Obsessive-Compulsive Disorder:

When Unwanted Thoughts Take Over

Do you feel the need to check and re check things over and over? Do you have the same thoughts constantly? Do you feel a very strong need to perform certain rituals repeatedly and feel like you have no control over what you are doing?

If so, you may have a type of anxiety disorder called obsessive compulsive disorder (OCD).

Obsessive-Compulsive Disorder (OCD)

What is OCD?

Everyone double checks things sometimes. For example, you might double check to make sure the stove or iron is turned off before leaving the house. But people with OCD feel the need to check things repeatedly, or have certain thoughts or perform routines and rituals over and over. The thoughts and rituals associated with OCD cause distress and get in the way of daily life.

The frequent upsetting thoughts are called obsessions. To try to control them, a person will feel an overwhelming urge to repeat certain rituals or behaviors called compulsions. People with OCD can't control these obsessions and compulsions.

For many people, OCD starts during childhood or the teen years. Most people are diagnosed by about age 19. Symptoms of OCD may come and go and be better or worse at different times.

What are the signs and symptoms of OCD?

People with OCD generally:

- Have repeated thoughts or images about many different things, such as fear of germs, dirt, or intruders; acts of violence; hurting loved ones; sexual acts; conflicts with religious beliefs; or being overly tidy
- Do the same rituals over and over such as washing hands, locking and unlocking doors, counting, keeping unneeded items, or repeating the same steps again and again
- Can't control the unwanted thoughts and behaviors
- Don't get pleasure when performing the behaviors or rituals, but get brief relief from the anxiety the thoughts cause
- Spend at least 1 hour a day on the thoughts and rituals, which cause distress and get in the way of daily life.

What causes OCD?

OCD sometimes runs in families, but no one knows for sure why some people have it, while others don't. Researchers have found that several parts of the brain are involved in fear and anxiety. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.

How is OCD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam to make sure that another physical problem isn't causing the symptoms. The doctor may refer you to a mental health specialist.

OCD is generally treated with psychotherapy, medication, or both.

Psychotherapy. A type of psychotherapy called cognitive behavior therapy is especially useful for treating OCD. It teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious or fearful without having obsessive thoughts or acting compulsively. One type of therapy called *exposure and response prevention* is especially helpful in reducing compulsive behaviors in OCD.

Medication. Doctors also may prescribe medication to help treat OCD. The most commonly prescribed medications for OCD are anti-anxiety medications and antidepressants. Anti-anxiety medications are powerful and there are different types. Many types begin working right away, but they generally should not be taken for long periods.

Antidepressants are used to treat depression, but they are also particularly helpful for OCD, probably more so than anti-anxiety medications. They may take several weeks—10 to 12 weeks for some—to start working. Some of these medications may cause side effects such as headache, nausea, or difficulty sleeping. These side effects are usually not a problem for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects you may have.**

It's important to know that although antidepressants can be safe and effective for many people, they may be risky for some, especially children, teens, and young adults. A "black box"—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people to have suicidal thoughts or make suicide attempts. Anyone taking antidepressants should be monitored closely, especially when they first start treatment with medications.

Some people with OCD do better with cognitive behavior therapy, especially exposure and response prevention. Others do better with medication. Still others do best with a combination of the two. Talk with your doctor about the best treatment for you.

What is it like having OCD?

"I couldn't do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn't add up to a 'bad' number."

"Getting dressed in the morning was tough, because I had a routine, and if I didn't follow the routine, I'd get anxious and would have to get dressed again. I always worried that if I didn't do something, my parents were going to die. I'd have these terrible thoughts of harming my parents. I knew that was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me."

"I knew the rituals didn't make sense, and I was deeply ashamed of them, but I couldn't seem to overcome them until I got treatment."

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