
What is Obsessive Compulsive Disorder?

Obsessions are intrusive, irrational thoughts, unwanted ideas, or impulses that repeatedly well up in the victim'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"; or "I am going to injure my child." On one level, the sufferer knows these obsessive thoughts are irrational, but on another level, he/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. OCD victims 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/her life.

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

Who gets OCD?

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

What causes OCD?

The preponderance of scientific evidence suggests that OCD results from a chemical imbalance in the brain. For years, mental health professionals assumed OCD resulted from bad parenting or personality defects. This theory has been disproved over the last 20 years. OCD symptoms have not been relieved by psychoanalysis or other forms of "talk therapy."

OCD patients can often articulate insight into "why" they have obsessive thoughts or why they behave compulsively. But the thoughts and the behavior continue.

People whose brains are injured often develop OCD, suggesting that it's a physical condition. If a placebo is given to people who are depressed or who experience panic attacks,

40 percent will say they feel better. If a placebo is given to people who experience obsessive compulsive disorder, only about 2 percent say they feel better. This suggests a physical condition.

Brain scientists have identified the part of the brain that causes OCD. They have discovered a strong link between OCD and a brain chemical called serotonin. Serotonin is a neurotransmitter that helps nerve cells communicate.

Scientists have also observed that people with OCD have increased metabolism in the basal ganglia and in the frontal lobes of the brain.

This, scientists believe, causes repetitive movements, rigid thinking and a lack of spontaneity. People with OCD often have high levels of the hormone Vasopressin.

In layman's terms, something in the brain is stuck, like a broken record. Judith Rapoport, MD, describes it in her book, *The Boy Who Couldn't Stop Washing*, as "grooming behaviors gone wild."

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, obsessive-compulsive habits may be deeply ingrained and very difficult to change.

How long does OCD last?

For years, even decades. The symptoms may become less severe from time to time, and there may be long intervals when the symptoms are mild, but generally OCD is a chronic disease.

Is age a factor in OCD?

OCD usually starts at an early age, often before adolescence. Left untreated, it usually grows worse with age. It may first manifest as autism, pervasive developmental disorder, or Tourette's Syndrome, a compulsion to shout obscenities and insults at random. OCD can evolve into Tourette's Syndrome, depression, and anxiety. Like depression, OCD tends to worsen with age. Scientists hope that if OCD pa-

tients are treated at an early age, their symptoms won't worsen as they age.

What are some more examples of people who may suffer from OCD?

People who:

- repeatedly check things, perhaps dozens of times before feeling secure enough to go to sleep or to leave the house. *Is the stove off? Is the door locked? Is the alarm set?*
- fear they will harm others. *A man's car hits a pothole on a city street and he fears it was actually a body.*
- feel dirty and contaminated. *A woman is fearful of touching her baby because she might contaminate it.*
- constantly arrange and order things. *A child can't go to sleep unless he lines up all his shoes correctly.*
- are excessively concerned with body imperfections. *A person who insist on numerous plastic surgeries or spend hours a day bodybuilding.*
- ruled by numbers, believing that certain numbers represent good, and other numbers represent evil.
- are excessively concerned with sin or blasphemy.

Is OCD commonly recognized by professionals?

Not nearly enough. OCD is often misdiagnosed and underdiagnosed. Many people have dual diagnoses of OCD and schizophrenia or OCD and manic depressive illness, but the OCD component is not diagnosed or treated. Researchers believe OCD, anxiety disorders and eating disorders like anorexia and bulimia can be triggered by the same chemical malfunctioning of the brain.

Is heredity a factor in OCD?

Yes, heredity appears to be a strong factor. If you have OCD, there's a 25 percent chance that one of your immediate family members will have it. It definitely seems to run in families.

Can OCD be effectively treated?

Yes, OCD can be effectively treated with medication and behavior therapy. Medication can regulate serotonin and reduce obsessive thoughts and compulsive behavior. In the last few years several medications have been developed that relieve many of the symptoms of OCD. Three medications are particularly recommended as "serotonin selectors": clomipramine, fluoxetine, and sertraline.

Clomipramine (brand name: Anafranil) has been used in Europe for more than 20 years and is now available in the US. There is little evidence that clomipramine has adverse, long-term, negative effects and particularly that it has an

increased rate of birth defects. But it can produce side effects, such as dry mouth, constipation, tiredness, fatigue, slight hand trembling, sexual dysfunction, and severe weight gain. There is the possibility of seizures in high dosages.

Fluoxetine (brand name: Prozac) and Sertraline (brand name: Zoloft) are effective in some OCD patients and have far fewer side effects for most patients. Fluoxetine occasionally causes nausea, weight loss, and insomnia.

Despite sensationalized reports that fluoxetine causes violent behavior, the drug has been examined on numerous occasions by the US Food and Drug Administration and is deemed safe and effective.

Sertraline is a relatively new drug that so far has shown fewer side effects than fluoxetine and is substantially cheaper.

How long should an individual take medication before judging its effectiveness?

Some physicians make the mistake of prescribing medication for only three or four weeks. That really isn't long enough. Medication should be tried consistently for 10 or 12 weeks before judging its effectiveness.

What is "behavior therapy" and can it effectively relieve symptoms of OCD?

Behavior therapy is not traditional psychotherapy. It is "exposure and response prevention," and has been found to be effective for many people with OCD.

Patients 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 believed to be contaminated, and then may be denied the opportunity to wash for several hours.

When the treatment works well, the patient gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the compulsive actions for extended periods of time.

Several studies suggest that medication and behavior therapy are equally effective in alleviating symptoms of OCD. About half the patients improve substantially with behavior therapy; the rest improve moderately with it.

If my relative with OCD refuses to take medication and won't participate in behavioral therapy, are there any other treatments?

Your relative could be a candidate for brain surgery. Neurosurgeons in recent years have developed a finely tuned procedure with Magnetic Resonance Imaging to identify the part of the brain that may be involved in expressing OCD. A surgeon can make microscopic cuts in the brain, which often lead to a decrease in OCD.

Will OCD symptoms go away completely with medication and behavior therapy?

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

Some people are fortunate enough to go into total remission when treated with effective medication and/or behavior therapy. Unfortunately, some people find neither medication nor behavior therapy has positive effects.

Suggested Reading

Rapoport, Judith L., *The Boy Who Couldn't Stop Washing*. New York, E.P. Dutton: 1991. Paperback

Griest, John H., *Obsessive Compulsive Disorder*. Revised Edition. Madison, WI, Univ. of WI. Lithium Information Center: 1990.

For Further Information:

OC Foundation. OC Foundation, P.O. Box 961029, Boston, MA 02196, (617) 973-5801. (This foundation has a Newsletter).

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OBSESSIVE- COMPULSIVE DISORDER

(OCD)



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