

Mental Health

Fact Sheet

Rimrock
Foundation

Mental Health Services

Obsessive-Compulsive Disorder (OCD)

Modern treatments are now helping many people with OCD deal effectively with their symptoms.

WHAT IS OCD?

WHAT CAUSES OCD?

HOW COMMON IS OCD?

SYMPTOMS OF OCD

TREATMENT OPTIONS

FAMILY THERAPY

WHAT IS OCD?

Obsessive-compulsive disorder (OCD) is a potentially disabling anxiety disorder that can persist throughout a person's life. **The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and distressing but extremely difficult to overcome.** This illness occurs in a spectrum from mild to severe, but if severe, it can destroy a person's capacity to function at work, at school, or even in the home.

People with this disease suffer intensely from recurrent, unwanted thoughts and obsession rituals (compulsions), which they feel they cannot control. Rituals such as handwashing, counting, checking, or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away. Performing these rituals, however, provides only temporary relief, and not performing them markedly increases anxiety. **Left untreated, these obsessive thoughts and the need to perform rituals can take over a person's life. This is often a chronic, relapsing illness.**

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 patients respond well to specific medications that affect the neurotransmitter serotonin suggests the disorder has a neurobiological basis.

There is growing evidence this illness represents abnormal functioning of brain circuitry, probably involving a part of the brain called the striatum, and is not caused by family problems or attitudes.

- ❑ About 2.3% of the U.S. population ages 18 to 54 - approximately 3.3 million Americans – are affected in any given year.
- ❑ It affects men and women equally.
- ❑ Problems typically begin during adolescence or early childhood; at least one-third of the cases begin in childhood.
- ❑ Illness costs the U.S. \$8.4 billion in 1990 in social and economic losses and nearly 6% of the total mental health bill of \$148 billion.

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 perfectionistic and very organized in their work. This type of “compulsiveness” often serves a valuable purpose, contributing to a person’s self-esteem and success on the job. In that respect, it differs from the life-wrecking obsessions and rituals of the person with this anxiety disorder.

HOW COMMON IS OCD?

For many years, mental health professionals thought this was a rare disease because only a small minority of their patients had the condition. This disorder often went unrecognized because many of those affected tried to keep their repetitive thoughts and behaviors secret, and failed to seek treatment. This led to underestimates of the number of people with the illness.



However, a survey conducted in the early 1980’s by the National Institute of Mental Health showed that OCD affects more than 2 percent of the population, meaning that it is more common than such severe mental illnesses as schizophrenia, bipolar disorder, or panic disorder.

Although 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 preschool years. Suffering from an anxiety disorder during early stages of a child’s development can cause severe problems for the child. It is important that the child receive an evaluation and treatment by a knowledgeable clinician to prevent the child from missing important opportunities because of this disorder.

SYMPTOMS 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 ones 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 my child.” These thoughts are intrusive, unpleasant, and produce a high degree of anxiety.

❑ Compulsions

In response to their obsessions, most people with OCD resort to repetitive behaviors called compulsions. The most common of these are washing and checking. Other compulsive behaviors include counting (often while performing another compulsive action such as hand washing), repeating, hoarding, and endlessly rearranging objects in an effort to keep them in precise alignment with each other. These behaviors generally are intended to ward off harm to the person or others. Some people have regimented rituals while others have rituals that are complex and changing.

❑ Insight

People with this problem show a range of insight into the senselessness of their obsessions. Often, especially when they are not actually having an obsession, they can recognize that their obsessions and compulsions are unrealistic.

❑ Resistance

Most people with this illness struggle to banish their unwanted, obsessive thoughts and to prevent themselves from engaging in compulsive behaviors.

Many are able to keep their obsessive-compulsive symptoms under control during the hours when they are at work or attending school, however, over the months or years, resistance may weaken. When this happens, the problem may become so severe that time-consuming rituals take over the sufferers’ lives, making it impossible for them to continue activities outside the home.



❑ Shame and Secrecy

Sufferers often attempt to hide their disorder rather than seek help. Often they are successful in concealing their obsessive-compulsive symptoms from friends and coworkers. An unfortunate consequence of this secrecy is that people with OCD usually do not receive professional help until years after the onset of their illness. By that time, they may have learned to work their lives—and family members’ lives—around the rituals, which tend to last for years, even decades. **The symptoms may become less severe from time to time, and there may be long intervals when the symptoms are mild, but for most individuals, the symptoms are chronic.**

TREATMENT OPTIONS

Treatments which combine medications and behavioral therapy (a specific type of psychotherapy), are often effective. A type of behavioral therapy known as exposure and response prevention is used in treating this illness. In this approach, a person is deliberately and voluntarily exposed to whatever triggers the obsessive thoughts, and then is taught techniques to avoid performing the compulsive rituals and to deal with the anxiety. A recent compilation of outcome studies indicated that of those patients who were treated by exposure and response prevention, an average of 76 percent still showed clinically significant relief from 3 months to 6 years after treatment.

□ Pharmacotherapy

Clinical trials in recent years have shown that drugs that affect the neurotransmitter serotonin can significantly decrease symptoms. Large studies have shown that more than 75% of patients are helped by these medications. In more than half of patients, medications relieve symptoms by diminishing the frequency and intensity of the obsessions and compulsions. Improvement usually takes at least three weeks or longer. Medications are of help in controlling symptoms, but often, if the medication is discontinued, relapse will follow.



□ Behavior Therapy

Traditional psychotherapy, aimed at helping the patient develop insight into his or her problem, is generally not helpful for OCD. The patient is strongly encouraged to refrain from ritualizing, with support and structure provided by the therapist, and possibly by others whom the patient recruits for assistance. As treatment progresses, most patients gradually experience less anxiety from the obsessive thoughts and are able to resist the compulsive urges.

FAMILY THERAPY

This illness affects not only the sufferer but the whole family. The family often has a difficult time accepting the fact that the person with this illness cannot stop the distressing behavior. Family members may show their anger and resentment, resulting in an increase in the problem behaviors. To keep the peace, they may assist in the rituals or give constant reassurance.

Education is important for the family. Families can learn specific ways to encourage the person with this illness to adhere fully to behavior therapy and/or pharmacotherapy programs. Also, in the past few years, many families have joined one of the educational support groups that have been organized throughout the country.

For further information on Rimrock Foundation's treatment of OCD, call Jen Porter, Admissions Supervisor, at 1-800-227-3953 or 1-406-248-3175, visit our website at www.rimrock.org, or contact the Rimrock Foundation Library at the above numbers.

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