Obsessive Compulsive Disorder

Key Points

- approximately 1 to 2 out of every 100 adults meet the criteria for OCD
- men are just as likely as women to have OCD
- OCD is most likely to begin during the early teens (12 to 14 years) or early adult years (20 to 22 years)
- approximately 1 in 4 will experience a childhood onset of OCD
- the average age of onset tends to be younger for males than females

What is OCD?

Obsessive-compulsive disorder is associated with frequent, unwanted intrusive thoughts, images, or impulses and/or repetitive, excessive behaviors that serve to decrease the anxiety associated with the obsessions.

When a person has daily ongoing problems with obsessions and/or compulsions that get in the way of their life or lead to lots of distress, the problem is described as obsessive-compulsive disorder (OCD). For most people the OCD develops gradually over time but some people with OCD report a sudden onset of their symptoms. Without proper treatment, OCD is chronic and will wax and wane with stress.

Obsessive-compulsive disorder and its symptoms have received growing attention in recent years but unfortunately "obsessions" or "compulsions" are not always described or portrayed correctly in the media.

What are Obsessions?

Obsessions are **unwanted** ideas, thoughts, images or impulses that occur **over and over again** and create discomfort or distress such as anxiety, guilt or shame. Some people are "obsessed" with something that they enjoy (e.g. a sporting event, food, collectibles, a particular person, etc.) but these types of thoughts are typically associated with positive emotions and **are not** obsessions.

Many people also have unwanted thoughts, images or impulses that would not be considered obsessions. Research has shown that approximately 90% of people experience unwanted thoughts, images or impulses such as unwanted violent images, unwanted impulses to say or do something inappropriate, or unwanted sexual thoughts about an

inappropriate person. Most people are able to dismiss these unwanted types of thoughts. For most people the thoughts do not keep coming back on a daily basis and do not create any problems in their lives. However for some people these unwanted thoughts, images or impulses develop into obsessions. In other words they occur on a daily basis and create lots of anxiety, distress, or discomfort. Obsessions are more than excessive worries about real life problems.

Common themes of obsessions are listed below:

Fear of Contamination

- fear of falling ill or dying due to germs from public toilet
- fear of radiation from electronics

Excessive doubts

- fear that the door might be unlocked
- fear that work or memory of events might be inaccurate
- fear that might have run over someone in car

Need to have things in a particular order or arrangement

- clothing and shoes in set order in closet
- personal belongings in straight line from small to large (note that sometimes not having something 'just so' is associated only with discomfort and sometimes it is associated with the fear of something bad happening to the self or a loved one)

Aggressive or Horrific

- unwanted image of stabbing a loved one
- unwanted thought that loved one might be in gruesome car accident

Illness or Disease

- thought that might have cancerous lump in breast

Sexual

- fear that one is a pedophile
- fear of undesired sexual orientation or urges

Religious

- unwanted blasphemous thoughts or images
- unwanted urge to shout out obscenities in religious setting

Numbers, colors, superstitions, etc.

- "good" or "bad" colors or numbers
- excessive fear of seeing a black cat, walking under ladders, etc.

Need to know things

- excessively asking others what they think about something
- need to research a topic of concern excessively

Many obsessions are accompanied by fear that something catastrophic may happen such as the house burning down if an appliance is left on, being responsible for the house being burglarized, or something life threatening or traumatic happening to the self or loved ones. Because obsessions lead to discomfort, anxiety and distress, many people attempt to fight obsessions by trying to block the thoughts or distract themselves (which are rarely helpful ways of coping in the long-term). It is also common for people with obsessions to try and feel safe by engaging in some kind of thought or behavior that can become compulsive.

What are Compulsions?

A compulsion is a thought or behavior that a person uses over and over again to prevent or reduce anxiety, discomfort or distress. The goal of a compulsion is not to provide pleasure or gratification. (For this reason, behaviors such as gambling, overeating or sexual acts are not considered compulsions even though they may feel "compulsive" to the person engaging in them).

Compulsions are always **excessive**. A person with obsessions about getting a dangerous disease may wash their hands over 100 times a day with anti-bacterial soap and a harsh scrubbing brush until their hands are irritated or even bleeding. A person with obsessions about being responsible for their home being burglarized may drive home from work during their lunch break to check that the door is locked even though they checked it exactly 20 times before leaving and went back for a second round of checking while their car was warming up. A person with religious obsessions that occur during church may repeat a phrase such as "God forgives me all my sins" 10 times and repeat 10 rosaries for each unwanted thought even when their priest says this is not necessary.

Compulsions can also be **unrealistic** in the way they are used to prevent a bad event from happening (e.g. deliberately telling a person to "have a safe flight" exactly seven times to prevent them from dying in a plane crash). Often a person feels compelled to repeat a compulsion if they are interrupted or until it "feels right".

Many people with obsessive-compulsive disorder are aware that their compulsions are unrealistic or excessive. However they feel driven to use their compulsions to manage their anxiety/discomfort or to prevent something bad from happening (e.g. checking the stove to make sure an element doesn't burn the house down). Sometimes the compulsions are performed in a set way with rules, even if the rules don't make much sense to the person (e.g. washing hands exactly 10 times counting down from 10 to 1).

Children with obsessive-compulsive disorder are most likely to have the checking, washing or ordering type compulsions.

Sometimes compulsions can occur without obsessions and this may be more likely in children (e.g. compulsions to touch or tap certain surfaces or objects). People are more likely to engage in compulsions at home or when alone than when they are with friends, teachers, and people they work with or even strangers.

Note:

It is very important to remember that rituals performed for cultural, religious or spiritual reasons are only considered compulsions if they are considered excessive by members of the same group, if they interfere with a person's functioning or if they are done at inappropriate times or places.

Common compulsions are listed below:

Washing or cleaning

- washing hands excessively multiple times each day
- using excessive cleaners to scrub kitchen and bathroom
- having to wash in shower using a set order and method that takes excessive time

Checking

- checking doors or appliances
- checking appearance or clothing
- checking one's body
- checking pets, children or loved ones

Repeating actions

- going back and forth through a doorway
- repeating the same word or phrase?

Counting

- having to do things in odd or even numbers
- having to count while engaging in daily activities such as brushing teeth

Requesting or demanding assurances from others

- repeatedly asking the same question
- repeatedly getting someone to check something

Ordering or arranging

- needing to have personal belongings arranged from smallest to largest
- needing to have certain colors kept apart from each other in closet

Hoarding or not being able to throw away things

- e.g. not being able to get rid of newspapers or magazines for years
- e.g. not being able to throw away any receipts or financial documents
- e.g. having to save excessive material about a topic of interest

Touching or tapping objects

- e.g. having to touch certain surfaces while walking by

Mental acts

- repeatedly imagining a loved one safe and injury free
- repeating a prayer over and over
- thinking a reassuring statement over and over.
- a meaningless image or sentence of words

How Does OCD Affect Daily Life?

Adults with obsessive-compulsive disorder usually have realized at some point that their obsessions or compulsions are excessive. But it is also common for people with OCD to be uncertain about whether their obsessions and compulsions are excessive. This uncertainty can also change across time and across situations (e.g. someone with OCD might recognize their checking compulsion is excessive except when locking up the house each night before bed).

When people with OCD are certain about the excessiveness of their obsessions and compulsions they may feel more motivated to attempt to resist compulsions. For example, a person with OCD that has obsessions about contamination may be able to fight the urge to compulsively wash their hands when they remind themselves the urge stems from an excessive obsession. It is very common for people with OCD to report a surge in anxiety or tension when attempting to resist a compulsion. For this reason many people with OCD are only able to delay their compulsions or they yield to them entirely. It is also not uncommon for people with OCD to incorporate their compulsions into their daily routines. Sometimes loved ones become involved (e.g. all family members removing their shoes and changing out of work clothes before entering the family home to avoid triggering distress in a family member with obsessions and compulsions around fear of germs and dirt).

Sometimes the desire to resist compulsions goes away, especially if the person has been coping with the OCD for a long time. This may be one of the reasons why an earlier age of onset is often associated with a more severe form of the disorder. Children are often unaware their symptoms are excessive and do not want to resist compulsions (which can add to the challenges faced by parents of a child with OCD).

OCD can seriously interfere with a person's functioning in terms of normal routine, work, relationships, family, school, and social activities. OCD can also interfere with a person's ability to think clearly, remain focused on important tasks or make decisions. This can make activities such as reading, calculating numbers or tasks involving concentration very difficult. Individuals with obsessions about getting sick may visit health professionals

excessively to obtain reassurance. OCD that involves excessive washing or use of strong cleaners (e.g. bleach, etc.) can lead to skin problems such as tender, chaffed or bleeding skin (especially on the hands).

Strong guilt, excessive feelings of responsibility for preventing bad things from happening or sleep disturbance is often experienced by people suffering from OCD. Many people with OCD try and avoid the objects, activities or situations that trigger obsessions and compulsions. The avoidance is usually directly related to the content of the obsessions. To illustrate, a person with obsessions about bacteria may avoid touching doorknobs and money. A person with obsessions about their house burning down may avoid having lighters or matches in their home or using the stove/oven. A person with obsessions about harming a loved one may lock away all the knives and sharp tools. Due to this type of avoidance, many people with OCD are seriously restricted in their activities. Some individuals become completely housebound and may also have serious restrictions in their activities within their own home (e.g. not entering certain rooms in the house). Some people also experience social isolation due to their OCD as being with others or having others in their home can trigger obsessions and compulsions (e.g. a person with ordering and arranging obsessions and compulsions may not have other people to the home in case they touch or mess up objects in the home). Just like other anxiety disorders, some people with OCD are vulnerable to substance use problems if they try and use alcohol or drugs to manage their obsessions and compulsions.

It is also common for symptoms of OCD to change over time. Some people with OCD experience a change in the types of obsessions and compulsions they experience over the years. Other times the intensity and frequency of obsessions and compulsions goes up and down. Many people with OCD report that when they are experiencing life stress or symptoms of depression their obsessions or compulsions get worse.

Other Related Anxieties

Some people with OCD experience panic attacks that are triggered by the distressing aspects of an obsession (e.g. panic attack due to belief that unwanted obsessive image of loved one dying in a car crash increases the chances that this will actually happen), when compulsions fail to relieve the discomfort (e.g. panic attack when unable to get hands to "feel clean" when washing compulsively) or when it is not possible to perform a desired compulsion (e.g. panic attack when family member will not turn around car to go back to see if oven/stove left on).

OCD can also occur along with other problems such as panic disorder, major depression, social anxiety disorder, specific phobias or eating disorders. OCD can also co-occur with Tourette's disorder (which is typically diagnosed during childhood or teen years). Individuals with Tourette's disorder experience tics (sudden, rapid, irresistible movements or vocalizations that occur repeatedly). To receive this diagnosis a person must have experienced more than one motor tic (e.g. neck jerking, facial grimaces, touching something, etc.) and one or more vocal tics (e.g. snorting, barking, repeating words, shouting obscenities, etc). Approximately 35 to 50% of people with Tourette's disorder suffer from OCD. Among individuals with OCD approximately 5 to 7% have Tourette's disorder and between 20 to 30% of people with OCD report past or current.