Obsessive compulsive disorder (OCD)

People suffering with obsessive compulsive disorder (OCD) often experience a recurring cycle of anxiety and relief. Their minds become filled with obsessive thoughts that generate anxiety.

Depression, ranging from mild to major, afflicts many people with obsessive compulsive disorder. Social phobia and panic disorder may afflict people with OCD, who also may struggle with eating disorders, problems at work, and difficulties with relationships.

To reduce the distress caused by anxiety, they carry out compulsive rituals. Engaging in these compulsions may provide temporary relief, but over time, OCD symptoms almost always worsen. The cycle repeats, often occupying many hours of each day. At some point, people with obsessive compulsive disorder realize that these behaviors are extreme or unjustifiable, but they can't find a way to stop them.

Many people without actual OCD have fears about certain behaviors. Someone may refuse to open an umbrella indoors, for fear of bringing bad luck. But the fearful thoughts, or obsessions, of someone who has OCD will plague them and demand their attention. They may find themselves unable to leave home without first checking every door and window at least a dozen times, and in a precise order, to be sure that the house is secure.

Their actions are compulsions that relieve, at least temporarily, the anxiety caused by their obsessive belief that something bad will happen. Research hasn't shown exactly what causes obsessive compulsive disorder, although it does appear to be related at least in part to genetic tendencies and neurochemical factors.

Symptoms

Most people with obsessive compulsive disorder suffer with:

- Chronic, excessive worry or irritability
- Fear of contamination
- Fear of making a mistake
- A need for symmetry, exactness; everything has to be just right
- Disturbing images that pop into their heads
- Fear of causing harm to another
- Excessive doubt
- Fear of behaving in a socially unacceptable manner.

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People with OCD are often embarrassed and ashamed of their behavior. They believe they're alone in their obsessions, so they're reluctant to seek help.

Almost all compulsions fall into one of these categories:

- Frequent hand washing
- Frequent checking locks or appliances
- Counting
- Arranging
- Hoarding

Treatment

Although OCD usually requires professional help, most people can be treated effectively. In treating OCD, most mental health professionals recommend a combination of cognitive behavior therapy and medication.

- **Therapy**—Cognitive behavior therapy is the most common and effective form of therapy used to treat obsessive compulsive disorder. This therapy teaches people to confront their fears and reduce their anxiety without performing the rituals.

  In the first part of therapy, people list all the situations they fear and all the compulsive rituals they perform. Gradually, they confront each situation, beginning with the least stressful, and find ways to approach and accept each situation without performing any rituals. For instance, people who compulsively wash their hands must use the toilet then leave the bathroom after washing only once. This form of therapy, called "exposure-response-prevention," can be difficult to tolerate, but it's highly effective.

- **Medication**—Antidepressant medications called SSRIs (selective serotonin reuptake inhibitors) such as Prozac, Paxil, Luvox, and Zoloft, are effective in treating obsessive compulsive disorder. Psychiatrists sometimes prescribe the tricyclic antidepressant Anafranil (chlomipramine), which has more side effects than the typical tricyclic antidepressant, but strong medication is often needed in cases of OCD.

Learn more about OCD

- **Anxiety and Depression Association of America**
  www.adaa.org

- **International OCD Foundation**
  http://iocdf.org

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