

Obsessive-Compulsive Disorder

What is Obsessive-Compulsive Disorder?

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder marked by fearful ideas and ritual behaviors.

Obsessions are repetitive thoughts or impulses — such as a fear of getting infected from someone else’s germs or hurting a loved one — that cause anxiety and stress to the person who has them. Although the thoughts are intrusive and unwanted, the person with OCD cannot stop them. Compulsions are repetitive behaviors people with OCD feel compelled to perform — such as constantly checking that an oven is off to prevent a fire — to avoid or decrease the anxiety created by the obsessions.

OCD affects about 2.2 million American adults or 1 percent of adult Americans. OCD affects men and women equally and typically first appears in childhood, adolescence or early adulthood:

- One-third of adults with OCD say they experienced their first symptoms as children.
- One percent to 3 percent of all children and adolescents have OCD.

Childhood rates may be even higher than that estimate because the disorder is often unrecognized in children: Physicians may not diagnose it, and parents may delay seeking help.

In the past few decades, scientists have developed better drugs and behavioral therapies to help people with OCD. New research methods allow scientists to see live images of what is going on in the brains of people with OCD and may lead to improved diagnosis and treatment in the future.

What are the symptoms of OCD?

OCD symptoms include:

- the fear of being unclean, contaminated or ill
- the need to have objects in order or symmetrical
- the fear of giving in to violent impulses or disturbing sexual thoughts

The symptoms can result in:

- a person avoiding contact with people out of fear of getting their germs and doing frequent hand washing and showering to cleanse germs
- becoming upset when a room is not orderly or items are not lined up in an (imagined) proper order
- avoiding contact with others out of fear of being discovered to have OCD or fear of acting on unwanted and imaginary impulses.

The rituals performed to reduce anxiety can result in physical and other problems. Repeatedly washed hands will become sore, leading to skin damage. Excessive concerns about health will cause people with OCD to constantly go to doctors, leading to tests or medications that have unwanted side effects and high costs. Despite a physician’s reassurance that everything is fine, people with OCD cannot stop worrying about being sick and may even think a doctor has missed something.

OCD is hard to deal with for individuals who have it and the people close to them

Even though people with OCD know their thoughts are not based in reality, they feel they must perform the rituals and experience stress and anxiety if they don’t. When obsessions and compulsions become extreme, it is time to talk to a doctor or mental

health provider. Although many with OCD feel embarrassed about their thoughts and behavior, the illness responds well to treatment.

If OCD is not treated, it tends to last for years, even decades. Symptoms may become less severe, and there may be long intervals when symptoms are mild, but for most individuals with OCD, symptoms are chronic.

How is OCD diagnosed?

OCD, like most mental illnesses, cannot be diagnosed by a blood test or X-ray. The diagnosis is usually made by a mental health professional, such as a psychiatrist. The clinician will ask the following questions to try to determine the extent to which the patient's obsessions and compulsions are interfering with normal life, work, school or relationships:

- “What are the specific details of your obsessions and compulsions?”
- “How long have you had these obsessions and compulsions?”
- “How have these obsessions and compulsions affected your life?”
- “Did your symptoms start after a new illness or taking a new drug?”

Doctors also will take a medical history to rule out other physical problems that can cause OCD-like symptoms, such as a brain injury, an infection, Tourette's syndrome, depression and eating disorders.

While many people have unrealistic beliefs — such as the idea that walking under ladders is unlucky — only a fraction actually have OCD. Clinicians diagnose people as having OCD when their symptoms cause significant distress; take up more than one hour a day; interfere with their work, relationships, or daily functioning; and are seen as excessive and unreasonable by the person who has them.

► **New NARSAD-supported research to improve the diagnosis of OCD includes:**

- **Educating physicians that the symptoms of OCD cause many people to be depressed. So in depression screening it is important to ask patients if they have symptoms of OCD.**
- **Characterizing tics and other physical symptoms, such as eye blinking, that may be associated with OCD**
- **Using brain imaging to determine if decision making looks different in people with OCD than in healthy people.**

How is OCD treated?

A combination of psychotherapy and medication is the most effective way to treat people with OCD.

Medications

Clinical research shows that drugs that increase the brain chemical serotonin can significantly decrease the symptoms of OCD. The most commonly used drugs include fluvoxamine (Luvox), fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), and clomipramine (Anafranil).

There are advantages to drug therapy: Some patients find it easier to take a pill than to do behavioral therapy, and dosages can be easily changed. If a patient does not respond to a drug, or experiences too many side effects, the doctor can prescribe another drug that may work better. Medications usually take two to six weeks to work.

Drugs, however, are not a cure for the illness. If medication is discontinued, symptoms often return. Roughly one-third of patients with OCD do not get better on current medications. As a result, most clinicians combine medications and behavioral therapy.

Psychotherapy

Cognitive-behavioral therapy (CBT), a psychotherapeutic approach aimed at identifying and modifying faulty or negative thinking styles and behavior, is recommended for people with OCD in addition to medication. CBT alone is recommended for children with OCD, because of concern over the long-term effects of antidepressants, and for people who cannot take medications (such as pregnant women). However, there are limits to CBT: It may not be best for very young children with OCD who are impatient or do not yet have the cognitive skills they need, or for adults who cannot make the time commitment to therapy.

One form of CBT for OCD is exposure-based therapy, which includes exposure to the things that the patient fears. The therapist talks to the patient about the obsessions and behaviors to help develop alternatives to obsessive thoughts and rituals. A person who has excessive fear of germs, for example, would agree not to wash his hands after touching his children. With time, the patient gradually experiences less anxiety from the obsessive thoughts and stops performing the compulsive behaviors.

Patients with OCD often take medication to calm their symptoms before starting CBT. Ideally, combining medication and CBT can provide the best opportunity for long-term success.

► **New NARSAD-supported research to improve the treatment of OCD includes:**

- Identifying new medications to treat OCD
- Looking at a family-based treatment for OCD for children who are not helped or are unwilling to participate in cognitive-based therapies
- Finding ways to make exposure-based treatment more effective
- Improving basic knowledge about the causes of the illness to determine what types of treatment to offer different patients

Living with OCD—from diagnosis to daily life

Left untreated, OCD obsessions and behaviors can consume a person's life, making it impossible to keep a job or maintain relationships.

People with OCD are very distressed by their symptoms but powerless to stop them. They wish they were spending their time differently. Out of shame, they often wait too long to get help even though they recognize their obsessions and compulsions don't make sense.

Children with OCD do not understand that there is something wrong with their thinking. The longer without help, the worse their symptoms get.

Once the condition is diagnosed and treatment begins, people with OCD can begin to function well at work and in school, enjoy their friends and family and have extended periods without symptoms. There is no permanent cure, however. Symptoms can return either due to the nature of the illness, hormonal changes or traumatic life events, such as the loss of a loved one or an accident.

OCD is hard to deal with for the individuals who have it and the people close to them:

- It can be difficult when a friend will not shake your hand for fear you have germs.
- It can take hours for people with OCD to leave the house: They will check several times that lights are off and all the windows are closed.
- Loved ones often have a hard time accepting that people with OCD cannot control their behavior.

The most important thing a loved one can do is to become educated about OCD, encourage the person with OCD to get help, support attempts to get well and not be disappointed by setbacks. Loved ones might want to seek the help of a family therapist as well. With treatment and time, people with OCD

can learn what triggers symptoms and learn what to do to stop them and feel better.

What causes OCD?

A combination of biological and environmental factors is believed to contribute to causing OCD.

Scientists have evidence that OCD is caused by miscommunication between the front part of the brain, also known as the orbital cortex, and the deeper structures of the brain known as the basal ganglia. Since communication between these brain structures is enhanced by the brain chemical serotonin, most researchers believe that insufficient levels of serotonin play a role in OCD. This would explain why drugs that increase the brain concentration of serotonin often help improve OCD symptoms.

Recent research suggests that another brain chemical, glutamate, may be involved in OCD. Scientists have evidence that drugs, such as riluzole that affect glutamate levels, may help people with OCD.

Genes may also play a role. It is estimated that up to 30 percent of teenagers with OCD have a member of the immediate family with obsessive symptoms, suggesting OCD may be associated with an underlying biochemical imbalance in the brain or genetic disorder. But if OCD begins when a person reaches adulthood, it is less likely his or her offspring will develop OCD, implying a different cause in this group of patients.

Left untreated, OCD obsessions and behaviors can consume a person's life, making it impossible to keep a job or maintain relationships. People with OCD are very distressed by their symptoms but powerless to stop them.

Scientists have found several genes associated with OCD. They may not cause the disease directly but interact with other physiological or environmental insults, such as stress or possibly infection, that can lead to the disease.

New NARSAD-supported research to understand the causes of OCD includes:

- Understanding why insufficient levels of serotonin lead to OCD



- Discovering the genes that may cause OCD
- Using brain imaging to identify patterns of brain chemicals that are signs of OCD
- Characterizing the molecules and cells in the brain that can cause OCD
- Understanding specific changes in brain function that can contribute to OCD

Help support NARSAD's research on depression

For the past 23 years, NARSAD has been at the forefront of research on mental illness. From 1987 through 2009, NARSAD has given more than \$252 million in grants to support innovative research by more than 2,800 scientists at leading universities, medical centers and research institutions around the world. Besides OCD, NARSAD funds research on schizophrenia, depression, bipolar disorder, anxiety disorders, and childhood mental illness.

For OCD research specifically, NARSAD has provided:

- **52 grants** to researchers studying obsessive compulsive disorder
- **\$3.4 million dollars** for those research grants

NARSAD supports research on all aspects of OCD and other mental illnesses — the causes and nature of the disease, structural and functional changes in the brain, chemical abnormalities, genetics, pharmacological and non-pharmacological treatments, and social and behavioral aspects of the illness.

NARSAD's grantmaking program is guided by its Scientific Council, a volunteer group of 116 leading neuroscientists, which reviews and recommends research proposals for funding.

NARSAD relies on the generosity of thousands of donors and volunteers to support this research, which has yielded great progress in the understanding, diagnosis and treatment of mental illnesses. Formerly known as the National Alliance for Research on Schizophrenia and Depression, NARSAD is a 501 (c)(3) organization that receives no government support. All donations are tax-deductible. To donate to NARSAD and to learn more about our work, please call (800) 829-8289, write to info@narsad.org, or visit our website.

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