

FORM 8.4. Information for Patients about Obsessive–Compulsive Disorder

What Is Obsessive–Compulsive Disorder?

People with obsessive–compulsive disorder (OCD) have obsessions, compulsions, or both. “Obsessions” are thoughts, mental pictures, or impulses that are upsetting but that keep coming back. “Compulsions” are actions that people feel they have to perform to keep from feeling anxious or to prevent something bad from happening. Most people with OCD suffer from both obsessions and compulsions.

Common obsessions include:

- **Fears of getting a disease**, such as AIDS or cancer.
- **Fears of touching poisons**, such as pesticides.
- **Fears of hurting or killing someone**, often a loved one.
- **Fears of forgetting to do something**, such as turn off a stove or lock a door.
- **Fears of doing something embarrassing or immoral**, such as shouting obscenities.

Compulsions are also called “rituals.” Common compulsions include the following:

- **Excessive washing or cleaning**, such as washing one’s hands many times a day.
- **Checking**, such as looking at a stove repeatedly to make sure it is off.
- **Repeating actions**, such as always turning a light switch on and off 16 times.
- **Hoarding or saving things**, such as keeping old newspapers or scraps of paper.
- **Putting objects in a set pattern**, such as making sure everything in a room is symmetrical.

Most people with OCD know that their fears are not completely realistic. They also feel that their compulsions do not make sense. However, they find themselves unable to stop.

OCD is a common problem. During any 6-month period, over 4 million people in the United States suffer from OCD. One person in every 40 will have OCD at some point during his or her life.

OCD can cause serious problems. People with OCD often spend hours a day doing rituals. This makes it hard to work or take care of a family. Many people with OCD also avoid places or situations that make them anxious. Some become homebound. Often they have family members help them perform their rituals.

What Are the Causes of Obsessive–Compulsive Disorder?

The exact causes of OCD are not known. Genes play a role. Family members of people with OCD often have OCD and other anxiety problems. However, genes alone do not explain OCD; learning and life stress also appear to contribute to the disorder.

How Does Obsessive–Compulsive Disorder Develop?

Studies show that 90% of people have thoughts similar to those that trouble people with OCD. However, people with OCD appear to be more upset by these thoughts than other people are. Often the thoughts that worry people with OCD go against their beliefs and values—for example, a very religious man fears that he will commit blasphemy, or a loving mother fears harming her child.

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Because people who develop OCD are upset by these thoughts, they try to avoid them. Often they try to force themselves to stop thinking the thoughts. The problem is that the more you try not to think about something, the more you end up thinking about it. You can try this yourself: Try *not* thinking about a pink elephant for the next 60 seconds. The chances are good that the first thing that comes to your mind will be just what you are trying to avoid thinking about—a pink elephant.

When people find that they cannot avoid upsetting thoughts, they often turn to other ways to feel less anxious. They may begin to perform some action, such as washing a lot or saying a silent prayer. This usually relieves their anxiety. The problem is that the relief is only *temporary*. Soon they must perform the action more often in order to feel better. Before long, the action has become a compulsion.

How Does Cognitive-Behavioral Treatment for Obsessive–Compulsive Disorder Work?

People with OCD are afraid that if they let themselves think their feared thoughts without doing any compulsions, they will get more and more anxious, and they won't be able to stand it. They often worry that they might go crazy.

Cognitive-behavioral treatment is aimed at helping you learn that you can control your anxiety without compulsions. You will learn coping strategies such as relaxation exercises, and ways of thinking that can help you feel less anxious. You will also learn that if you face your fears rather than avoid them, they will go away. This may be hard to believe, but it's true. Your therapist will help you gradually face the things that you fear most, until you are confident that you can handle your fears without compulsions.

Cognitive-behavioral treatment for OCD usually takes about 20 sessions. Treatment may take longer for people with severe symptoms.

Studies show that over 80% of people who complete cognitive-behavioral treatment for OCD are moderately to greatly improved. It is common to have occasional obsessions and urges to ritualize, even after treatment. However, patients usually feel much more in control and able to enjoy their lives. The studies also show that most people continue to feel better after therapy has stopped.

Can Medications Help?

The medications that work best for OCD increase the level of the chemical serotonin in the brain. Your physician or a psychiatrist can suggest the medication that would be best for you. Studies show that 50–60% of patients improve with these medications. However, most patients find that their symptoms return if the medication is stopped. For this reason, cognitive-behavioral therapy should always be used in addition to medication. For some patients, the combination of medication and therapy will give the best results.

What Is Expected of You as a Patient?

It is common to feel anxious at the beginning of therapy and to have doubts about whether you can be helped. All that is required is that you be willing to give therapy a try. Your therapist will teach you new ways of dealing with your anxiety and will help you begin to face the things you fear. You will be asked to practice these new skills between sessions. If you work on the exercises your therapist gives you and complete the treatment, and your chances for feeling better are excellent.
