

Obsessive-Compulsive Disorder

What it is and how to treat it

What is obsessive-compulsive disorder?

Obsessive-compulsive disorder (OCD) is an illness that traps people in endless cycles of repetitive thoughts (obsessions) and behaviors (compulsions). Although we all have habits and routines that help us organize our daily lives, people with OCD develop patterns of behavior that take up too much time and interfere with their daily lives.

Obsessions are unwanted and intrusive ideas, images and impulses that run through the person's mind over and over again. Sometimes these thoughts come only once in a while and are only mildly annoying, but at other times the thoughts come constantly and cause great distress.

A *compulsion* is a behavior that is performed on purpose in response to an obsession. People perform these compulsive behaviors according to "rules" they make up themselves to try to control the nervous feelings that come along with the obsessive thoughts. Sometimes compulsive behaviors are called rituals. For example, a person may have a profound fear of germs and spend hours washing his or her hands after using a public toilet. Rituals like this do make the nervous feelings go away, but usually only for a short while. Then fear and discomfort return, and the person repeats the routine all over again.

Most people with OCD know that their obsessions and compulsions are ridiculous and make no sense, but they can't ignore them.

What are some common obsessions and compulsions?

These are some common obsessions:

- Fear of dirt, germs or contamination
- Disgust with bodily waste or secretions
- Fear of harming a family member or friend
- Concern with order, symmetry (balance) and exactness
- Worry that a task has been done poorly, even when the person knows this is not true
- Fear of thinking evil or sinful thoughts
- Constantly thinking about certain sounds, images, words or numbers
- A constant need for reassurance

These are some common compulsions:

- Cleaning and grooming rituals, such as excessive hand-washing, showering and tooth-brushing
- Checking rituals involving drawers, door locks and appliances, to be sure they are shut, locked or turned off
- Repeating rituals like going in and out of a door, sitting down and getting up from a chair, and touching certain objects several times
- Ordering and arranging items in certain ways
- Counting over and over to a certain number
- Saving newspapers, mail or containers when they are no longer needed
- Seeking reassurance and approval

How common is OCD?

For many years, OCD was thought to be rare. However, the actual number of people with OCD was hidden, because people with OCD hide their problem to avoid ridicule and embarrassment. Recent studies have found that 1.3 percent of the general population develops OCD in any six-month period, and 2.5 percent have this disorder at some time in their lives. This means that about 3 million people may have OCD at any one time, making it a very common illness.

What causes OCD?

OCD may be connected with an imbalance in a brain chemical called *serotonin*. Serotonin serves as a “bridge” in sending nerve impulses from one nerve cell to the next, and in regulating repetitive behaviors. The great improvement that people have when they take certain medicines makes this idea more believable.

Are other illnesses associated with OCD?

OCD often goes along with other illnesses that can disrupt a person’s life. People with OCD often have other kinds of anxiety, like *phobias* (such as fear of spiders or fear of flying) and panic attacks, and they often have depression, too. About 70 percent of adults with OCD have an episode of major depression at some time in their lives. Alcohol and drug abuse can become problems when people with OCD turn to them for relief.

Only a few disorders are now thought to be related to OCD, and they actually respond to the same medicines that are helpful in treating OCD. These disorders include *hypochondriasis* (fear of being seriously ill when the person isn’t sick at all), *dysmorphophobia* (extreme concern with a small or imagined body defect), and *trichotillomania* (a compulsion to pull hair).

How is OCD treated?

Up until recently, OCD has been a difficult illness to treat. However, we now have better medicines. Clomipramine (Anafranil) helps many people with OCD and usually decreases symptoms to mild levels. Almost everyone has side effects from this drug, such as dry mouth, constipation and drowsiness, and sometimes an inability to achieve orgasm. Fluoxetine (Prozac) and fluvoxamine (Luvox) can also help some people with OCD.

Behavioral therapy can be used to lessen unwanted compulsions. First, people are exposed to the situations that produce obsessions and anxiety, and then they are encouraged to resist performing the rituals that usually help control the anxiety. Over time and with practice, OCD symptoms gradually go away. The person with OCD must really want to use this method, though, to be able to tolerate the high levels of anxiety that result.

Finally, family therapy is a way to educate the relatives of a person with OCD about their part in the recovery process, and how to deal with their own feelings of frustration and unhappiness.

Who can I call for more information?



The Obsessive-Compulsive Foundation (P.O. Box 70, Milford, CT 06460; telephone: 203-878-5669; on-line: <http://pages.prodigy.com/alwillen/DSC.html>) offers information on treatments, and lists mental health professionals who have experience in treating OCD and support groups available across the United States.

This handout provides a general overview on this topic and may not apply to everyone. To find out if this handout applies to you and to get more information on this subject, talk to your family doctor.



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