Let's Talk Facts About
Obsessive-Compulsive Disorder (OCD)

American Psychiatric Association

What is Obsessive-Compulsive Disorder?

Obsessive-compulsive disorder (OCD) is an anxiety disorder in which time-consuming obsessions and compulsions significantly interfere with a person's routine, making it difficult work or to have a normal social life. OCD often begins in childhood, adolescence or early adulthood. Afflicting over four million Americans, OCD is equally common in men and women and knows no geographic, ethnic, or economic boundaries.

OBSESSIONS

Obsessions are recurrent and persistent thoughts, impulses, or images that cause distressing emotions such as anxiety or disgust. People with OCD recognize that the thoughts, impulses, or images are a product of their mind and are excessive or unreasonable. Yet these intrusive thoughts cannot be settled by logic or reasoning. Most people try to ignore or suppress such obsessions or neutralize them with some other thought or action. Typical obsessions include excessive concerns about contamination or harm, the need for symmetry or exactness, or forbidden sexual or religious thoughts.

COMPULSIONS

Compulsions are repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession. The behaviors are aimed at preventing or reducing distress or a feared situation. In the most severe cases, a constant repetition of rituals may fill the day, making a normal routine impossible. Compounding the anguish these rituals cause is the knowledge that the compulsions are irrational. Some examples are:

- **Cleaning** - To reduce the fear that real or imagined germs, dirt, or chemicals will "contaminate" them some spend many hours washing themselves or cleaning their surroundings.

- **Repeating** - To dispel anxiety, some utter a name or phrase, or repeat a behavior several times. They know these repetitions won't actually guard against injury but fear harm will occur if the repetitions aren't done.

- **Checking** – To reduce the fear of harming oneself or others by, for example, forgetting to lock the door or turn off the gas stove, some develop checking rituals. Some also repeatedly retrace driving routes to be sure they haven't hit anyone.

- **Ordering and arranging** - To reduce discomfort, some like to put objects, such as books in a certain order, or arrange household items "just so", or in a symmetric fashion, or to have things perfect.

- **Hoarding** – To reduce discomfort, some hold onto newspapers, magazine, clothes, papers, and scraps, such that they form piles, and disrupt the household.

- **Mental compulsions –** In response to intrusive obsessive thoughts, some silently pray or say phrases to reduce anxiety or prevent a dreaded future event.

Treatments

COGNITIVE-BEHAVIORAL THERAPY

One effective treatment is a type of cognitive-behavioral therapy known as exposure and response prevention. During treatment sessions, patients are exposed to the situations that create anxiety and provoke compulsive behavior or mental rituals. Through exposure, patients learn to decrease and then stop the rituals that plague their lives. They find that the anxiety arising from their obsessions lessens without engaging in ritualistic behavior. This technique works well for patients whose compulsions focus on situations that can be re-created easily. For patients who engage in compulsive rituals because they fear catastrophic events that can't be re-created, therapy relies on imagining exposure to the anxiety-producing situations.

Throughout therapy the patient follows exposure and response prevention guidelines on which the therapist and patient agree. Cognitive-behavior therapy can help many OCD patients substantially reduce their OCD symptoms. However, treatment only works if patients adhere to the procedures. Some patients will not agree to participate in cognitive-behavioral therapy because of the anxiety it involves, and others have depression that must be treated simultaneously.

MEDICATION

A class of medications known as serotonin reuptake inhibitors (SRIs) is effective in the treatment of OCD. Each SRI can be expected to help about half of those who try it, and patients who do not respond to one sometimes respond to another. Marked benefit usually takes six to twelve weeks to occur.

SRIs that are proven effective in OCD include clomipramine, fluoxetine, fluvoxamine, paroxetine, and sertraline. Other psychotropic medications that may be effective are citalopram, escitalopram, and venlafaxine. These medications, though very helpful, often leave residual symptoms and these residual symptoms are treated by augmenting SRIs with other medications or with cognitive-behavioral therapy.

OCD patients who have received appropriate treatment have shown to have increased quality of life and improved functioning. Treatment does more than affect symptoms alone. Successful treatment may improve the individual's ability to attend school, work, develop and enjoy relationships and pursue leisure activities.

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Related Conditions

Other conditions sharing some features of OCD occur more frequently in family members of OCD patients, and in some cases respond to similar treatments. These include somatoform disorders such as body dysmorphic disorder (preoccupation with imagined ugliness) and hypochondriasis (preoccupation with physical illness), impulse control disorders such as trichotillomania (hair pulling), some eating disorders such as binge eating disorder, and neurologically based disorders such as Tourette's syndrome.

Resources

For more information, please contact:

American Psychiatric Association (APA)
1000 Wilson Blvd. Suite 1825
Arlington, VA 22209
703-907-7300
www.HealthyMinds.org

Obsessive Compulsive Foundation (OCF)
676 State Street
New Haven CT 06511
203-401-2070
www.ocfoundation.org

Anxiety Disorders Association of America (ADAA)
8730 Georgia Avenue, Suite 600
Silver Spring, MD 20910
240-485-1001
www.adaa.org

Mental Health America (formerly NMHA)
2000 N. Beauregard Street, 6th Floor
Alexandria, VA 22311
800-969-MHA (6642)
www.mentalhealthamerica.net

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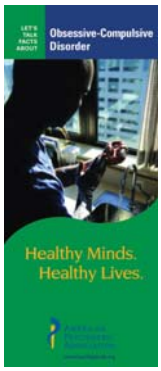
National Alliance on Mental Illness (NAMI)
Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
703-524-7600
Information Helpline:
800-950-NAMI (6264)
www.nami.org



Ordering Information

Brochures may be ordered by visiting www.appi.org or calling **800-368-5777**. The brochures are sold by topic in packets of 50 brochures for $29.95 each. Discount pricing is available for bulk quantities of five or more packets. Please email bulksales@psych.org for more information.

APA physician members receive a 10% discount.

One in a series of brochures designed to reduce stigma associated with mental illnesses by promoting informed factual discussion of the disorders and their psychiatric treatments. This brochure was developed for educational purposes and does not necessarily reflect opinion or policy of the American Psychiatric Association. For more information, please visit, www.HealthyMinds.org.

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