

WHAT TYPES OF TREATMENT ARE AVAILABLE FOR OCD?

Traditional psychotherapy or psychoanalysis, which tries to explore the roots of OCD in early childhood, is not helpful for reducing OCD symptoms. Supportive psychotherapy may, however, help people with OCS cope more effectively with their illness. Recently, there have been advances in treatment that provide greater relief from specific symptoms of OCD.

Some examples:

Behavior therapy- A number of people benefit from therapy techniques that teach individuals to quell the anxiety arising from obsessions and to reduce or eliminate compulsive rituals. Behavioral therapy is a structured set of techniques the individual learns to employ whenever anxiety, discomfort, or dysfunction arise because of obsessions or rituals. Direct changes in the behaviors of the patient are the goal. Patients are asked to find and face the things they fear (exposure) and then to refrain from carrying out compulsive rituals (ritual or response prevention).

Medication- Many people with OCD require medication. Drugs with potent effects on the brain chemical serotonin seem most effective. Clomipramine (Anafranil), the most widely studied drug for OCD, is now available by prescription. More than 20 controlled studies have proven clomipramine's effectiveness in treating OCD. Fluoxetine (Prozac) is available by prescription for treating depression. However, studies show it works for OCD.

New medications are on the horizon, giving us reason for even greater hope.

A combination of medication and behavioral therapy is often most effective.

Individuals who have OCD should consult a psychiatrist, psychologist or therapist to develop a treatment plan. It is often helpful to include family in the treatment planning process.



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Obsessive Compulsive Disorder (OCD)

Questions and Answers

WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD)?

OCD is characterized by recurrent, unwanted and unpleasant thoughts (obsessions), and/or repetitive, ritualistic behaviors, which the person feels driven to perform (compulsions). People with OCD know their obsessions and compulsions are irrational or excessive, yet find they have little or no control over them.

Typical Obsessions: Dirt, germs and contamination; fear of acting on violent or aggressive impulses; feeling overly responsible for the safety of others- for example, unreasonable fear of having run over someone with a car; abhorrent religious (blasphemous) and sexual thoughts; inordinate concern with order, arrangement, or symmetry; inability to discard useless or worn out possessions, etc.

Typical Compulsions: Excessive washing (particularly hand washing or bathing), cleaning, checking, and repetitive actions such as touching, counting, arranging, and ordering and hoarding. Ritualistic behaviors lessen the chance of distress from obsessions but buy only short term comfort at the long term cost of frequent ritual repetition.

A person can have a few or many of these symptoms, which can vary during the course of this disorder.

WHAT ARE OTHER SYMPTOMS OF OCD?

People with OCD may become demoralized or develop depression. Feelings of intense anxiety, discomfort, or disgust are common. Others forms of behavior that may be related to OCD are the urge to pluck out eyebrows or strand of hair (Trichotillomania), the

preoccupation with minor or imagined bodily defect (Body Dysmorphic Disorder), severe or extreme nail biting, or the unfounded fear of having a serious illness (hypochondriasis).

Hoarding is another possible symptom of OCD which results in people keeping large amounts of items that to the outside world are considered excessive or worthless/useless.

HOW MANY PEOPLE SUFFER FROM OCD IN THE UNITED STATES?

OCD was once thought to be rare. It is now estimated that up to 3 percent of the U.S. population may suffer from OCD at some point in their lives (about 5 million people).

WHAT IS THE AGE OF ONSET OF OCD?

The disorder usually begins in adolescence or early adulthood, but it may also occur in childhood.

WHAT IS THE COURSE OF OCD?

If not treated appropriately, the disorder is usually chronic, with waxing and waning of symptoms. In some cases, people may outgrow the disorder; in others, it may follow a progressive deteriorating course.

HOW DISABLING IS OCD?

Impairment ranges from mild to severe. Sometimes the symptoms are crippling; hospitalization may become necessary and regular employment impossible. On the other hand, many successful doctors, lawyers, engineers, educators, homemakers, businessmen/women, factory workers, performers and entertainers continue to function, despite symptoms of OCD. For the majority of people who lead otherwise normal lives, life would be even more productive and fulfilling if they were

free of symptoms.

The emotional and economic costs of OCD to the individual, the family and society are enormous.

DO “COMPULSIVE” GAMBLERS AND EATERS HAVE OCD? HOW ABOUT THOSE SUFFERING FROM ALCOHOL OR DRUG ABUSE?

Although people with pathological gambling, overeating and alcohol or drug abuse have a problem they feel they can't stop, all these activities have in some degree, a pleasurable component. In contrast, the compulsions of OCD are never inherently pleasurable. It should be noted, that the validity of these distinctions are being reexamined.

ARE PEOPLE WITH OCD “CRAZY”?

No. The behaviors may seem “crazy”, but the person performing them is not. In fact, an OCD sufferer is acutely aware of the excessiveness or irrationality of his or her fears or behaviors, yet is unable to control them. This self-awareness creates a new fear that others will think he/she is weak or crazy. People with OCD are often very secretive about their symptoms and are afraid to seek treatment. This may explain the previous low reports of OCD prevalence.

WHAT ARE THE POSSIBLE CAUSES OF OCD?

The exact causes of OCD are still unknown. However, researchers strongly suspect that a biochemical imbalance is involved. Alternations in one or more brain chemical systems that regulate repetitive behaviors may be related to the cause of OCD. These imbalances may be inherited. Psychological factors and stress may heighten symptoms.