

Can OCD be effectively treated?

OCD will not go away by itself, so it is important to seek treatment. Although symptoms may become less severe from time to time, OCD is a chronic disease. Fortunately, effective treatments are available that make life with OCD much easier to manage. OCD symptoms are not cured by talking about them and “trying to make it go away.” With medication and behavior therapy, OCD can be treated effectively. Both medications and behavioral therapy affect brain chemistry, which in turn affects behavior. Doctors are also increasingly aware of the role that regular exercise, getting enough sleep, and a healthy diet have in the treatment of OCD. If people with OCD can live a healthy lifestyle and receive effective treatment of any other medical conditions they might have, it is likely that their OCD symptoms will improve.

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it.

This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**

How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

If you have OCD:

- ◆ Seek medical care through a psychiatrist and/or your primary care physician.
- ◆ Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. **Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- ◆ Take NAMI’s Peer-to-Peer course and/or join the NAMI Connection support group.
- ◆ LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- ◆ Take care of yourself.
- ◆ Take NAMI’s Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- ◆ Family, friends and partners of military service members and veterans can take NAMI’s Homefront course.
- ◆ Learn about your loved one’s illness.

SHOW YOU CARE. WEAR A SILVER RIBBON.



- Help break down the barriers to treatment and support.
- Help reduce stigma —talk about it!



**FIND HELP.
FIND HOPE.**

Mental illness affects 1 in 5 people. We provide resources and support to all those affected by mental illness.

**NAMI SOUTHERN ARIZONA DEPENDS ON YOU.
THERE ARE MANY WAYS TO HELP.
BECOME A MEMBER, VOLUNTEER OR DONATE.**

NAMI Southern Arizona
6122 E. 22nd St.
Tucson, AZ 85711
520-622-5582
NAMIisa@NAMIisa.org

COMMUNITY-WIDE CRISIS LINE:
520-622-6000 or 1-866-495-6735

NAMIisa.org



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OBSESSIVE- COMPULSIVE DISORDER

Educational information and local support provided by:



What is obsessive-compulsive disorder (OCD)?

Obsessions are intrusive, irrational thoughts—unwanted ideas or impulses that repeatedly appear in a person's mind. Again and again, the person experiences disturbing thoughts, such as “My hands must be contaminated;” “I need to wash them;” “I may have left the gas stove on;” “I need to go check it fast.” On one level, the person experiencing these thoughts knows their obsessions are irrational. But on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety, distress and dysfunction.

Compulsions are repetitive rituals such as hand washing, counting, checking, hoarding or arranging. An individual repeats these actions many times throughout the day and performing these actions releases anxiety, but only momentarily. People with OCD feel they must perform these compulsive rituals or something bad will happen to them or their loved ones.

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 percent of the U.S. population, or nearly one out of every 40 people, will be diagnosed with OCD at some point in their lives. The disorder is two to three times more common than schizophrenia and bipolar disorder.

OCD is often described as "a disease of

doubt." Individuals living with OCD experience "pathological doubt" because they are unable to distinguish between what is possible, what is probable and what is unlikely to happen.

Who can get 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 childhood, the teenage years or young adulthood. The sudden appearance of OCD symptoms later in life merits a thorough medical evaluation to ensure that another illness is not the cause of these symptoms.

What causes OCD?

People with OCD can often say "why" they have obsessive thoughts or “why” they behave compulsively, but the thoughts and the behavior continue. 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 few decades. People whose brains are injured sometimes develop OCD, which suggests it is a medical condition.

Genetics are thought to be very important in OCD. If you, or your parent or sibling, have OCD, there's close to a 25 percent chance that another of your immediate family members will have it.

OCD has been found to be connected with

dysfunction in certain parts of the brain, specifically the basal ganglia and the frontal lobes. Inappropriate functioning of these regions in the brain can cause the repetitive movements and rigid thinking that affects people with OCD. Successful treatment with medication or behavior therapy changes the activity in these brain regions, which decreases the symptoms of OCD. Two specific chemicals in the brain—a neurotransmitter called serotonin and a hormone called vasopressin—have also been studied by scientists who have found a link between these chemicals and OCD. Researchers believe OCD, anxiety disorders, Tourette's and eating disorders, such as anorexia and bulimia, can be triggered by some of the same chemical changes in the brain.

A world-renowned expert, Judith Rapoport M.D., describes OCD by writing, “something in the brain is stuck, like a broken record.”

What are behaviors typical of people who live with OCD?

People who do the following may have OCD:

Repeatedly check things, perhaps dozens of times, before feeling secure enough to leave the house. Is the stove off? Is the door locked?

Fear they will harm others. Example: A man's car hits a pothole on a city street and he fears it was actually a pedestrian and drives back to check for injured persons.

Feel dirty and contaminated. Example: A woman is fearful of touching her baby

because she might contaminate the child and cause a serious infection.

Constantly arrange and order things. Example: A child can't go to sleep unless he lines up all his shoes correctly.

Are ruled by numbers, believing that



certain numbers represent good and others represent evil. Example: a college student is unable to send an email unless the “correct sequence of numbers” is

recalled prior to using his computer.

Are excessively concerned with sin or blasphemy in a way that is not the cultural or religious norm for other members of their community. Example: a woman must recite “Hail Mary” thirty-three times every morning before getting out of bed and is frequently late for work because of this.

Is OCD commonly recognized by professionals?

OCD is not commonly recognized by professionals and is often misdiagnosed, or underdiagnosed. Many people have dual disorders of OCD and schizophrenia, or OCD and bipolar disorder, but the OCD part of their illness is not diagnosed or treated.

In children, parents (and teachers and doctors) often are aware of some anxiety or depression but not of the underlying OCD.