OCD OBSESSIVE COMPULSIVE DISORDER



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Like all anxiety disorders, OCD is treatable

What is OCD?

Obsessive Compulsive Disorder (OCD) is the experience of unwanted thoughts, impulses, urges, or images that cause anxiety. These are described as obsessions. Or they may experience compulsions, which are actions and behaviours such as hand-washing, counting, or praying. These actions become repetitive as they lead to the anxiety caused by the obsession to reduce. A person with OCD experiences anxiety if they cannot complete their compulsions. People with

OCD commonly experience both obsessions and compulsions.

Many people have rituals and routines they like to follow. However, someone with OCD experiences high anxiety in relation to their obsessions and compulsions. Rather than feeling the need to clean the house simply because they enjoy it being clean, someone with an OCD focused on cleanliness will feel anxiety, or that something terrible will happen, if they do not clean their house thoroughly.

The types of places and situations that a person with OCD may want to avoid will vary. Some common examples of obsessions and compulsions include:

- Fear of germs and being contaminated
- Fear that they have done something to cause a disaster (e.g. a fire or accident)
- Fear that they will act in a violent way after having intrusive violent images
- Fear of having done something terrible, leading to frequent confessions to another of minor mistakes

Causes

Genetics and temperament

OCD appears to run in families, with a strong genetic link shown in scientific research on its causes

Parental factors

Children of parents who experience OCD have a greater chance of developing the disorder through observing their parents' anxiety and possibly learning similar behaviours.

Parenting styles that are controlling and restrictive, and that offer less love and care (also known as a punitive parenting style) have been linked to this disorder.

"OCD is like having a bully stuck inside your head and nobody else can see it."

Krissy McDermott

Thinking (cognitive) style

Everyone experiences unwanted thoughts, impulses, or urges from time to time. But when people with OCD experience these symptoms, they tend to interpret them as being significant and linked to real danger. For example, having a brief thought about something terrible happening to a family member, for people without OCD, would often be quickly forgotten. However, for someone with OCD, they are more likely to interpret the thought as meaning that something bad will happen to the family member.

Learning experiences and negative life vents

People with OCD often report that they experienced a very negative or upsetting life event before developing this disorder. Common events include the death of someone close to them, changes in living arrangements, being hurt or abused by others, illness, or relationship problems.

Other possible causes

Autoimmunity

In some cases, children will quickly develop OCD following some types of infection, including some Streptococcal infections. Lyme Disease and some strains of flu have also been associated with development of OCD.

Neurological

Scientific research has shown that some parts of the brain in people with OCD function differently to people who do not have this disorder. The research suggests that people with OCD have difficulty ignoring urges and impulses that come from certain brain circuits, and that these brain circuits function differently to people without OCD.

Seeking help

If you experience obsessions and compulsions there are effective treatments available. You can seek help via:

 Your GP. Your GP can refer you to a mental health professional, such as a psychologist or psychiatrist. Your GP is the best person to start with when looking for effective treatment for OCD

Treatment

Psychological therapies

Psychological therapy known as cognitive-behaviour therapy (CBT) has been found to be effective in treating OCD. For OCD, a type of CBT known as Exposure and Response Prevention (ERP) is recommended by scientific research. Exposure in ERP involves choosing to face the unwanted thoughts, images, or urges that make someone with OCD anxious. Response prevention refers to choosing not to do the compulsive behaviour or action once the anxiety or obsessions have been triggered. This should be done under the guidance of a qualified therapist, and done gradually. Over time, the process of exposure and response prevention becomes easier as the anxiety reduces.

Medication

A type of anti-depressant medication known as selective serotonin reuptake inhibitors (SSRI) has been found to be effective for many people in treating OCD. Your GP or psychiatrist will need to prescribe this medication to you.

How family and friends can help

- Many people with OCD feel embarrassed and ashamed of their disorder, so avoid making fun of it
- Try to understand the person with OCD's anxiety, and remember that although you may not find the same thing worrying, to the person with OCD they may feel intense anxiety when facing it
- Avoid telling a person with OCD to just snap out of it or get over their worries
- Encourage the person with OCD to seek professional treatment and to persist with it

References:

Cochrane review www.cochrane.org NICE guidelines www.nice.org.uk International OCD Foundation www.iocdf.org



Where do I go for help?

The WayAhead Directory

is an online resource providing a comprehensive list of mental health related services in NSW.

www.WayAhead.org.au

Phone Lines

WayAhead Mental Health Information Line 1300 794 991

Contact your doctor or Local GP

Local community Mental Health Serivce

Useful Websites

WayAhead

understandinganxiety.org.au information about anxiety, and links to anxiety support groups

BeyondBlue

beyondblue.org.au information about anxiety

Australian Psychological Society

psychology.org.au 1800 22 4636

Information about anxiety and contact details for psychologists who treat anxiety disorders

International OCD Foundation

iocdf.org information about OCD



Translating & Interpreting Service (TIS) 131 450

Please call the Mental Health Information Line through the Telephone Interpreter Service (TIS). Free to Australian citizens or permanent residents.



Disclaimer

This information is for educational purposes. As neither brochures nor websites can diagnose people it is always important to obtain professional advice and/or help when needed.

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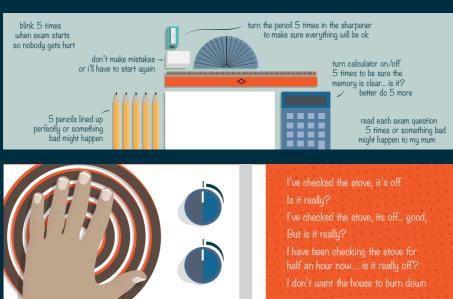
The Association encourages feedback and welcomes comments about the information provided.

Last reviewed by Emma Pinn 2016



What is OCD?







Obsessive Thought → Compulsive Action