Obsessive-Compulsive Disorder

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Sue is a young mother of two children who developed an intense fear of contracting germs that might lead to a life-threatening infectious disease. Much of her day is spent worrying whether she has come into direct contact with other people, or whether her clothes or personal possessions might be contaminated if touched by others. To alleviate her intense anxiety over contamination, Sue repeatedly washes her hands, takes long showers, and daily laundries all her clothes. She rarely leaves her house for fear of contamination and has been highly overprotective of her children for fear that they will bring contaminants into the house. Sue spends hours each day cleaning her house, bathing and washing in order to ensure that she is free of potential contaminants.

Obsessive compulsive disorder (OCD), an anxiety disorder characterized by obsessions and/or compulsions, affects between 1% and 2% of the Canadian population at some point in their life. Any unwanted repetitive intrusive thought, image or impulse that a person finds distressing and difficult to control could become an obsession. Most people have experienced mild versions of an obsession such as hearing an annoying tune that repeatedly plays in your head, or doubts over whether you really locked the door when you left the house. But individuals with OCD experience very distressing intrusive thoughts, images or impulses that appear to practically consume the mind so completely that much of the day can be spent trying to suppress or neutralize the obsessive thoughts and its associated anxiety. This can result in marked distress or significant interference in one's ability to carry out daily activities. The most common obsessions center on fear of dirt or contamination, doubt over one's actions or conversation, concern that one might commit a disgusting sexual or violent act toward others, concern about exactness or maintaining a rigid routine, or guilt over whether you sinned or had sacreligious (blasphemous) ideas. Even though individuals with OCD usually realize their obsessions are excessive, even illogical or senseless, they still feel significant anxiety because of the thoughts.

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Most individuals with obsessions develop compulsive rituals in order to relieve their anxiety or to prevent some dreaded consequence. Common compulsions include washing, checking, reciting particular phrases, hoarding, redoing or repeating particular actions. Compulsions are fairly repetitive, rigid behaviors or mental responses that the person may initially try to resist but will eventually give into because of a strong inner urge to perform the ritual. Ninety percent of individuals with OCD have both obsessions and behavioral compulsions, with 25-50% reporting multiple obsessions. Dirt/contamination obsessions and washing/cleaning compulsions, as well as pathological doubt and checking rituals are by far the most common OCD symptoms, although up to 25% of individuals with OCD may have obsessional rumination without overt, behavioral compulsions.

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OCD occurs with approximate equal frequency in men and women. The condition typically begins in late adolescence with young adults between 18 and 24 years at highest risk. However OCD can occur in early adolescence and childhood. Once the disorder begins, it tends to take a chronic course with the symptoms waxing and waning over many years. OCD tends not to disappear on its own but the symptoms will increase or decrease depending on the level of stress in one's life. OCD varies in intensity with the moderate and more severe forms of the disorder often having a significant negative effect on intimate and family relationships. Often family members are drawn into the person's obsessional condition with requests for reassurance that the dreaded consequence will not occur (e.g., a daughter may demand that her mother wash all her clothes three times in order to ensure they are perfectly clean and not contaminated with dirt and germs).

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Origins of OCD

There is no known specific genetic, biological or psychological process that uniquely causes OCD. It is likely that individuals inherit a predisposition for developing anxiety more generally. There is also evidence that particular brain structures and neurochemical pathways are involved in the anxiety disorders. Also it may be that some individuals develop OCD after experiencing a critical life event relevant to their obsessional concerns. However it is still unclear why someone who tends to be anxious develops OCD instead of another anxiety disorder like social phobia or panic disorder.

Treatment of OCD

There are currently two approaches to the treatment of OCD that research has shown to be effective in reducing the severity of obsessive and compulsive symptoms. The first involves the use of medication and this is probably the treatment that most Canadians with OCD receive either from their family physician or psychiatrist. Effective medications for obsessive-compulsive symptoms include clomipramine, although tolerability may be a problem in some individuals. The newer selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine, fluvoxamine, sertraline, paroxetine and the serotonin and norepinephrine reuptake inhibitors (SNRIs) such as venlafaxine have fewer side effects and are almost as effective in reducing obsessions and compulsions as clomipramine. These medications may take up to 10 to 12 weeks of treatment or longer, before a significant improvement is seen in approximately 70 % of individuals who complete treatment. However complete elimination of symptoms is rare and up to 90% of individuals will relapse when the medication is discontinued.

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The second treatment shown to be effective for OCD is a form of psychological treatment called cognitive-behavior therapy (CBT). This consists of 15-20 weekly one hour sessions with a trained therapist in which the person

is systematically exposed to their obsessional fear and learns how to tolerate their aroused anxiety without engaging in the compulsive ritual. Exposure to the obsessional fear is gradual and daily homework assignments are given between sessions. In addition the person with OCD learns to decatastrophize the obsessional concern and to reduce their attempts to control the obsessional thoughts (called response prevention). The goal of this therapy is to teach the individual with OCD how to respond to their obsessional concerns in a healthier, more adaptive fashion. For example, the person with obsessional fears about contamination and who engages in compulsive washing would be exposed to successively more anxiety-provoking situations (e.g., touch doorknobs, allow clothes to touch the ground, handle money, etc.) and encouraged not to wash after the exposure. In this way he/she learns that the anxiety will naturally dissipate even without washing, and that thoughts of contamination in the end should not be treated as a significant personal threat. Exposure and response prevention CBT is effective in 80% of individuals with OCD who complete treatment and relapse of OCD is lower for CBT compared to medication. There is some evidence that the combination of medication plus CBT is more effective than medication alone. However one problem is that many individuals with OCD refuse CBT because they fear a short-term increase in anxiety.

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CONCLUSION

OCD is a chronic anxiety disorder that can cause substantial distress and interference in a person's life. Although it rarely subsides completely on its own, there are now effective medical and psychological treatments for this condition. Individuals who take medication for their OCD should do so under the direction of their family doctor or psychiatrist. It is important that any changes in the dosage of your medication be done in consultation with your physician. CBT for obsessions and compulsions is available in many parts of the country, however not all psychologists or other mental health profes-

sionals are trained in this treatment approach. If seeking psychotherapy for OCD, be sure to ask your counsellor his or her treatment approach, level of training and experience in OCD.

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The following are some practical resources and websites you might find helpful:

Pratical Books on OCD

Purdon, C., & Clark, D. A. (in press). *Overcoming obsessive thoughts: How to gain control of your OCD.* Oakland, CA: New Harbinger Publications.

Antony, M. M., & Swinson, R. P. (1998). *When perfect isn't enough: Strategies for coping with perfectionism.* Oakland, CA: New Harbinger Publications.

Foa, E. B., & Kozak, M. J. (1997). *Mastery of obsessive-compulsive disorder: Client workbook.* San Antonio, TX: The Psychological Corporation.

Hyman, B. M., & Pedrick, C. (1999). *The OCD workbook: Your guide to breaking free from obsessive-compulsive disorder.* Oakland, CA: New Harbinger Publications.

Steketee, G. (1999). *Client manual. Overcoming obsessive-compulsive disorder: A behavioral and cognitive protocol for the treatment of OCD.* Oakland, CA: New Harbinger Publications.

Helpful Websites

Anxiety Disorders Association of Canada:	http://www.anxietycanada.ca
Anxiety Disorders Association of America:	http://www.adaa.org/
Canadian Psychological Association:	http://www.cpa.ca/factsheets/OCD.htm
Mayo Clinic:	http://www.mayoclinic.com/
Obsessive Compulsive Foundation:	http://www.ocfoundation.org/
The Academy of Cognitive Therapy:	http://www.academyofct.org/
Ontario Obsessive Compulsive DisorderNetwork:	http://www.oocdn.org/
Association/Troubles Anxieux du Québec (ATAQ):	http://www.ataq.org