

## Medication

Serotonin reuptake inhibitors (SRIs), which include selective serotonin reuptake inhibitors (SSRIs) are used to help reduce OCD symptoms. SRIs often require higher daily doses in the treatment of OCD than of depression and may take 8 to 12 weeks to start working, but some patients experience more rapid improvement. If symptoms do not improve with these types of medications, research shows that some patients may respond well to an antipsychotic medication.

## Psychotherapy

Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behavior therapy (CBT) and other related therapies (e.g., habit reversal training) can be as effective as medication for many individuals. Research also shows that a type of CBT called Exposure and Response Prevention (EX/RP) – spending time in the very situation that triggers compulsions (e.g. touching dirty objects) but then being prevented from undertaking the usual resulting compulsion (e.g. hand washing) – is effective in reducing compulsive behaviors in OCD, even in people who did not respond well to SRI medication.

**For more information on Obsessive-Compulsive Disorder** and other mental illnesses, please contact any of the following:

NAMI Flagstaff at [www.namiflagstaff.org](http://www.namiflagstaff.org)

NAMI Arizona at [www.namiarizona.org](http://www.namiarizona.org)

NAMI National at [www.nami.org](http://www.nami.org)

National Institute on Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov)



## OBSESSIVE-COMPULSIVE DISORDER

Obsessive-Compulsive Disorder (OCD) is a common, chronic, and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviors (compulsions) that he or she feels the urge to repeat over and over.

### Symptoms

**Obsessions** are repeated thoughts, urges, or mental images that cause anxiety. Common symptoms include:

- Fear of germs or contamination
- Unwanted forbidden or taboo thoughts involving sex, religion, or harm
- Aggressive thoughts towards others or self
- Having things symmetrical or in a perfect order

**Compulsions** are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning and/or hand washing
- Ordering and arranging things in a particular, precise way
- Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- Compulsive counting

Not all rituals or habits are compulsions. Everyone double checks things sometimes. **But a person with OCD generally:**

- Can't control his or her thoughts or behaviors, even when those thoughts or behaviors are recognized as excessive
- Spends at least 1 hour a day on these thoughts or behaviors
- Doesn't get pleasure when performing the behaviors or rituals, but may feel brief relief from the anxiety the thoughts cause
- Experiences significant problems in their daily life due to these thoughts or behaviors

#### **Some individuals with OCD also have a tic disorder.**

Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds.

Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves.

Although most adults with OCD recognize that what they are doing doesn't make sense, some adults and most children may not realize that their behavior is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children. If you think you have OCD, talk to your doctor about your symptoms. If left untreated, OCD can interfere in all aspects of life.

## **Risk Factors**

OCD is a common disorder that affects adults, adolescents, and children all over the world. Most people are diagnosed by about age 19, typically with an earlier age of onset in boys than in girls, but onset after age 35 does happen. The causes of OCD are unknown, but risk factors include:

**Genetics:** Twin and family studies have shown that people with first-degree relatives (such as a parent, sibling, or child) who have OCD are at a higher risk for developing OCD themselves. The risk is higher if the first-degree relative developed OCD as a child or teen.

**Brain Structure and Functioning:** Studies have shown differences in the frontal cortex and subcortical structures of the brain in patients with OCD. There appears to be a connection between the OCD symptoms and abnormalities in certain areas of the brain, but the connection is not clear.

**Environment:** An association between childhood trauma and obsessive-compulsive symptoms has been reported in some studies.

**Infection:** In some cases, children may develop OCD or OCD symptoms following a streptococcal infection—this is called Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS).

## **Treatments and Therapies**

OCD is typically treated with medication, psychotherapy, or a combination of the two. Although most patients with OCD respond to treatment, some patients continue to experience symptoms. Sometimes people with OCD also have other mental disorders, e.g. anxiety, depression, and body dysmorphism.