

OBSESSIVE-COMPULSIVE DISORDER



BASIC INFORMATION

DESCRIPTION

A disorder that involves recurrent, intrusive, and unwanted thoughts (obsessions), and repetitive, ritualistic behaviors (compulsions). People with obsessive-compulsive disorder (OCD) realize that their behavior is excessive, disruptive, and unreasonable, but are unable to change it or explain it. It causes significant distress or impairment and can consume most of a person's time. It may begin gradually in childhood or early adult life.

FREQUENT SIGNS AND SYMPTOMS

- Obsessions that recur. Trying to ignore or resist them is unsuccessful. Obsessions can include:
 - Fears of infection (from germs, dirt, etc.) and fear of serious illness.
 - Doubts (Is the door shut/locked? Is the iron on?).
 - Excessive orderliness or symmetry.
 - Fear that one's actions hurt other people or cause bad thing to happen.
 - Inappropriate sexual and aggressive thoughts.
- Compulsions are repetitive, purposeful behaviors to try to suppress the anxiety caused by obsessions. Compulsions include:
 - Asking for assurances.
 - Avoiding places or actions.
 - Doubts and checking (ovens, locks, doors, lights).
 - Excessive washing (hands or bathing).
 - Hoarding possessions.
 - Repeating behaviors such as dressing rituals.
 - Counting/cleaning/ordering/arranging.

CAUSES

The cause is unknown. It may be due to a low level of serotonin (a brain chemical). Serotonin is involved in sending impulses from one nerve cell to the next, and in regulating repetitive behavior.

RISK INCREASES WITH

- Problems with work, school, relationships, living situation, abuse, or illness.
- Family history of the disorder.

PREVENTIVE MEASURES

No specific prevention methods known.

EXPECTED OUTCOME

OCD continues for life. Symptoms may ease up for a while, or become more severe. Effective and specific therapy is now available. It may not lead to a cure, but can reduce symptoms.

POSSIBLE COMPLICATIONS

- Unable to develop and maintain normal work and personal relationships.
- Depression, anxiety, and panic episodes.
- Housebound and limited lifestyle due to symptoms.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider may do a physical exam and ask questions about the symptoms. No medical tests can diagnose the disorder. A patient's description of the behavior offers the best clues to diagnosis.
- Treatment is aimed at reducing anxiety, resolving inner conflicts, relieving depression, learning ways of dealing with stress, building self-esteem, and gaining an understanding of the compulsive behavior.
- Behavioral therapy (usually a process known as "exposure and response prevention") is used in treatment. It is often combined with drugs to achieve satisfactory results.
- Family education about the disorder is important.
- Group therapy may be helpful for some patients.
- A patient who is severely affected (and who does not respond to drug therapy) may benefit from precise, localized brain surgery (rare).
- To learn more: Obsessive-Compulsive Foundation, 676 State St., New Haven, CT 06511; (203) 401-2070 (not toll free); website: www.ocfoundation.org.

MEDICATIONS

- Antidepressants are often effective and may be prescribed. Complete benefits may not be seen for 3 weeks. About 10% of patients are unable to tolerate the side effects of the drugs, but an adverse response to one does not mean there will be problems with another.
- Antianxiety or tranquilizer drugs may also be prescribed.

ACTIVITY

No limits.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of obsessive-compulsive disorder.
- Symptoms continue or worsen after during treatment.
- Drugs used in treatment produce side effects.

Special notes:

More notes on the back of this page