

OBSESSIVE-COMPULSIVE DISORDER

Symptoms

These are the symptoms required for a diagnosis of OCD, as indicated by the Diagnostic and Statistical Manual, Fifth Edition (DSM5):

- The presence of obsessions, compulsions, or both.
 - Obsessions: (1) recurrent and persistent thoughts, urges or impulses that are experienced as intrusive and unwanted, and that in most cases cause anxiety or distress; (2) the individual attempts to ignore or suppress thoughts, urges or images, or to neutralize them with some other thought or action (i.e., by performing a compulsion).
 - Compulsions: (1) repetitive behaviors (e.g., hand washing, ordering, checking) or mental acts (e.g., praying, counting, repeating words silently) that the individual feels driven to perform in response to obsession or according to rules that must be applied rigidly; (2) the behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation, though these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive.
- The obsessions or compulsions are time-consuming (e.g., may take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The obsessive-compulsive symptoms are not attributable to the side effects of a substance or other medical condition.
- Can be specified as:
 - With good or fair insight: the individual recognizes OCD beliefs are not true
 - With poor insight: the individual thinks OCD beliefs are probably true

- With absent insight/delusional beliefs: the individual is completely convinced OCD beliefs are true.
- Tic-related: the individual has a current or past history of a tic disorder

Things to Consider

OCD is not limited to excessive hand washing or being extremely clean or being afraid of germs; it presents that way for some people, but there are many other presentations of OCD. For many, there are obsessive thoughts or mental images that they find disturbing yet struggle to control. There can be a need to repeat simple actions a certain number of times, or until it 'feels right,' due to fear that something terrible will happen if this is not completed, or simply because they cannot tolerate the unpleasant feeling they have when it is not completed.

Many people experience mild OCD-like symptoms that do not cause significant impairment and do not meet criteria for a disorder. For example, preferring that the volume on the car radio be on an even number is OCD-like, but it is not that uncommon, and does not cause significant impairment in daily life. Likewise, wanting things in their place or being bothered by pictures that are not straight on the wall is not OCD. While some will joke about their "OCD" making them line their spices up neatly in the cabinet, the truth is that OCD is a very debilitating condition that can significantly impact someone's life, and it should not be considered trivial or funny.

Other conditions associated with OCD tendencies include hoarding, body dysmorphia, skin picking, and trichotillomania. In addition, some autistic individuals also have OCD tendencies.

Treatment

There are effective treatments for OCD, with most people needing both medication and non-medication treatments. The most effective aspect of non-medication related treatment involves exposure with response prevention; that is, exposure to the situation that triggers the obsession or compulsion, but not being allowed to follow through with the compulsion. For example, if my compulsion is to repeat an act 5 times, I must do the action once and then stop. This can be

extremely challenging, such that treatment progress can be slow, but it is also extremely effective in reprogramming the brain so that these situations no longer signal 'danger.'

It is often important for family members to be involved in the treatment process, as they have often become part of the OCD rituals; this could be the parent who agrees to kiss their child goodnight 5 times every night, or the parent of a young adult who agrees to salt their food at dinner because they have a compulsion that requires they not touch saltshakers. Family members begin this process in an attempt to be supportive and caring, without realizing that they are actually encouraging OCD to take a stronger hold.

If you struggle with OCD, know that there is hope. If available, talk to your physician, contact your local community mental health clinic, or seek a therapist; if you do not have access to these things, continue seeking information from reliable sources on the internet or via books on Amazon or from your local library. The good news is that there are many strategies you can learn to use simply by accessing mental health education.

If you are experiencing suicidal ideations, DIAL 988 (the National Suicide Prevention Lifeline) to call, text, or chat with a trained counselor.