

WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD)?

Obsessive Compulsive Disorder is an anxiety which affects 2-3% of the population - more than 450,000 Australians. OCD usually begins in late childhood or early adolescence. People with OCD are besieged by intrusive and unwanted thoughts, images or impulses (obsessions), and are compelled to perform tortuous behavioural and mental rituals (compulsions). Obsessions and compulsions are distressing, exhausting and time-consuming, and cause significant interference in the sufferer's family and social relationships, daily routines, and their capacity to fulfil their goals in employment and education.

Sufferers are typically aware of the irrationality of their behaviours and obsessive thoughts. They are not able to control the obsessions or effectively limit their intrusiveness. Compulsions mostly develop into highly complex rituals which cause endless frustration and anxiety for the sufferer.

Sufferers are often acutely embarrassed about their symptoms and may keep them a secret for many years, at times even from close friend and family. Those affected can live in their own private hell for years, while outwardly seeming to cope with and lead a relatively normal life. However, this seemingly normality is only maintained at great cost in time, energy, stress and personal effort.

The severity of the disorder is often compounded by depression, and other anxiety conditions, including social and simple phobias, panic disorder, separation anxiety and agoraphobia.

WHAT ARE THE SYMPTOMS OF OCD?

The most common obsessions involve thoughts and fears of contamination, and harm to self and others. Other obsessions include thoughts, images and impulses associated with symmetry and orderliness, illness, religious or moral issues, sexual concerns, and needs to save, collect and remember things. These obsessions can vary from time to time both in nature and severity. Obsessions do not depend on logic, and produce feelings from annoyance and discomfort to acute distress, disgust and panic.

The most common compulsions are washing, cleaning and checking. Other compulsions include hoarding, repeating routine activities and actions, touching and tapping, applying rigid rules and patterns to the placement of objects, needing to constantly ask or confess, and a range of mental compulsions such as counting and repeating words. The compulsions generally are excessive and ritualised behaviours, involving constant repetitions.

For example, a sufferer may spend 2-3 hours every day in the shower, and several more hours handwashing, or washing clothes, food and household items. Their anxiety may not only be that they are dirty themselves, but that they may infect others, contaminate foodstuffs and so forth. They may know that further washing is unnecessary, but they cannot stop the feeling of needing to wash and re-wash. Similarly, compulsions to check may involve repeatedly checking light and power switches to ensure that they are off, or checking locks to ensure they are secure, despite knowing that they had just checked them.

WHAT CAUSES OCD?

There are several theories about the causes of OCD. One theory views compulsions as learned behaviours, which become repetitive and habitual when they are associated with relief from anxiety. Another theory indicated that OCD may have a genetic cause - that there is vulnerability to OCD in certain families. During the past twenty years, another theory has been developed which suggests that OCD may be caused by chemical, structural and functional abnormalities in the brain. Extensive research has supported the idea that an imbalance in the chemical in the brain called serotonin is associated with OCD. It is most likely that the development of each person's OCD is the result of several interacting causes, and is affected by stressful life events, hormonal changes and personality traits.

HOW IS OCD TREATED?

During the past ten years, OCD has been recognised as the fourth most common psychiatric disorder after phobias, substance abuse and major depression. It has been the subject of an explosion of interest and intense investigation by clinicians and researchers, and subsequently treatment options are becoming more precise and effective.

It has been found effective to use a combination of treatment techniques, depending on the symptoms and severity of the disorder. These includes:

Cognitive Behaviour Therapy

This type of therapy involves exposure of the sufferer to the situations and objects which trigger their obsessions and then prevention of the compulsive rituals. It includes ways of helping the sufferer to identify the ideas and beliefs associated with OCD, and ways to modify them. Achieving success with cognitive behaviour therapy requires an experienced and skilled clinician, and a client who is motivated to putting in the time and effort required - continual and daily practice.

Medication

Some medications, especially those which affect the serotonin system, can help the disorder. These can only be prescribed by a practitioner. You will not get physically dependent on these tablets but some sufferers may develop side effects and need to be carefully supervised. Side effects may include nausea, headaches, dried mouth, blurred vision, dizziness and feeling sleepy. These effects often dissipate after the first few weeks of treatment. If you are concerned about side effects which are severe or last a long time, go back and see your doctor. A change in dosage or type of medication may resolve the problem. To be effective, medicines need to be taken for an adequate amount of time and at the right dosage level. Responses to the medicine usually take several weeks, and improvements may continue during the following months of treatment. When stopping the treatment the dose should be reduced slowly. In some people, stopping suddenly may cause symptoms such as dizziness, sleep problems, feeling anxious or feeling sick.

Psychotherapy

Talking to a trained therapist can be helpful in understanding symptoms, feelings and difficulties with the disorder.

Hospitalisation

For some sufferers, when getting treatment started, or when they are severely affected, a period of treatment in hospital can be helpful. This may involve from a few days to a few weeks for assessment and treatment.

Support Groups and Education

Support groups provide an environment in which sufferers and their families can meet in comfort and safety, and give and receive support. The groups also provide the opportunity to learn more about the disorder and self-help and coping strategies, and to develop social networks.

Obsessive Compulsive & Anxiety Disorders Foundation of Victoria (Inc)

The OCADF aims to promote the emotional, mental and social well-being of sufferers and carers, and reduce the impact of OCD on their lives. The OCADF provides a range of support and educational services to people with OCD and other anxiety disorders, and their families and carers. These services include support groups, information kits, telephone counselling and referral advice, newsletters and educational seminars. The Foundation also provides educational resources to professionals and mental health care agencies.

**For information, counselling, support and referral advice, ring the
OCD & Anxiety Helpline: 03 9576 2477 Monday - Friday 10.00am - 4.00pm
or write to: OCADF, PO Box 358, Mt Waverly, Victoria, 3149**

Other Contacts:**NSW OCD Support Group**

Telephone 1800 626 055

SA OCD Support Group

Telephone 08 231 1588

or contact your State's Mental Health Association.