



Obsessive-Compulsive Disorder

Overview

Obsessive-Compulsive Disorder (OCD) is a common, chronic and 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.

Signs and Symptoms

People with OCD may have symptoms of obsessions, compulsions, or both. These symptoms can interfere with all aspects of life, such as work, school, and personal relationships.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common symptoms include:

- Fear of germs or contamination
- Unwanted forbidden or taboo thoughts involving sex, religion, and harm
- Aggressive thoughts towards others or self
- Having things symmetrical or in a perfect order

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning and/or handwashing
- Ordering and arranging things in a particular, precise way
- Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- Compulsive counting

Not all rituals or habits are compulsions. Everyone double checks things sometimes. But a person with OCD generally:

- Can't control his or her thoughts or behaviors, even when those thoughts or behaviors are recognized as excessive
- Spends at least 1 hour a day on these thoughts or behaviors
- Doesn't get pleasure when performing the behaviors or rituals, but may feel brief relief from the anxiety the thoughts cause
- Experiences significant problems in their daily life due to these thoughts or behaviors

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

Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves. Although most adults with OCD recognize that what they are doing doesn't make sense, some adults and most children may not realize that their behavior is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children.

If you think you have OCD, talk to your doctor about your symptoms. If left untreated, OCD can interfere in all aspects of life.

Note for Health Care Providers: There are comprehensive and validated screening instruments for quantifying and tracking signs and symptoms of OCD. One example is the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), which you can find on the [Anxiety and Depression Association of America \(ADAA\)* website](#). Another example is the [Florida Obsessive-Compulsive Inventory](#).

This listing is not comprehensive and does not constitute an endorsement by NIMH.

*ADAA is an [NIMH National Partner](#).

Risk Factors

OCD is a common disorder that affects adults, adolescents, and children all over the world. Most people are diagnosed by about age 19, typically with an earlier age of onset in boys than in girls, but onset after age 35 does happen. For statistics on OCD in adults, please see the [NIMH Obsessive Compulsive Disorder Among Adults](#) webpage.

The causes of OCD are unknown, but risk factors include:

Genetics

Twin and family studies have shown that people with first-degree relatives (such as a parent, sibling, or child) who have OCD are at a higher risk for developing OCD themselves. The risk is higher if the first-degree relative developed OCD as a child or teen. Ongoing research continues to explore the connection between genetics and OCD and may help improve OCD diagnosis and treatment.

Brain Structure and Functioning

Imaging studies have shown differences in the frontal cortex and subcortical structures of the brain in patients with OCD. There appears to be a connection between the OCD symptoms and abnormalities in certain areas of the brain, but that connection is not clear. Research is still underway. Understanding the causes will help determine specific, personalized treatments to treat OCD.

Environment

People who have experienced abuse (physical or sexual) in childhood or other trauma are at an increased risk for developing OCD.

In some cases, children may develop OCD or OCD symptoms following a streptococcal infection—this is called Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS). For more information, please read this fact sheet on [PANDAS](#).

Treatments and Therapies

OCD is typically treated with medication, psychotherapy or a combination of the two. Although most patients with OCD respond to treatment, some patients continue to experience symptoms.

Sometimes people with OCD also have other mental disorders, such as anxiety, depression, and body dysmorphic disorder, a disorder in which someone mistakenly believes that a part of their body is abnormal. It is important to consider these other disorders when making decisions about treatment.

Medication

Serotonin reuptake inhibitors (SRIs) and selective serotonin reuptake inhibitors (SSRIs) are used to help reduce OCD symptoms. Examples of medications that have been proven effective in both adults and children with OCD include [clomipramine](#), which is a member of an older class of “tricyclic” antidepressants, and several newer “selective serotonin reuptake inhibitors” (SSRIs), including:

- [fluoxetine](#)
- [fluvoxamine](#)
- [sertraline](#)

SRIs often require higher daily doses in the treatment of OCD than of depression, and may take 8 to 12 weeks to start working, but some patients experience more rapid improvement.

If symptoms do not improve with these types of medications, research shows that some patients may respond well to an antipsychotic medication (such as [risperidone](#)). Although research shows that an antipsychotic medication may be helpful in managing symptoms for people who have both OCD and a tic disorder, research on the effectiveness of antipsychotics to treat OCD is mixed.

If you are prescribed a medication, be sure you:

- Talk with your doctor or a pharmacist to make sure you understand the risks and benefits of the medications you're taking.
- Do not stop taking a medication without talking to your doctor first. Suddenly stopping a medication may lead to "rebound" or worsening of OCD symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.

- Report any concerns about side effects to your doctor right away. You may need a change in the dose or a different medication.
- Report serious side effects to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program online at <http://www.fda.gov/Safety/MedWatch> or by phone at 1-800-332-1088. You or your doctor may send a report.

Other medications have been used to treat OCD, but more research is needed to show the benefit for these options. For basic information about these medications, you can visit the [National Institute of Mental Health \(NIMH\) Mental Health Medications](#) webpage. For the most up-to-date information on medications, side effects, and warnings, visit the [FDA website](#).

Psychotherapy

Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behavior therapy (CBT) and other related therapies (e.g., habit reversal training) can be as effective as medication for many individuals. Research also shows that a type of CBT called Exposure and Response Prevention (EX/RP) is effective in reducing compulsive behaviors in OCD, even in people who did not respond well to SRI medication. For many patients EX/RP is the add-on treatment of choice when SRIs or SSRIs medication does not effectively treat OCD symptoms.

Other Treatment Options

NIMH is supporting research into new treatment approaches for people whose OCD does not respond well to the usual therapies. These new approaches include combination and add-on (augmentation) treatments, as well as novel techniques such as deep brain stimulation (DBS). You can learn more about [brain stimulation therapies](#) on the NIMH website.

Finding Treatment

For general information on mental health and to locate treatment services in your area, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357). SAMHSA also has a [Behavioral Health Treatment Locator](#) on its website that can be searched by location. You can also visit the [NIMH's Help for Mental Illnesses](#) page for more information and resources.

Join a Study

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions, including OCD. During clinical trials, investigated treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Please Note: Decisions about whether to apply for a clinical trial and which ones are best suited for a given individual are best made in collaboration with a licensed health professional.

How Do I Find a Clinical Trial Near Me?

To find a clinical trial near you, visit [ClinicalTrials.gov](https://clinicaltrials.gov). This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health professionals.

For more information about participating in clinical trials, visit [NIH Clinical Trials and You](#).

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