



Questions & Answers

about

Obsessive Compulsive Disorders

What is Obsessive-Compulsive?

OCD is a neurological disorder defined by recurrent, unwelcome thoughts (obsessions) and repetitive behaviors (compulsions) that OCD sufferers feel driven to perform. People with OCD know their obsessions and compulsions are irrational or excessive, yet they have little or no control over them.

Typical Obsessions

Dirt, germs and contamination, fear of acting on violent or aggressive impulses, feeling overly responsible for the safety of others, abhorrent religious (blasphemous) and sexual thoughts, and an inordinate concern with order, arrangement or symmetry.

Typical Compulsions

Repetitive behaviors such as excessive washing (particularly hand washing or bathing), cleaning, checking, touching, counting, arranging, ordering or hoarding. Ritualistic behaviors seem to lessen the distress from obsessions, but buy only short-term comfort at the long-term cost of frequent ritual repetition.

What are some of the other symptoms of OCD?

People with OCD may become demoralized or depressed. Feelings of intense anxiety, discomfort or disgust are common. Other symptoms that may be related to OCD are plucking out strands of hair or eyebrows (Trichotillomania), the preoccupation with a minor or imagined bodily defect (body dysmorphic disorder), severe or extreme nail biting or the unfounded fear of having a serious illness (hypochondriasis).

How many people suffer from OCD in the United States?

OCD is the fourth most common neuropsychiatric illness in the United States. One in 40 adults and one in 200 children suffer from OCD at some point in their lives. This means that at any one time in the United States, at least 5 million people are experiencing the symptoms of OCD.

What is the course of OCD?

If not treated appropriately, OCD is usually chronic with waxing and waning of symptoms. In some cases, symptoms remain under control; in others, the OCD may follow a progressive deteriorating course and become disabling.

How disabling is OCD?

Impairment ranges from mild to severe. Sometimes symptoms are crippling. Hospitalization may become necessary and regular employment impossible. On the other hand, many individuals, including doctors, lawyers, engineers, educators, homemakers, businessmen! women, factory workers, performers and entertainers continue to function, despite symptoms of OCD. However, OCD takes a toll on the sufferer, his/her family and co-workers, even when a sufferer only experiences symptoms for one-half hour a day. The emotional and economic costs of OCD to the individual, the family, and society are enormous.

Do “compulsive” gamblers and eaters have OCD? How about those suffering from alcohol or drug abuse?

Although people with pathological gambling, overeating, alcohol or drug abuse have a problem they feel they cannot stop, all these activities have, in some degree, a pleasurable component. In contrast, the compulsions of OCD are never inherently pleasurable. For several decades, this distinction has been made.

Are people with OCD “crazy?”

No. The behaviors may seem “crazy,” but the person performing them is not. In fact, an OCD sufferer is acutely aware of the excessiveness or irrationality of his/her fears or behaviors, yet is unable to control them. This self-awareness creates a new fear that others will think he/she is weak or crazy. People with OCD are very often very secretive about their symptoms and afraid to seek treatment. This may explain why OCD was previously underreported.

What are the possible causes of OCD?

The exact causes of OCD are still unknown. However, researchers strongly suspect that a biochemical imbalance is involved. Alterations in one or more of the brain's chemical systems that regulate repetitive behaviors may be related to the cause of OCD. These balances may be inherited. Psychological factors and stress may heighten symptoms.

What types of treatment are available for OCD?

There are two treatments that have been proven effective against OCD. They include cognitive-behavior therapy (CBT) and medication (primarily SSRI). A combination of medication and CBT is often the most effective treatment for OCD.

Cognitive-Behavioral Therapy

CBT consists of a technique called exposure and response prevention, and it is

effective for many people with OCD. In this approach, the patient is deliberately and voluntarily exposed to feared objects or ideas (the exposure component), either directly or by imagination and then is discouraged or prevented (with the patient's permission) from carrying out the usual compulsive response (the response prevention component). For example, a compulsive hand washer may be urged to touch an object believed to be contaminated and then may be denied the opportunity to wash for several hours. When the treatment works well, the patient gradually experiences less anxiety from the obsessive thoughts and becomes able to do without the compulsive actions for extended periods of time. Studies of behavior therapy for OCD have found it to produce lasting benefits. To achieve the best results, a combination of factors is necessary. The therapist should be well trained, the patient must be highly motivated, and the patient's family must be cooperative. In addition to visits to the therapist, the patient must be faithful in fulfilling "homework assignments." For those patients who complete the course of treatment, the improvements can be significant. Traditional psychotherapy aimed at helping the patient develop insight into his or her problem, is generally not helpful specifically for OCD symptoms themselves. However, traditional psychotherapy may be of benefit as part of a treatment package for patients who have been ill and isolated for many years or for those whose illness started at an early age.

Medications

There are a number of medications that have been shown to be useful in double-blind, placebo-controlled studies. In these studies, neither the physician nor the patient knows whether the patient is receiving the drug or a placebo (an inert sugarpill); about half the patients receive the drug and the other half receive the placebo. This is a very good way to evaluate drugs since improvements can be evaluated in an unbiased manner and drug effectiveness can be accurately determined.

Drugs that have been shown to be effective in such studies include: fluvoxamine (Luvox), fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro) and clomipramine (Anafranil). Anafranil has been around the longest and is the best studied throughout the world, but there is growing evidence that the other drugs are as effective. In addition to these carefully studied drugs, there are hundreds of case reports of other drugs occasionally being helpful. There are reports of small numbers of patients that suggest that venlafaxine (Effexor) may also be somewhat effective; but there have been no large-scale controlled trials done yet.

Why do these drugs help?

It remains unclear as to why these particular drugs help OCD while similar drugs do not. Each has potent effects on a particular neurotransmitter, or chemical messenger, in the brain called serotonin. It appears that potent effects on brain serotonin are necessary (but not sufficient) to produce improvement in OCD. Serotonin is one of several neurotransmitter chemicals that nerve cells in the

brain use in communicating with one another. Unlike some other neurotransmitters, its receptors are not localized in a few specific areas of the brain. Hence, its uptake and release affects much of our mental life, including OCD and depression.

What about augmenting one drug with another?

The best augmenting technique is to add behavior therapy to ongoing drug treatment. However, to boost a drug's effect, sometimes two or more medications are used together. For example, some people respond to combining a SSRI with Anafranil. Other drugs are sometimes combined with ongoing SRI medications. Some that have commonly been used include: buspirone (Buspar), lithium carbonate (Eskalith), clonazepam (Klonopin), methylphenidate (Ritalin), gabapentin (Neurontin), and other antidepressants (e.g., trazedone, bupropion, desipramine, etc.). Other drugs are presently being tested.

What is the OCF?

The Obsessive Compulsive Foundation (OCF) is a not-for-profit mental health organization. The OCF'S mission is to increase research into and promote treatment and understanding of OCD. In addition to its bimonthly newsletter, OCF resources and activities include: an annual conference, an informative web site with subsections on compulsive hoarding and a webzine for teenagers and young adults; training programs for mental health professionals; annual research awards; affiliates; support groups throughout the United States and Canada; referrals to treatment providers; the sale and distribution of books, pamphlets and other OCD-related materials.

What can I do to help?

Join the OC Foundation and be a partner in our efforts to eradicate OCD. The search for a cure is lengthy and expensive. The Foundation needs your help to continue its vital education and service programs and to support research in this field.

DISCLAIMER: The information contained in this publication is not intended to provide medical advice. This information is intended only to keep you informed. It is strongly advised that you check any medications or treatments with a qualified mental health provider.