

Anxiety Disorders: Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder, also known as OCD causes people to suffer in silence and secrecy and can destroy relationships and the ability to work. It may bring on shame, ridicule, anger, and intolerance from friends and family.

Although it has been reported in children, it strikes most often during adolescence or young adult years. The illness can affect people in any income bracket, of any race, gender, or ethnic group, and in any occupation. If people recognize the symptoms and seek treatment, OCD can be controlled.

OCD plagues people with intrusive, unwanted thoughts or obsessions, which are rarely pleasant. People who have these obsessions recognize that they are senseless. Still, they are unable to stop them. They may worry about becoming contaminated by dirt or germs and believe touching doorknobs or common objects will taint them. Others may fear becoming violent or aggressive, or they may have an unreasonable fear they will unintentionally harm people. Some may struggle with blasphemous or distasteful sexual thoughts, while others become overly concerned about order, arrangement or symmetry.

In an attempt to ease the anxiety related to their obsessions, people often develop ritualistic behaviors, called compulsions. Often, these reflect the patient's obsessions. For example, an obsessive fear about contamination often leads to compulsive hand washing, even to the point where the person's hands bleed. Others repeatedly touch a specific object or say a name or phrase in response to an obsession. An extreme and intrusive fear of making mistakes on the job may result in a person completing tasks extremely slowly, even to the point that the job is never finished. Obsessions may also result in compulsive collecting of useless items such as magazines and newspapers until they clog entire rooms of homes and endanger occupants' safety.

Because victims of OCD realize their obsessive thoughts and behaviors are senseless and unnecessary, they may try to hide their problem. They fear people will think they are "crazy" or silly. And they may feel that they're all alone.

Of course, nothing could be further from the truth. OCD affects as many as 2 percent of all Americans. Research indicates that, like depression and bipolar disorder, OCD is caused by an imbalance of the neurotransmitter called serotonin. This brain chemical, one of many that allows the nerve cells to communicate with one another, is thought to regulate mood and sleeping patterns.

Other research links the illness to biological responses to threats. According to this theory, healthy people become accustomed to a stimulus that - although originally thought to be a threat - turns out to be harmless. People with OCD, however, never develop an "immunity" to the stimulus and continue to feel anxious. Over time, their anxiety develops into obsessions, which, in turn, give rise to the compulsive behavior. Other theories focus on the psychological reactions to a traumatic incident during childhood, major stress, and a biological vulnerability that can be triggered by stress.

Researchers have found that certain antidepressant medications help alleviate obsessive behaviors by increasing the amount of serotonin and improve communication between the nerve cells. As with all medications, antidepressants have some side effects. The most common side effects are sedation, hand tremors, dry mouth, dizziness, headaches, insomnia, weight gain, blurred vision, and perspiration. Although

these are troublesome, most side effects begin to fade after a few weeks. It is important to ask your physician about potential side effects whenever taking medication. Equally important is telling the physician about any problems that develop after beginning a medication.

Behavior therapy has proven very successful in helping people with OCD overcome the anxiety that they feel if they do not complete their compulsions. In behavior therapy, a patient is exposed to the feared object or obsession, but prevented from completing the compulsive behavior. For example, people who fear contamination may be encouraged to touch dirty laundry and be denied the chance to wash their hands for a specified period of time. Most often, behavior therapy includes guidelines or a "contract" in which the patient and treatment team agree on certain goals.

In addition, families may participate in therapy by attending information sessions about the situations that may cause symptoms to worsen and the ways that loved ones can help the patient overcome the illness. Often family members can help the patient honor the terms of the treatment contract, and can also help to identify whether the patient is experiencing emotional difficulties such as:

- Withdrawal from family and friends
- Reappearance of repetitive behaviors
- Constant questioning of own judgment
- Taking longer with simple tasks
- Increased tardiness

It is important for family and friends to create a strong and supportive environment in which they learn to appreciate progress in their loved one's functioning and view small improvements as a success. No one should have to suffer the painful symptoms of OCD alone or in silence; treatment is available. Keep the following in mind:

1. No one person causes OCD in another, nor do people bring the illness upon themselves because of weak morals or character.
2. Seek a complete evaluation with a licensed mental health professional that can accurately diagnose the disorder.
3. Follow the treatment recommendations of your doctor and voice any concerns or questions.
4. Remember that one of the most effective ways to cope with obsessive-compulsive disorder is to learn as much as you can about it. By doing so, you can help yourself and your loved one regain a healthy, fulfilling life.

Mental Health America of Franklin County is a private, not-for-profit organization, established in 1956. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; community and professional mental health education and a newsletter for first-time parents available in both English and Spanish. We receive funding from the Franklin County ADAMH Board and United Way of Central Ohio. To become a member or find out more information, please visit us online at www.mhafc.org.