning disorders, tic disorders, disruptive behaviour disorders and body dysmorphic disorder (imagined ugliness).

Cognitive-behaviour therapy can help a child gain relief from OCD symptoms. Medication is generally given to children only when CBT has not achieved the desired results.

Would you like more information

For further information about obsessive-compulsive disorder, contact a community organization like the Canadian Mental Health Association to find out about support and resources available in your community.