

**M.I.N.D**

OCD



Obsessive Compulsive Disorder (OCD)

Introduction

Obsessive-compulsive disorder (OCD) is a type of anxiety disorders that causes repeated unwanted thoughts. To get rid of the thoughts, a person does the same tasks over and over. For example, you may fear that every-thing you touch has germs on it. So to ease that fear, you wash your hands over and over again.

OCD is a chronic, or long-term, illness that can take over your life, hurt your relationships, and limit your ability to work or go to school.

Overview and Facts

For many people, OCD starts during childhood or the teen years. One-third of adults with OCD develop symptoms as children, and research indicates that OCD might run in families.

Symptoms

Symptoms of obsessive-compulsive disorder tend to come and go over time and range from mild to severe. Anxiety is the most common symptom. For example, you may have an overall sense that something terrible will happen if you don't do a certain task, such as check again and again to see whether the stove is on. If you fail to check, you may suddenly feel tense or anxious or have a nagging sense that you left something undone.

Symptoms of the disorder include:

- **Obsessions.** These are unwanted thoughts, ideas, and impulses that you have again and again. They won't go away. They get in the way of your normal thoughts and cause anxiety or fear. The thoughts may be sexual or violent, or they may make you worry about illness or infection. Examples include:
 - A fear of harm to yourself or a loved one.
 - A driving need to do things perfectly or correctly.
 - A fear of getting dirty or infected.

- **Compulsions.** These are behaviors that you repeat to try to control the obsessions. Some people have behaviors that are rigid and structured, while others have very complex behaviors that change.

Examples include:

- Washing or checking that something has been done.
- Counting, often while doing another compulsive action, such as hand-washing.
- Repeating things or always moving items to keep them in perfect order.
- Hoarding.
- Praying.

The obsessions or compulsions usually take up a lot of time-more than 1 hour a day. They greatly interfere with your normal routine at work or school, and they affect social activities and relationships.

Sometimes people may understand that their obsessions and compulsions are not real. But at other times they may not be sure, or they may believe strongly in their fears.

Consult a doctor if:

- You feel like you have obsessions or compulsions and they are interfering with your work, relationships or other parts of your life
- You feel depressed, have trouble with alcohol or drug use, or have other mental health concerns along with anxiety
- You have suicidal thoughts or behaviors

Your worries may not go away on their own, and they may actually get worse over time if you don't seek help. See your doctor or a mental health provider before your problem gets worse. It may be easier to treat if you address it early.

Causes and Risk Factors

Experts do not know the exact cause of obsessive-compulsive disorder. Research suggests that there may be a problem with the way one part of the brain sends information to another part. Not having enough of a brain chemical called serotonin may help cause the problem. Some experts believe that a problem related to infections, such as strep throat or scarlet fever, can suddenly bring on the disorder or make its symptoms worse in some children.

Tests and Diagnosis

To diagnose OCD, a person should consult a mental health professional who will rely on scientific criteria to check whether he/she has OCD.

He or she may ask other questions to see how you are doing emotionally.

Your doctor can check for obsessive-compulsive disorder by asking about your symptoms and your past health. He or she may also do a physical exam. It's important to talk to your doctor if you think you have OCD. Many people with the disorder go without treatment because they are afraid or embarrassed to talk to a doctor.

Treatment

The main treatments for Obsessive Compulsive Disorder (OCD) are:

- Psychotherapy and counseling for the disorder includes a type of cognitive-behavioral therapy called exposure and response prevention. This therapy slowly increases your contact with the thing that causes worries or false beliefs. For example, if you were worried about getting germs from things you touch, you would touch an object you believe has germs and then not wash your hands afterward. You would keep doing that until you could do it without feeling anxious. This can be hard at first. But with the help of a counselor, this therapy can reduce your symptoms over time. Other cognitive therapy may also help change the false beliefs that lead to OCD behaviors. Treatment can make your symptoms less severe. But you may still have some mild symptoms after you begin treatment.
- Medications such as antidepressant medicines called selective serotonin reuptake inhibitors (SSRIs) are most commonly used. You may begin to feel better in about 1 to 3 weeks after you start taking medicine. But it can take as long as 6 to 8 weeks to see more improvement. If you have concerns about your medicine, or if you do not start to feel better by 3 weeks, talk to your doctor. He or she may increase the dose or change to a different medicine.

- Combination of psychotherapy and medication

Sources

www.idraac.org

www.webmd.com

<http://www.nimh.nih.gov/>