

OBSESSIVE- COMPULSIVE DISORDER:

When Unwanted Thoughts or
Irresistible Actions Take Over

Do you constantly have disturbing uncontrollable thoughts? Do you feel the urge to repeat the same behaviors or rituals over and over? Are these thoughts and behaviors making it hard for you to do things you enjoy?

If so, you may have obsessive-compulsive disorder (OCD). The good news is that, with treatment, you can overcome the fears and behaviors that may be putting your life on hold.



National Institute
of Mental Health

What is it like to have OCD?

“I couldn’t do anything without my rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times because three was a good luck number for me. It took me longer to read because I’d have to count the lines in a paragraph. When I set my alarm at night, I had to set it to a time that wouldn’t add up to a ‘bad’ number.”

“Getting dressed in the morning was tough because I had to follow my routine or I would become very anxious and start getting dressed all over again. I always worried that if I didn’t follow my routine, my parents were going to die. These thoughts triggered more anxiety and more rituals. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me. I couldn’t seem to overcome them until I got treatment.”

What is OCD?

OCD is a common, chronic (long-lasting) disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over in response to the obsession.

While everyone sometimes feels the need to double check things, people with OCD have uncontrollable thoughts that cause them anxiety, urging them to check things repeatedly or perform routines and rituals for at least 1 hour per day. Performing the routines or rituals may bring brief but temporary relief from the anxiety. However, left untreated, these thoughts and rituals cause the person great distress and get in the way of work, school, and personal relationships.

What are the signs and symptoms of OCD?

People with OCD may have obsessions, compulsions, or both. Some people with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking, facial grimacing, shoulder shrugging, or head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds.

Obsessions may include:

- ▶ Fear of germs or contamination
- ▶ Fear of losing or misplacing something
- ▶ Worries about harm coming towards oneself or others
- ▶ Unwanted and taboo thoughts involving sex, religion, or others
- ▶ Having things symmetrical or in perfect order

Compulsions may include:

- ▶ Excessively cleaning or washing a body part
- ▶ Keeping or hoarding unnecessary objects
- ▶ Ordering or arranging items in a particular, precise way

- ▶ Repeatedly checking on things, such as making sure that the door is locked or the oven is off
- ▶ Repeatedly counting items
- ▶ Constantly seeking reassurance

What causes OCD?

OCD may have a genetic component. It sometimes runs in families, but no one knows for sure why some family members have it while others don't. OCD usually begins in adolescence or young adulthood, and tends to appear at a younger age in boys than in girls. Researchers have found that several parts of the brain, as well as biological processes, play a key role in obsessive thoughts and compulsive behavior, as well as the fear and anxiety related to them. Researchers also know that people who have suffered physical or sexual trauma are at an increased risk for OCD.

Some children may develop a sudden onset or worsening of OCD symptoms after a streptococcal infection; this post-infectious autoimmune syndrome is called Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS). Learn more about PANDAS at www.nimh.nih.gov (search term: PANDAS).

How is OCD treated?

The first step is to talk with your doctor or health care provider about your symptoms. The clinician should do an exam and ask you about your health history to make sure that a physical problem is not causing your symptoms. Your doctor may refer you to a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor for further evaluation or treatment.

OCD is generally treated with cognitive behavior therapy, medication, or both. Speak with your mental health professional about the best treatment for you.

Cognitive behavioral therapy (CBT)

In general, CBT teaches you different ways of thinking, behaving, and reacting to the obsessions and compulsions.

Exposure and Response Prevention (EX/RP) is a specific form of CBT which has been shown to help many patients recover from OCD. EX/RP involves gradually exposing you to your fears or obsessions and teaching you healthy ways to deal with the anxiety they cause.

Other therapies, such as habit reversal training, can also help you overcome compulsions.

For children, mental health professionals can also identify strategies to manage stress and increase support to avoid exacerbating OCD symptoms in school and home settings. For more information on CBT and EX/RP, please visit <http://www.nimh.nih.gov/> (search term: psychotherapies).

Medication

Doctors also may prescribe different types of medications to help treat OCD including selective serotonin reuptake inhibitors (SSRIs) and a type of serotonin reuptake inhibitor (SRI) called clomipramine.

SSRIs and SRIs are commonly used to treat depression, but they are also helpful for the symptoms of OCD. SSRIs and SRIs may take 10–12 weeks to start working, longer than is required for the treatment of depression. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping.

People taking clomipramine, which is in a different class of medication from the SSRIs, sometimes experience dry mouth, constipation, rapid heartbeat, and dizziness on standing. These side effects are usually not severe for most people and improve as treatment continues, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have. Don't stop taking your medication without talking to your doctor first.** Your doctor will work

with you to find the best medication and dose for you. For basic information about mental health medications, please visit <http://www.nimh.nih.gov> (search term: medications).

Information about medications changes frequently. Check the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. While there is no cure for OCD, current treatments enable most people with this disorder to control their symptoms and lead full, productive lives. A healthy lifestyle that involves relaxation and managing stress can also help combat OCD. Make sure to also get enough sleep and exercise, eat a healthy diet, and turn to family and friends whom you trust for support.

Finding Help

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at www.findtreatment.samhsa.gov/. For additional resources, visit www.nimh.nih.gov/findhelp.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.

Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. Citation of NIMH as a source is appreciated. We encourage you to reproduce it and use it in your efforts to improve public health. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

- ▶ NIMH does not endorse or recommend any commercial products, processes, or services, and our publications may not be used for advertising or endorsement purposes.
- ▶ NIMH does not provide specific medical advice or treatment recommendations or referrals; our materials may not be used in a manner that has the appearance of providing such information.
- ▶ NIMH requests that non-Federal organizations not alter our publications in ways that will jeopardize the integrity and “brand” when using the publication.
- ▶ The addition of non-Federal Government logos and website links may not have the appearance of NIMH endorsement of any specific commercial products or services, or medical treatments or services.
- ▶ Images used in publications are of models and are used for illustrative purposes only. Use of some images is restricted.

If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at **1-866-615-6464** or email **nimhinfo@nih.gov**.

For More Information

To learn more information about OCD, visit:

Medline Plus (National Library of Medicine)

<http://medlineplus.gov>

(En Espanol: <http://medlineplus.gov/spanish>)

For information on clinical trials, visit:

ClinicalTrials.gov: <http://www.clinicaltrials.gov>

(En Espanol: <http://salud.nih.gov/investigacion-clinica/>)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website (<http://www.nimh.nih.gov>).

National Institute of Mental Health

Office of Science Policy, Planning,
and Communications

Science Writing, Press, and Dissemination Branch

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or

1-866-615-NIMH (6464) toll-free

TTY: 301-443-8431 or

1-866-415-8051 toll-free

Fax: 301-443-4279

Email: nimhinfo@nih.gov

Website: <http://www.nimh.nih.gov>



National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
National Institutes of Health

NIH Publication No. TR 16-4676
Revised 2016

