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Mental Health: Obsessive Compulsive Disorder (OCD)

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What is OCD?

“He's an obsessive football fan”
“She's obsessive about shoes”
“He's a compulsive liar”

We use these expressions when we talk about people who do something again and again, even when others can't see any reason for it. It isn't usually a problem and, in some lines of work, can even be helpful.

However, the urge to do or think certain things repeatedly can dominate your life unhelpfully.

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What is OCD?

If a person:

- gets awful thoughts coming into their mind, even when they try to keep them out

or

- they have to touch or count things or repeat the same action like washing over and over

…they could have OCD.

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What is OCD?

OCD has three main parts:

- the thoughts that make you anxious (obsessions)
- the anxiety you feel
- the things you do to reduce your anxiety (compulsions)

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How common is OCD?

Around **1 in every 50** people are diagnosed with OCD at some point in their lives, men and women equally.

That adds up to over **1 million people in the U.K.**

Famous people with OCD may have included the biologist Charles Darwin, the pioneer nurse, Florence Nightingale, the actress Cameron Diaz, and the football player David Beckham.

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What causes OCD?

- **Genes:** OCD is sometimes inherited, so can occasionally run in the family.
- **Stress**: Stressful life events bring it on in about one out of three cases.
- **Life changes:** Times where someone suddenly has to take on more responsibility – for example, puberty, the birth of a child or a new job.
- **Brain changes:** We don't know for certain, but if you have the symptoms of OCD for more than a short time, researchers think that an imbalance of a chemical called serotonin (also known as 5HT) develops in the brain.
- **Personality:** If you are a neat, meticulous, methodical person with high standards you may be more likely to develop OCD. These qualities are normally helpful, but can slip into OCD if they become too extreme.
- **Ways of thinking:** Nearly all of us have odd or distressing thoughts or pictures in our minds at times - "what if I stepped out in front of that car?" or "I might harm my child". Most of us quickly dismiss these ideas and get on with our lives. But, if you have particularly high standards of morality and responsibility, you may feel that it's terrible to even have these thoughts. So, you are more likely to watch out for them coming back – which makes it more likely that they will.

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Obsessive Compulsive Disorder

OCD has two main parts: obsessions and compulsions.

Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt and germs, or worrying that you haven't turned off the oven.

Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or washing your hands a set number of times.

This booklet will now explain obsessions and compulsions in further detail.

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What you think: obsessions

- **Thoughts:** single words, short phrases or rhymes that are unpleasant, shocking or blasphemous. You try not to think about them, but they won't go away. You worry that you might be contaminated (by germs, dirt, HIV or cancer), or that someone might be harmed because you have been careless.
- **Pictures in your mind**: showing your family dead, or seeing yourself doing something violent or sexual which is completely out of character - stabbing or abusing someone, or being unfaithful. We know that people with obsessions do not become violent, or act on these thoughts.
- **Doubts**: you wonder for hours whether you might have caused an accident or misfortune to someone. You may worry that you have knocked someone over in your car, or that you have left your doors and windows unlocked.
- **Ruminations**: you endlessly argue with yourself about whether to do one thing or another so you can't make the simplest decision.
- **Perfectionism**: you are bothered, in a way that other people are not, if things are not in the exactly the right order, not balanced or not in the right place. For example, if books are not lined up precisely on a bookshelf.

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The anxiety you feel: emotions

- You feel tense, anxious, fearful, guilty, disgusted or depressed.
- You feel better if you carry out your compulsive behaviour, or ritual - but it doesn't last long.

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What you do: compulsions

- **Correcting obsessional thoughts**: you think alternative 'neutralising' thoughts like counting, praying or saying a special word over and over again. It feels as though this prevents bad things from happening. It can also be a way of getting rid of any unpleasant thoughts or pictures that are bothering you.
- **Rituals**: you wash your hands frequently, do things really slowly and carefully, perhaps arrange objects or activities in a particular way. This can take up so much time that it takes ages to go anywhere, or do anything useful.
- **Checking**: your body for contamination, that appliances are switched off, that the house is locked or that your journey route is safe.
- **Avoidance**: of anything that is a reminder of worrying thoughts. You avoid touching particular objects, going to certain places, taking risks or accepting responsibility. For example, you may avoid the kitchen because you know you will find sharp knives there.
- **Hoarding**: of useless and worn out possessions. You just can't throw anything away.
- **Reassurance**: you repeatedly ask others to tell you that everything is alright.

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Support

Five Ways to Wellbeing (see the Wellbeing Wheel for further support)

- Encourage the person to maintain their social life (feeling connected)
- Encourage them to be active with regular physical activity
- Peer Support
- Encourage them to talk
- Eco-therapy
- Practise mindfulness – being aware of the present moment
- Learning
- Noticing
- Giving

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Support

Remember - it's not your fault and you are not going 'mad'.

Expose yourself to your troubling thoughts. This sounds odd, but it's a way of getting more control of them. You record them and listen back to them, or write them down and re-read them. You need to do this regularly for around half an hour every day until your anxiety reduces.

Resist the compulsive behaviour, but not the obsessional thought.

Don't use alcohol or street drugs to control your anxiety. If your thoughts involve worries about your faith or religion, then it can sometimes be helpful to speak to a religious leader to help you work out if this is an OCD problem. You could also contact a support groups, research websites or buy a self help book.

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Treatments available

Cognitive Behavioural Therapy (CBT): **t**his is a treatment that helps you change the way you think and behave so you can feel better and get on with your life.

There are two types of CBT used to treat OCD:

- Exposure and Response Prevention (ERP)
- Cognitive Therapy (CT)

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Exposure and Response Prevention (ERP)

This is a way to stop compulsive behaviours and anxieties from strengthening each other. We know that if you stay in a stressful situation long enough, you gradually become used to it and your anxiety goes away. So, you gradually face the situation you fear (**exposure**) but stop yourself from doing your usual compulsive rituals, checking or cleaning (**response prevention**), and wait for your anxiety to go away.

It's usually better to do it in small steps:

- make a list of all the things you fear or avoid at the moment
- put the situations or thoughts you fear the least at the bottom, the worst ones at the top
- start at the bottom and work up, tackling one at a time. Don't move onto the next stage until you have overcome the last one.

This needs to be done every day for at least one or two weeks. Each time, you do it for long enough for your anxiety to fall to less than half what it is at its worst – around 30 to 60 minutes to start with. It can help to write down a measure of how anxious you are every 5 minutes, for example, from 0 (no fear) to 10 (extreme fear). You will see how your anxiety rises, then falls.

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Cognitive Therapy

Cognitive therapy is a psychological treatment which helps you to change your reaction to the thoughts, instead of trying to get rid of them. This is useful if you have worrying obsessional thoughts, but do not perform any rituals or actions to make yourself feel better. It can also be added to exposure treatment (ERP) to help overcome OCD.

Cognitive therapy helps you to stop fighting the thoughts.

We all have odd thoughts at times, but that is all they are. They do not mean you are a bad person or that bad things are going to happen – and trying to get rid of such thoughts just doesn't work. Relax in their presence. Treat them with mild curiosity or amusement. If even more unpleasant thoughts intrude, don't resist, let them happen, and think about them in the same way. Thoughts will often fade away when you are happy to let them stay.

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Cognitive Therapy

Change your reaction to your thoughts:

You learn to notice when you are having upsetting 'thoughts about thoughts' such as 'I'm a bad person for thinking like this.'

You may keep a diary of these unhelpful ways of thinking, then challenge them by asking yourself:

- What is the evidence for and against this idea being true?
- How useful is this thought? What's another way to look at this?
- What's the worst/best/most realistic outcome?
- How would I advise a friend who had my problems? If different to the advice I give myself, what makes me so special?

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Cognitive Therapy

Deal with responsibility and blame

You tackle unrealistic and self-critical thoughts, such as:

- placing too much importance on your thoughts (they are 'just' thoughts)
- overestimating the chances of something bad happening
- taking responsibility for bad things happening, even when they are out of your control
- trying to get rid of all risk in the lives of your loved ones.

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Cognitive Therapy

Test out unhelpful beliefs

A common fear in OCD is that 'thinking it will make it happen'. Try looking out of the window at a building and think about it falling down. Get a really strong picture in your mind. What happens? Another upsetting belief is that 'having thoughts is as bad as carrying them out'. Imagine your neighbour is unwell and needs some shopping done. Just think about doing it. Does that make you a good person? In order to be helpful, you have to **do** the action. The same is true for 'bad' thoughts. It is important to learn that obsessional thoughts are **not** carried out in reality.

A cognitive therapist will help you to decide which of your ideas you want to change, and will help you to build new ideas that are more realistic, balanced, and helpful. Most meetings with a therapist take place at your local GP practice, a clinic or sometimes a hospital. You might be able to have CT over the phone, or in your own home if you can't leave your house.

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Antidepressant medication

SSRIs (Selective Serotonin Reuptake Inhibitors) can help to reduce obsessions and compulsions, even if you are not depressed.

Examples include sertraline, fluoxetine, paroxetine, escitalopram and fluvoxamine. They are generally safe, but may cause side-effects in the first few days like a headache, dry mouth or feeling sick.

SSRIs can be used alone, or with CBT, for moderate to severe OCD. Higher doses often work better for OCD. If treatment with an SSRI has not helped at all after 3 months, the next step is to change to a different SSRI or a medication called Clomipramine. It is best to continue medication for at least 12 months, if it is helping. These medications are not addictive, but should be gradually reduced over several weeks before stopping.

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What does not work?

Some of these approaches may work in other conditions but there is not strong evidence for them in OCD:

- **Complementary or alternative therapies** such as hypnosis, homeopathy, acupuncture and herbal remedies – even though they sound attractive.
- **Other types of antidepressant medication**, unless you are suffering from depression as well as OCD.
- **Sleeping tablets and tranquillisers**, (zopiclone, diazepam, and other benzodiazepines) for more than two weeks. These drugs can be addictive.
- **Couple or marital therapy,** unless there are other problems in the relationship besides the OCD. It is helpful for a partner and family to try and find out more about OCD and how to help.
- **Counselling and psychoanalytical psychotherapy**. Some people find it helpful to think about the childhood and past experiences. However, the evidence suggests that facing our fears seems to work better than talking about them.

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Top tips

- The behaviour of someone with OCD can be quite frustrating. Try to remember that he or she is not trying to be difficult or behave oddly - they are coping the best they can.
- It may take a while for someone to accept that they need help. Encourage them to learn more about OCD and talk it over with a professional.
- You may be able to help exposure treatments by reacting differently to their compulsions:
  - encourage them to tackle fearful situations;
  - say 'no' to taking part in rituals or checking;
  - don't reassure them that things are alright.
- Don't worry that someone with an obsessional fear of being violent will actually do it. This is very rare.
- Ask if you can go with them to see their GP, psychiatrist or other professional.

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Support groups and external help

OCD Action: A charity for people with OCD, body dysmorphic disorder, compulsive skin picking and trichotillomania.
Help and information line: 0845 390 6232
Email: support@ocdaction.org.uk

OCD-UK: National support group for children and adults with OCD.
Advice line: 0845 120 3778
Email: support@ocduk.org

Anxiety UK: An organisation for people with anxiety problems including panic, phobias, OCD and related conditions. Provides support to sufferers, their family and carers. Live chat, email, self-help books, CDs, DVDs and resources.
Helpline: 0844 775774
Email: support@anxietyuk.org.uk

NHS Choices: Information from the National Health Service on conditions, treatments, local services and healthy living.

British Association for Behavioural & Cognitive Psychotherapies (BABCP): The main body for the different groups of professionals who offer CBT inside and outside of the NHS. It maintains standards of good practice, provides information, leaflets and keeps a register of members who can be contacted for non-NHS treatment.
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