

OBSESSIONS AND COMPULSIONS – OBSESSIVE COMPULSIVE DISORDER

Obsessive compulsive disorder (OCD) affects people differently, but usually causes a particular pattern of thought and behaviour.

Most people with OCD tend to follow a set pattern of thought and behaviour. This pattern has four main steps:

- **obsession** – where your mind is overwhelmed by a constant obsessive fear or concern, such as the fear your house will be burgled
- **anxiety** – the obsession provokes a feeling of intense anxiety and distress
- **compulsion** – you then adopt a pattern of compulsive behaviour to reduce your anxiety and distress, such as checking all the windows and doors are locked at least three times before you leave your house
- **temporary relief** – the compulsive behaviour brings temporary relief from anxiety, but the obsession and anxiety soon return, causing the pattern or cycle to begin again

Obsessive thoughts

Almost everyone has unpleasant or unwanted thoughts at some point in their life, such as a nagging worry that their job may not be secure, or a brief suspicion their partner has been unfaithful.

Most people are able to put these types of thoughts and concerns into context, and they can carry on with their day-to-day life. They do not repeatedly think about worries they know have little substance.

However, if you have a persistent, unwanted and unpleasant thought that dominates your thinking to the extent it interrupts other thoughts, you may have developed an obsession.

Some common obsessions that affect people with OCD include:

- **fear of deliberately harming yourself or others** – for example, fear you may attack someone else, even though this type of behaviour disgusts you
- **fear of harming yourself or others by mistake or accident** – for example, fear you may set the house on fire by accidentally leaving the cooker on, which leads you to repeatedly check kitchen appliances are off
- **fear of contamination by disease, infection or an unpleasant substance**
- **a need for symmetry or orderliness** – for example, you may feel the need to ensure all the labels on the tins in your cupboard face the same way
- **fear of committing an act that would seriously offend your religious beliefs**

Compulsive behaviour

Compulsions arise as a way of trying to reduce or prevent the harm of the obsessive thought. However, this behaviour is either excessive or not realistically connected at all.

For example, a person who fears becoming contaminated with dirt and germs may wash their hands 50 times a day, or someone with a fear of causing harm to their family may have the urge to repeat an action multiple times to try to "neutralise" the thought of harm. This latter type of compulsive behaviour is particularly common in children with OCD.

Most people with OCD realise that such compulsive behaviour is irrational and makes no logical sense, but they cannot stop acting on their compulsion.

Some common types of compulsive behaviour that affect people with OCD include:

- cleaning
- hand washing
- checking (such as checking doors are locked, or that the gas or a tap is off)
- counting
- ordering and arranging
- hoarding
- asking for reassurance
- needing to confess
- repeating words silently
- prolonged thoughts about the same subject
- "neutralising" thoughts (to counter the obsessive thoughts)

Despite much research being carried out into obsessive compulsive disorder (OCD), the exact cause of the condition has not yet been identified.

However, in certain individuals OCD is thought to be triggered by a combination of genetic, neurological, behavioural and environmental factors.

Genetics

Genetics is thought to play a part in some cases of OCD. Research suggests OCD may be the result of certain inherited genes (units of genetic material) that affect the development of the brain.

Although no specific genes have been linked to OCD, there is some evidence that suggests the condition runs in families. A person with OCD is four times more likely to have another family member with the condition compared with someone who does not have OCD.

Brain Structure

Brain imaging studies have shown that people with OCD have differences in some parts of their brain, including increased activity and blood flow, and a lack of the brain chemical serotonin.

The areas of the brain affected deal with strong emotions and how we respond to those emotions. In the studies, brain activity returned to normal after cognitive behavioural therapy and/or medication

Serotonin

Serotonin also seems to play a part in OCD. It is a chemical in the brain (neurotransmitter) that transmits information from one brain cell to another. Serotonin is responsible for regulating a number of the body's functions, including mood, anxiety, memory and sleep.

It is not known for sure how serotonin contributes to OCD, but people with the condition appear to have decreased levels of the chemical in their brain.

Medication that increases the levels of serotonin in the brain, such as certain antidepressants can help.

Life events

An important life event such as a bereavement or family break-up may trigger OCD in people who already have a tendency to develop the condition (for example, due to genetic factors).

A life event can also affect the course of your condition. For example, the death of a loved one may trigger a fear that someone in your family will be harmed.

Stress, which can also be caused by life events, seems to make the symptoms of OCD worse. However, stress does not cause OCD on its own.

Parenting and family

OCD is not thought to be linked to upbringing, but certain factors such as having overprotective parents could increase your chances of developing OCD.

Sometimes it can be unhelpful if a family member of someone with OCD intervenes. For example, a person with OCD may ask a member of their family for constant reassurance about one of their fears, such as whether they have locked the door.

If the family member continually reassures them that they have done something in order to make them feel better, it may prevent them seeking the help and treatment they need.

It is very important you visit your GP if you feel you have the symptoms of OCD.

The impact of OCD on your day-to-day life can be reduced if the condition is diagnosed and effectively treated.

Many people with OCD do not report their symptoms to their GP because they feel ashamed or embarrassed. They may also try to disguise their symptoms from family and friends.

However, if you have OCD, you should not feel ashamed or embarrassed. Like diabetes or asthma, OCD is a chronic (long-term) health condition, and it is not your fault you have it.

Initial screening

When visiting your GP, they will probably ask a series of questions.

The questions, will help determine whether you are likely to have OCD. But like all screening questionnaires, people who do not have OCD may score positively.

The questions you will be asked may be similar to those listed below:

- do you wash or clean a lot?
- do you check things a lot?
- do you have thoughts that keep bothering you that you would like to get rid of but cannot?
- do your daily activities take a long time to finish?
- are you concerned about putting things in a special order or are you upset by mess?
- do these problems trouble you?

Assessment

If the results of the initial screening questions suggest you have OCD, the severity of your symptoms will be assessed either by your GP or a mental health professional.

There are several different methods of assessment. All involve asking detailed questions to find out how much of your day-to-day life is affected by obsessive-compulsive thoughts and behaviour.

During the assessment, it is important you are open and honest, as accurate and truthful responses will ensure you receive the most appropriate treatment.

Severity of OCD

The severity of OCD can be determined by how much your symptoms affect your ability to function normally on a day-to-day basis.

Healthcare professionals refer to the disruption of daily function as functional impairment. OCD is classified into three levels of severity. They are:

- **mild functional impairment** – obsessive thinking and compulsive behaviour that occupies less than one hour of your day
- **moderate functional impairment** – obsessive thinking and compulsive behaviour that occupies one to three hours of your day
- **severe functional impairment** – obsessive thinking and compulsive behaviour that occupies more than three hours of your day

If you have obsessive compulsive disorder (OCD), your treatment will depend on the how much the condition is affecting your ability to function.

As OCD develops, the unwelcome and obsessive fears that can be overwhelming vary from person to person. This is also the case for the compulsive behaviour people use to try to control their fears.

How much impact OCD has on a person's life depends on:

- the amount of time spent on a compulsive behaviour or ritual
- the intensity of the behaviour
- how much of it happens in their mind, rather than in their actions

Your treatment plan

Your treatment programme is likely to involve:

- **behavioural therapy** – to change the way you behave and reduce your anxiety.
- **medication** – to control your symptoms

Healthcare professionals refer to the disruption of daily function as functional impairment.

OCD that causes mild functional impairment is usually treated with CBT. This is a talking therapy that can help you manage your problems by changing the way you think and behave.

If you have OCD that causes moderate functional impairment, it may be recommended that you have a more intensive course of CBT as well as medication.

If your OCD causes severe functional impairment, you will be referred to a specialist mental health service for a combination of intensive CBT and a course of medication.

Behavioural therapy

CBT that involves graded exposure and response prevention (ERP) has been shown to be an effective treatment for OCD.

Exposure and response prevention (ERP)

ERP involves identifying a number of situations that cause you anxiety. These are placed in order from the situations that cause you the most to the least anxiety.

You and your therapist will identify tasks that will expose you to the situations that cause anxiety, but at a level you can cope with. You need to do the exposure tasks without carrying out your anxiety-relieving compulsions (the actions you usually take to help you cope with the situation).

Although this sounds frightening, people with OCD find that when they confront their anxiety without carrying out their compulsion, the anxiety disappears completely in one to two hours.

The same exposure task should be repeated two to three times a day. Each time, the anxiety is likely to be less and last for a shorter period of time. Once you have conquered one exposure

task, you can move onto a more difficult task, until you have overcome all of the situations that make you anxious.

People with mild to moderate OCD usually need about 10 hours of therapist treatment, combined with self-treatment exposure exercises between sessions. Those with moderate to severe OCD may need a more intensive course of CBT that lasts longer than 10 hours.

Medication

You may need medication if CBT fails to treat mild OCD, or if you have moderate or severe OCD. You need to discuss this option with your GP, as your GP will be able to prescribe the type of medication that is right for you.

Support groups

Many people with OCD find support groups helpful, as they can:

- give you reassurance
- reduce feelings of isolation you may have
- give you a chance to socialise with others

Support groups can also provide information and advice for family members and friends who may be affected by your condition.

OCD Action and OCD-UK are both national charities for OCD that can provide information about support groups in your area. You can find information on their websites at the links below:

- [OCD Action support groups](#)
- [OCD-UK support groups](#)