

OBSESSIVE COMPULSIVE DISORDER (OCD)

About 1 in every 50 people suffers from OCD at some point in their lives, men and women equally. "He's an obsessive football fan" - "she's obsessive about shoes"! We use these expressions when we talk about people who do something again and again. However, the urge to do or think certain things repeatedly can dominate your life. Many children have mild compulsions. This usually goes away as they grow older. Adult OCD usually begins in the teens or early twenties. Symptoms can come and go with time, but sufferers often don't seek help until they have had OCD for many years. OCD has three main parts:

- ✦ the thoughts that make you anxious (**obsessions**)
- ✦ the anxiety you feel;
- the things you do to reduce your anxiety (**compulsions**).

Causes

Genes: OCD is sometimes inherited, so can occasionally run in the family.

Stress: Stressful life events bring it on in about one out of three cases.

Life changes: Times where someone suddenly has to take on more responsibility – for example, puberty, the birth of a child or a new job.

Brain changes: We don't know for certain, but if you have the symptoms of OCD for more than a short time, researchers think that an imbalance of a chemical called serotonin (also known as 5HT) develops in the brain.

Personality: If you are a neat, meticulous, methodical person with high standards you may be more likely to develop OCD. These qualities are normally helpful, but can slip into OCD if they become too extreme.

Ways of thinking: Nearly all of us have odd or distressing thoughts or pictures in our minds at times - "what if I stepped out in front of that car?" or "I might harm my child". Most of us quickly dismiss these ideas and get on with our lives.

Symptoms

In the mind:

Thoughts: single words, short phrases or rhymes that are unpleasant, shocking or blasphemous. Thoughts of being contaminated (by germs, dirt, HIV or cancer), or that someone might be harmed because you have been careless

Pictures in your mind: showing your family dead, or seeing yourself doing something violent or sexual which is completely out of character (stabbing or abusing someone, or being unfaithful). We know that people with obsessions do not become violent, or act on these thoughts.

Doubts: you wonder for hours whether you might have caused an accident or misfortune to someone. You may worry that you have knocked someone over in your car, or that you have left your doors and windows unlocked.

Ruminations: you endlessly argue with yourself about whether to do one thing or another so you can't make the simplest decision.

Perfectionism: you are bothered, in a way that other people are not, if things are not in the exactly the right order, not balanced or not in the right place.

Anxiety: you feel tense, anxious, fearful, guilty, disgusted or depressed.

Correcting obsessional thoughts: you think alternative 'neutralising' thoughts like counting, praying or saying a special word over and over again. This can also be a way of getting rid of any unpleasant thoughts or pictures that are bothering you.

In the body:

Rituals: you wash your hands frequently, do things really slowly and carefully, perhaps arrange objects or activities in a particular way.

Checking: your body for contamination, that appliances are switched off, that the house is locked or that your journey route is safe.

Avoidance: of anything that is a reminder of worrying thoughts. You avoid touching particular objects, going to certain places, taking risks or accepting responsibility.

Hoarding: of useless and worn out possessions.

Seeking Reassurance: you repeatedly ask others to tell you that everything is alright.

Getting help

Helping yourself

✦ Expose yourself to your troubling thoughts and get more control of them. You record them and listen back to them, or write them down and re-read them. You need to do this regularly for around half an hour every day until your anxiety reduces.

✦ Resist the compulsive behaviour, but not the obsessional thought.

✦ Don't use alcohol to control your anxiety.

Cognitive Behavioural Therapy (CBT)

There are two types of CBT used to treat OCD - Exposure and Response Prevention (ERP), and Cognitive Therapy (CT).

Exposure and response prevention (ERP)

This is a way to stop compulsive behaviours and anxieties from strengthening each other. We know that if you stay in a stressful situation long enough, you gradually become used to it and your anxiety goes away. So, you gradually face the situation you fear (exposure) but stop yourself from doing your usual compulsive rituals, checking or cleaning (response prevention), and wait for your anxiety to go away.

Use these small steps:

- ✦ make a list of all the things you fear or avoid at the moment
- ✦ put the situations or thoughts you fear the least at the bottom, the worst ones at the top
- ✦ start at the bottom and work up, tackling one at a time.
- ✦ don't move onto the next stage until you have overcome the last one.

Cognitive Therapy (CT)

Cognitive therapy is a psychological treatment which helps you to change your reaction to the thoughts, instead of trying to get rid of them. This is useful if you have worrying obsessional thoughts, but do not perform any rituals or actions to make yourself feel better. It targets unrealistic self-critical thoughts, such as:

- ✦ placing too much importance on your thoughts
- ✦ overestimating the chances of something bad happening
- ✦ taking responsibility for bad things happening, even when they are out of your control
- ✦ trying to get rid of all risk in the lives of your loved ones
- ✦ unpleasant, intrusive thoughts

Antidepressant medication

Selective serotonin-reuptake inhibitors (SSRI) antidepressants can help to reduce obsessions and compulsions, even if you are not depressed. They can be used alone, or with CBT, for moderate to severe OCD. If treatment with an SSRI has not helped at all after 3 months, the next step is to change to a different SSRI or a medication called Clomipramine.

Useful contacts:

Aware: Helpline: +353 1890 303302; Tel: +353 1661 721; email: info@aware.ie

Mental Health Ireland: Helpline: + 353 1 284 1166; email: information@mentalhealthireland.ie

College of Psychiatry of Ireland: www.irishpsychiatry.ie

OCD UK: Helpline: +44845 120 3778; email: admin@ocduk.org ,

No Panic: Helpline: +44808 808 0545; tel: 01952 590 005; email: ceo@nopanic.org.uk, www.nopanic.org.uk