

Obsessive Compulsive Disorder

Obsessive-compulsive disorder (OCD) is an anxiety disorder.
It has two main parts: obsessions and compulsions.

Many people experience minor obsessions (such as worrying about leaving the gas on or if the door is locked) and compulsions (such as avoiding the cracking in the pavement). These don't significantly interfere with daily life, or are short-lived.

However with someone experiencing OCD, it is likely that their obsessions and compulsions will have a bigger impact on how they live their life. The condition has two main parts: obsessions and compulsions

Obsessions are unwelcome thoughts, images, urges or doubts that repeatedly and intrusively come to mind. Obsessions are often frightening or seem so horrible that they cannot be shared with others. These obsessions interrupt other thoughts and cause anxiety.

Examples of obsessions include:

- A fear of failing to prevent harm – e.g. worrying that the cooker has been left on and might cause a fire.
- Imagining doing harm – e.g. thinking that you are going to push someone in front of a train.
- Intrusive sexual thoughts – e.g. worrying about abusing a child.
- Fear of contamination – e.g. from dirt and germs in a toilet.
- An excessive concern with order and symmetry – e.g. worrying if objects are not in order.

Compulsions are repetitive activities that people feel they have to do. This could be something like repeatedly checking a door to make sure it is locked or repeatedly a specific phrase in your head to prevent harm coming to a loved one.

The aim of a compulsion is to try to deal with the distress caused by the obsessive thoughts and relieve the anxiety that is felt. However, the process of repeating these compulsions is often distressing and the relief is only short-term.

Examples of compulsion include:

- Repeating actions – e.g. touching every light switch in the house every time you leave or enter the house.
- Focusing on a number – e.g. having to buy three of everything.
- Washing or cleaning – e.g. having to wash your hands very frequently in order to feel clean.
- Checking – e.g. reading through an email 10 times before sending it.
- Ordering or arranging – e.g. keeping food organised by colour in the fridge.

- Repeating a specific word or phrase – e.g. repeating someone’s name in order to prevent something bad happening to them.

Related disorders:

There are some other mental health problems that are similar to OCD because they involve repetitive thoughts, behaviours or urges. They are sometimes called habit disorders. These include:

Body dysmorphic disorder (BDD) is an anxiety disorder related to body image.

Compulsive skin picking (CSP) is the repetitive picking at skin to relieve anxiety or urges. It can be experienced as part of body dysmorphic disorder.

Trichotillomania is a compulsive urge to pull out hair.

What it’s like to have OCD:

At times obsessions and compulsions may seem manageable and other times they are impossible to live with. They may be more severe during times of stress. Obsessions and Compulsions are likely to impact on daily life:

- **Disruption.** Repeating compulsions can take up a lot of time, as such people will often avoid certain situations that trigger their OCD. This can mean that they’re not able to go to work, see family and friends, eat out or even go outside. Obsessive thoughts can make it hard to concentrate and can leave people feeling exhausted.
- **Impact on your relationships.** OCD can often lead to shame. People often feel that they have to hide their OCD from people close to them – or their doubts and anxieties about the relationship may make it too difficult to continue it.
- **Feeling ashamed or lonely.** People often report feeling ashamed of their obsessive thoughts, or feel as if they are a permanent part of themselves that can't be treated. When these thoughts and feelings can't be shared this can make them feel very isolated.
- **Impact on your physical health.** Anxiety caused by obsessions can affect physical health.

“It’s not about being tidy, it’s about having no control over your negative thoughts. It’s about being afraid not doing things a certain way will cause harm”.

Causes:

There are different theories about why OCD develops. None of these theories can fully explain every person’s experience, but researchers suggest that these are likely to be involved in causing OCD:

- 'dysfunctional' beliefs
- personal experience
- biological factors

Treatment:

Most people who get the right treatment see a significant improvement in their OCD.

The main treatments for OCD are:

- medication – antidepressants, tranquillisers and beta-blockers
- talking treatments – Cognitive Behaviour Therapy and Exposure and Response Prevention.

For family and friends:

Be open about OCD – keeping secrets can lead to feelings of shame. These feelings are often not shared for fear of the reaction from others. It can help to acknowledge this and encourage them to talk about their experience in a way that feels comfortable to them. Be patient, remember that their fears are very real to them, even if they seem unrealistic, irrational or extreme to you. Stay calm and don't judge. Find out as much as you can about OCD as this will help increase your understanding.

Work out how to deal with compulsions together - you may find it difficult not to help with compulsions, or get involved (this is sometimes called accommodation). For example you might; check locks for them, reassure them that they didn't cause an accident, reassure them that an obsessive thought doesn't mean anything. You may have found that refusing to help with rituals, or offer reassurance, increases their anxiety and makes life harder for both of you. But helping someone with their compulsions is not usually helpful in the long term. Every time someone acts on a compulsion (including asking for reassurance) it reinforces the belief that the compulsion is the only way to deal with their anxiety. Treatment for OCD helps people learn that their anxiety will reduce naturally, even if compulsions are not completed.

- Try and work out some alternatives together.
- Agree on an approach that feels right for you both.
- Encourage them to challenge compulsions where appropriate.
- Offer a hug or other emotional support instead of helping with a compulsion.
- Accept that sometimes it will be impossible not to offer reassurance.

Help them to access treatment as seeking help and treatment can be difficult. Remind them that the appointment will be confidential and the GP is there to help them access treatment. Some parts of treatment for OCD can be challenging. During treatment they may be agitated, tired, anxious and depressed. Try to be patient and ask them what you can do to make things easier. They may feel that things will never get better, especially if they are finding treatment hard or their symptoms come back. You can offer hope. Remind them that most people with OCD do benefit from treatment.