

What is Obsessive Compulsive Disorder (OCD)?

How often has this happened to you? You've just left your house on your way out, when you think to yourself "Did I lock the door?" You walk all the way home only to discover you were worrying about nothing. Now imagine that even though you know the door is locked, you have to keep locking and unlocking the door...just to make sure. For some people with **Obsessive Compulsive Disorder** (OCD) everyday is just like the one described, filled with anxiety and worry over seemingly little things

OCD is a two part medical illness. The first part involves worrying excessively about something (an obsession), which in turn often causes a great deal of anxiety or distress to the person. The second part of **OCD** involves the intense need to do something to help get rid of the anxiety caused by the obsession; this is called a compulsion or compulsive behaviour.

Obsessions are described as unwanted, disturbing ideas or impulses that occur spontaneously and often don't make sense to the person or to the people around them. Common examples of obsessions are: persistent fears of contamination by dirt or germs, thoughts of being responsible for harm to one's self or others, or the fear of forgetting to do something.

Compulsions are the behaviours (rituals or routines) that people with **OCD** are compelled to do, to help control the anxiety associated with their obsession.

For example a ritual for someone who has a fear of contamination may involve washing their hands repeatedly, to the point that their skin is sore and raw. Other people have rituals that involve checking and rechecking, such as checking to see that the door is locked. Some people have an extreme need to make sure that things have been done absolutely correctly.

People with **OCD** often recognize and understand that their behaviour is unusual and unreasonable, but by performing their compulsions they gain temporary relief from their anxiety.

The truth about OCD

- OCD is a medical illness
- 1 in 40 people have OCD.
- OCD affects men and women equally.
- OCD trends to last for years if left untreated.
- OCD usually first occurs in a person's teen or early adult years.

What causes OCD?

Although the exact cause of OCD is unknown, current research suggest that OCD may be related to a shortage of a chemical in the brain called serotonin. Serotonin is a chemical messenger that transmits signals between brain cells. Shortages in the level of serotonin may lead to problems with how we process information. Medications which alter the concentration of serotonin in the brain have been shown to help OCD. Genetic factors may also play a role in determining why some people get OCD while others do not.

It is important to realize that OCD is a medical illness and that it will not go away by itself without proper medical treatment.

How can I tell if I have OCD?

The following questions can help determine if you are suffering from OCD. If you recognize any of these symptoms in yourself and you find them to be interfering with your daily activities, discuss your concerns with your doctor. Only your doctor can make a diagnosis of OCD.

Self-test for OCD

Do thoughts that make no sense come into your mind, thoughts that you cannot control?

Yes

No

Do you wash your hand more frequently than do other people?

Yes

No

Do you have to check things repeatedly?

Yes

No

Are there any other behaviours that you cannot resist and/or are doing more often than you think it should?

Yes

No

Do you have to have things done “just so” or in a certain order?

Yes

No

Does thinking these thoughts or performing these repetitious behaviours bother you a lot?

Yes

No

Do the thoughts and/or behaviours interfere with your daily functioning?

Yes

No

I think I have OCD. What do I do now?

In recent years, a number of treatments have been developed that can dramatically change the life of a person with OCD. Although OCD is completely curable in only a small number of people, there are effective therapies that can provide substantial relief from the symptoms of OCD and improve the person’s quality of life. If you think you have OCD, it is important to see your doctor immediately.

Your doctor will give you a thorough physical examination to rule out the possibility of any other illnesses, such as Tourette’s Disorder or other tic disorders. You can also expect to be asked about any symptoms of depression or anxiety, as well as any medication or drugs that you may currently be taking.

It is important to tell your doctor about any and all other medications or drugs you may be using because they may react with the treatment your doctor decides to put you on.

A word about suicide

The anxiety and distress of OCD can be so severe that some people think about hurting themselves or committing suicide. These thoughts can be very dangerous, especially if you are also going through an episode of [Depression](#). If you have had these thoughts or are having them now, **see your doctor immediately**. Help is available.

It is important to realize that thinking about suicide is not shameful; it is part of the illness. Share all of these thoughts with your doctor. He/she can help you through this period and give you medications that will ease the pain and make you feel better or he/she may recommend psychological therapy to help you discuss your situation.

Is it possible to have other illnesses as well as OCD?

People with OCD often have other illnesses as well. The most common illnesses found with OCD include: Depression, anxiety disorders (such as [Panic Disorder](#) or [Social Anxiety Disorder](#)), substance abuse, eating disorders, and Tourette's syndrome

OCD is often more difficult to diagnose when it is associated with other illnesses. It is important to tell your doctor about all your symptoms, no matter how small they may seem to you. There are treatments that can treat both OCD and its associated depressive symptoms. Alcohol and drug abuse can also be managed with medications, counselling, and through the support of self-help groups.

A word about Depression

We all get “depressed” from time-to-time. Most often these feelings are short-lived and our moods improve when things change. We get back to being our “old selves”.

Yet for many people, the symptoms of depression are more severe and last much longer. [Depression](#) is very different from “feeling down” or “having the blues”. If left untreated for long periods, Depression can seriously affect sleep patterns, appetite, energy levels, and physical well-being. Negative thoughts, a sense of helplessness or hopelessness, and always feeling sad, are symptoms of people suffering from Depression.

The many daily rituals some OCD patients must go through make it almost impossible for them to hold jobs or maintain relationships with others. Partly as a result of the stress of dealing with their rituals and fears, most people with OCD will become depressed at some point in time.

Some things to look for if you think you may be suffering from [Depression](#) are:

- **Changes in your mood:** you are bothered by small things, feel sad all the time or take less pleasure in things you once enjoyed.
- **Changes in you physical well-being:** increase or decrease in appetite and weight, trouble sleeping or waking up, low energy levels, lack of motivation, headaches, or general aches and pains.
- **Changes in your thought pattern:** negative thoughts, trouble concentrating or paying attention, feelings of helplessness or hopelessness, guilt or pessimism.

The important thing to understand is that there is help. Talk to your doctor about all your symptoms.

A word about Panic Disorder

Up to 4 people in every 100 will experience episodes of intense, over-whelming fear that reaches a peak within 10 minutes and comes on suddenly and unexpectedly. During these attacks, it is not unusual to feel that you are having a heart attack, are being suffocated or are going crazy. During these periods, people often say they have heart palpitations, a rapid heart beat, and shortness of breath or choking. There may also be sweating, nausea and diarrhea, trembling and shaking during these attacks. As well, the person may describe a sense of things being unreal, or that they feel detached from themselves. These symptoms together are known as a [panic attack](#). When a person has repeated and unexpected panic attacks, they are diagnosed as having [Panic Disorder](#). After a person has experienced even one or two attacks, there can be great anxiety and worry about when the next attack will occur. Some people with [Panic Disorder](#) end up developing [agoraphobia](#), which is the fear of being in situations where escape might be difficult or in which help may not be available. This is because after a panic attack, the person learns to fear having another attack in the same place or in a location where it would be difficult to get help. If agoraphobia becomes severe enough, the person may become housebound and unable to perform normal daily activities.

[Panic Disorder](#) is often misunderstood. People with the disorder may spend months or years trying to find an explanation for what they feel are mysterious physical symptoms. Others won't seek treatment because they are embarrassed, think their condition is just due to stress, or they are afraid of what the doctor will diagnose.

It is not unusual for someone with [Panic Disorder](#) to develop OCD. People with [Panic Disorder](#) often obsess about their fear of having another panic attack. To combat their obsession, they compulsively avoid situations and things that they believe trigger their panic attacks.

A word about Social Anxiety Disorder (Social Phobia)

It is almost impossible to go through a single day without seeing or talking to another person. But for the thousands of Canadians suffering from [Social anxiety Disorder](#) the thought of having to interact with others is frightening. Those suffering from Social Anxiety Disorder are afraid that they may do or say something “stupid” in front of others. They often avoid eating, drinking or writing in public places because of the fear that they will do something to embarrass themselves. [Social Anxiety Disorder](#) patients often go out of their way to avoid many different social situations. They often experience a great deal of anxiety prior to a known upcoming social or public event, which often leads to irrational thoughts about losing control, which, in turn, causes them to fear the situation even more.

Because of their obsessions and compulsions, many people with OCD are afraid to interact with other people. People with OCD often think that other people just don't understand their obsessions and compulsions.

A word about Drug and Alcohol Abuse

Some people with OCD will turn to street drugs as a way of coping with their illness. It is important to understand that many of these substances can cause more anxiety, often making the situation worse, and drugs and alcohol often reduce the effectiveness of different treatments.

The long-term effects of drug or alcohol abuse can be very damaging to your physical health and well-being which can seriously disrupt relationships with family and friends. When talking to your doctor, be honest about any drug or alcohol use. Drugs and alcohol can seriously affect the treatment your doctor will prescribe for you and can lead to dangerous side-effects.

There are treatments that can help you with drug and alcohol abuse. Talk to your doctor about which treatments are best for you.

What kinds of treatment can help me?

There are two main forms of treatments for OCD: medication and psychological therapy. Once your doctor is clear about all your symptoms, he or she will discuss and determine the best treatment for you. It is important that your doctor knows about all your symptoms and about how you feel on a day-to-day basis.

The information in this booklet can help you to identify symptoms related to OCD, but only a doctor can determine what treatment is right for you.

Medications

There are a number of antidepressants, known as Selective Serotonin Reuptake Inhibitors (SSRIs) that are currently available that have been shown to be effective treatments for OCD. With SSRIs, improvement can begin as soon as three to four weeks after starting treatment, although it generally takes 10 to 12 weeks to get the most from the medication. Some SSRIs are capable of treating the symptoms of other disorders that are commonly associated with OCD. These medications are usually combined with psychotherapy to achieve a more complete and long-lasting result.

As with all medications, it is important to understand side-effects associated with different medications. Be sure to tell your doctor if you are experiencing any side-effects, as he/she can often help reduce or eliminate the different side-side effects you may be experiencing. Keep taking the medicine your doctor has given to you even if you start to feel better. **Never stop taking your medication without talking to your doctor first.** If your doctor decides to stop your therapy, he/she will explain the best way to do that. Stopping your medication too soon can sometimes cause your symptoms to return. It is always important to maintain an open line of communication between you and your doctor.

It is important to tell your doctor if you are currently using any drugs or alcohol as they can interact with different medications, and can in some cases make you very sick.

Psychological therapy

Your doctor may recommend psychological therapy to achieve a more complete and long-lasting result. Traditional psychological therapy does not work as well as a specific treatment of Obsessive-Compulsive Disorder. However, a form of psychotherapy known as Cognitive Behavioural Therapy has been shown to help many OCD patients. These therapies can be used on their own or in combination with medications.

Exposure and response-prevention therapy:

Typical Cognitive Behavioural Therapy involves “Exposure and Response-Prevention”. This type of therapy involves patients voluntarily exposing themselves to objects or situations related to their obsessions. The therapist then helps them to overcome the urge to perform their rituals. These behavioural techniques are combined with cognitive therapy to help reduce the catastrophic thinking that often presents with OCD.

Family support: The whole family is affected by a loved one’s OCD, and the family can help in the sufferer’s treatment too. The family can often actively participate in the patient’s psychological therapy if asked by the therapist. It is helpful for members of the family to learn all they can about OCD to assist the patient in minimizing his or her ritualistic behaviours. And the family can help ensure the patient adheres to the drug and behavioural therapies prescribed by the doctor.

The usual length of therapy for people with OCD is 6-12 months. In order to gain the most out of your treatment, it is important to continue taking your medications everyday, and to keep your scheduled therapy appointments.

Where can I find more information on Obsessive Compulsive Disorder?

There are many different patient programs designed to help you understand OCD. Talk to your doctor about which ones are right for you.

COMMUNITY RESOURCES AND ASSOCIATION:

- **Canadian Mental Health Association:**

Offices located across Canada (Consult your telephone directory)

- **Association/Troubles Anxieux du Quebec (ATAQ)** 1-514-251-0083
- **Association Quebécoise de soutien aux personnes souffrant de troubles anxieux depression ou bipolaires** 1-800-738-4873 (1-800-REVIVRE)

ONLINE INFORMATION

- Overall Online Resources for The Spectrum of Depression and Anxiety Disorders: www.feelingblue.com
- Depression Information Resource & Education Centre (DIRECT) operated by McMaster University, Department of Psychiatry: www.fhs.mcmaster.ca/direct
- Canadian Mental Health Association: www.cmha-bc.org
- CANMAT Canadian Network for Mood and Anxiety Treatments: www.canmat.org
- Directory of Anxiety Treatment Resources in Canada: www.macanxiety.com
- National Institute of Mental Health: www.nimh-nih.gov
- Ontario Obsessive Compulsive Disorder Network: www.oocdn.org
- The Obsessive-Compulsive Foundation: www.ocfoundation.org
- OCD Patient and Family Handout: www.psychguides.com/oche.html

- Association des medecins psychiatres du Quebec www.ampq.org
- Association/Troubles Anxieux du Quebec (ATAQ) www.ataq.org
- Association Quebecoise de soutien aux personnes souffrant de troubles anxieux depression ou bipolaires www.revivre.org