

Mental Health Matters

Plain Talk about Obsessive-Compulsive Disorder



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Obsessive-compulsive disorder (OCD) is a potentially disabling condition that can persist throughout a person's life. The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and

distressing but extremely difficult to overcome. OCD occurs in a spectrum from mild to severe, but if severe and left untreated, can destroy a person's capacity to function at work, at school, or even in the home.

A survey conducted by the National Institute of Mental Health showed that OCD affects more than 2 percent of the population, meaning that OCD is more common than such mental illnesses as schizophrenia or bipolar disorder. OCD strikes people of all ethnic groups. Males and females are equally affected.

Although OCD symptoms typically begin during the teenage years or early adulthood, recent research shows that some children develop the illness at earlier ages, even during the preschool years. Studies indicate that at least one-third of cases of OCD in adults began in childhood.

Obsessions. These are unwanted ideas or impulses that repeatedly well up in the mind of the person with OCD. Common obsessions include persistent fears that harm may come to oneself or a loved one, an unreasonable concern with becoming contaminated, or an excessive need to do things correctly or perfectly.

Compulsions. In response to their obsessions, most people with OCD resort to repetitive behaviors called compulsions. The most common of these are washing and checking. Other compulsive behaviors include counting, repeating, hoarding, and endlessly rearranging objects in an effort to keep them in precise alignment with each other. Mental problems, such as repeating phrases, listmaking, or checking are also common. These behaviors generally are intended to ward off harm to the person with OCD or others. Some people with OCD have regimented rituals while others have rituals that are complex and changing. Performing rituals may give the person with OCD some relief from anxiety, but it is only temporary.

Insight. People with OCD show a range of insight into the senselessness of their obsessions. Often, especially when they are not actually having an obsession, they can recognize that their obsessions and compulsions are unrealistic. At other times they may be unsure about their fears or even believe strongly in their validity.

Resistance. Most people with OCD struggle to banish their unwanted, obsessive thoughts and to prevent themselves from engaging in compulsive behaviors. Many are able to keep their symptoms under control during the hours when they are at work or attending school. But over the month or years, resistance may weaken, and when this happens, OCD may become so severe that time-consuming rituals take over the sufferers' lives, making it impossible for them to continue activities outside the home.

Shame and Secrecy. OCD sufferers frequently attempt to hide their disorder rather than seek help. Often they are successful in concealing their symptoms from friends and coworkers. An unfortunate consequence of this secrecy is that people with OCD usually do not receive professional help until years after the onset of their disease.

The old belief that OCD was the result of life experiences has been weakened before the growing evidence that biological factors are a primary contributor to the disorder. The fact that OCD patients respond well to specific medications such as Luvox suggests that the disorder has a neurobiological basis.

Both pharmacologic and behavior treatments can benefit the person with OCD. One patient may benefit significantly from behavior therapy, while another will benefit from pharmacotherapy. Which therapy to use should be decided by the individual patient in consultation with a psychiatrist.

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