



San Diego's Voice On Mental Illness

Obsessive-Compulsive Disorder

People who do the following may have OCD:

- Repeatedly check things, perhaps dozens of times, before feeling secure enough to go to sleep or leave the house.
- Feel they will harm others
- Feel dirty and contaminated
- Constantly arrange and order things
- Are excessively concerned with body imperfections
- Are ruled by numbers, believing certain numbers represent good and others represent evil
- Are excessively concerned with sin or blasphemy.

Obsessions are intrusive, irrational thoughts — unwanted ideas or impulses that repeatedly come up in a person's mind. Again and again, the person experiences disturbing thoughts, such as "My hands must be contaminated; I must wash them"; "I may have left the gas stove on"; "I am going to injure my child." On one level, the sufferer knows these obsessive thoughts are irrational but on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety.

Compulsions are repetitive rituals such as hand washing, counting, checking, hoarding, or arranging. An individual repeats these actions, perhaps feeling momentary relief, but without feeling satisfaction or a sense of completion. People with OCD feel they must perform these compulsive rituals or something bad will happen.

Most people at one time or another experience obsessive thoughts or compulsive behaviors. Obsessive-compulsive disorder occurs when an individual experiences obsessions and compulsions for more than an hour each day, in a way that interferes with his or her life.

The National Institute of Mental Health estimates that more than 2% of the U.S. population will suffer from OCD at some point in their lives.

OCD is often described as "a disease of doubt". Sufferers experience "pathological doubt" because they are unable to distinguish between what is possible, what is probable, and what is unlikely to happen.

Response to treatment varies from person to person. Most people treated with effective medications find their symptoms reduced by about 40 to 50%. That can often be enough to change their lives, to transform them into functioning individuals.

How do people with OCD typically react to their disorder?

People with OCD generally attempt to hide their problem rather than seek help. Often they are remarkably successful in concealing their obsessive-compulsive symptoms from friends and co-workers. An unfortunate consequence of this secrecy is that people with OCD generally do not receive professional help until years after the onset of their disease. By that time, the obsessive-compulsive rituals may be deeply ingrained and very difficult to change. OCD will not go away by itself, so it is important to seek treatment. OCD is a chronic disease. Fortunately, effective treatments are available that make life with OCD much easier to manage.

What causes OCD?

People from all walks of life can get OCD. It strikes people of all social and ethnic groups, and both males and females. Symptoms typically begin during the teenage years or young adulthood.

A large body of scientific evidence suggests that OCD results from a chemical imbalance in the brain. For years, mental health professionals incorrectly assumed OCD resulted from bad parenting or personality defects. This theory has been disproven over the last 20 years. OCD symptoms are not relieved by psychoanalysis or other forms of

“talk therapy”, but there is evidence that behavior therapy can be effective, alone or in combination with medication. People with OCD can often say “why” they have obsessive thoughts or why they behave compulsively. But the thoughts and the behavior continue.

People whose brains are injured sometimes develop OCD, which suggests it is a physical condition. Clinical researchers have implicated certain brain regions in OCD. They have discovered a strong link between OCD and a brain chemical called serotonin. Serotonin is a neurotransmitter that helps nerve cells communi-

cate. Scientists have also observed that people with OCD have increased metabolism in the basal ganglia and the frontal lobes of the brain. This, scientists believe, causes repetitive movements, rigid thinking, and lack of spontaneity. People with OCD often have high levels of the hormone vasopressin.

Can OCD be effectively treated?

Yes, with medication and behavior therapy. Both affect brain chemistry, which in turn affects behavior.

Medication can regulate serotonin, reducing obsessive thoughts and compulsive behaviors.

Anafranil (clomipramine): A tricyclic antidepressant, *Anafranil* has been shown to be effective in treating obsessions and compulsions. Many of the antidepressant medications known as *selective serotonin reuptake inhibitors (SSRIs)* have also

proven effective in treating the symptoms associated with OCD. The SSRIs most commonly prescribed for OCD are *Luvox* (fluvoxamine), *Paxil* (paroxetine), *Prozac* (fluoxetine), and *Zoloft* (sertraline). Medications should be tried consistently for 10 to 12 weeks before effectiveness can be judged.

Behavior therapy is not traditional psychotherapy. It is “exposure and response prevention”, and it is effective for many people with OCD. Consumers are deliberately exposed

to a feared object or idea, either directly or by imagination, and are then discouraged or prevented from carrying out the usual compulsive response. For example, a compulsive hand-washer may be urged to touch an object he or she believes is contaminated and denied the opportunity to wash for several hours. When the treatment works well, the consumer gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the compulsive actions for extended periods of time.

NAMI San Diego

NAMI San Diego, a non-profit organization, provides education, support services, and advocacy to improve the quality of life of everyone affected by mental illnesses. It is an affiliate of the National Alliance on Mental Illness (NAMI) and NAMI California. Its membership includes persons with brain disorders, their families, friends, mental health professionals and supportive members of the community.

NAMI offers monthly informational meetings, a monthly newsletter, free educational programs, a lending library of books and video-tapes, and support meetings for consumers and families throughout the county.

For information and support, call

**NAMI San Diego
Helpline**

**(800) 523-5933
(619) 543-1434**

**www.namisaniego.org
information@namisd.org**