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Obsessive-Compulsive Disorder

There are times when we find ourselves thinking about something constantly. We may daydream about someone or something, get a catchy tune stuck in our heads, or worry that we forgot to turn off some appliance in the house before going on vacation. Or we may have a “lucky” sweater that we wear because we believe it may help us win a game or pass a test.

Worry, doubt and rituals like these have a definite presence in our lives. However, when such thoughts and their consequences begin to intrude upon our day-to-day functioning, causing us great distress, anxiety, guilt and shame, this may be a sign of something more serious: obsessive-compulsive disorder.

Obsessive-compulsive disorder, or OCD, is one of several types of anxiety disorders that collectively affect about 12% of people in any given year. Anxiety disorders are the most common of all mental health problems. They affect a person's behaviour, thoughts, emotions, and physical health. Fortunately, they are diagnosable and treatable.

As its name suggests, this type of mental illness is made up of two components: obsessions and compulsions. Obsessions are unwanted and distressing thoughts, ideas, images or impulses that occur over and over again, while compulsions are the associated behaviours or rituals that occur in reaction to the obsessions. A lot of us have habits or occasional rituals, but ritualistic thinking is exaggerated in OCD: people often think harm will come to them or their loved ones if they *don't* engage in these safety-ensuring rituals.

For instance, a person may be obsessed with the fear that they may fall ill or die due to con-

tamination from germs. As a result, they may begin cleaning and disinfecting excessively, checking their body for signs of abnormalities, or constantly washing their hands—often to such an extent that the palms become very dry and bleed.

Obsessions are persistent, intrusive, and cause the person much distress and discomfort; compulsions, therefore, are carried out in a bid to reduce these anxious, guilty or shameful feelings. Compulsive actions usually do result in a sense of temporary relief—until the ritual is concluded, of course, and the obsessive thoughts begin again in another vicious cycle of anxiety.

Jim Dutta knows this cycle all too well. “My compulsions were faulty coping mechanisms for my obsessions,” he says. “I would reorganize my room, vacuum, and find other ways to get rid of clutter with the irrational thought that somehow, harm wouldn't come my way if I did these things. In school, I was constantly rewriting notes word for word just so there were no mistakes in my notepad. Otherwise, I couldn't perform.”

OCD will affect about 2.3% of Canada's population in a lifetime. In childhood OCD, male sufferers outnumber females by a ratio of 3 to 2, but OCD in adulthood seems to affect men and women equally. Although it usually begins during adolescence or early childhood, it can occur at any age, but generally appears before a person reaches 40. According to the National Institute for Mental Health in the United States, at least a third of adult OCD is reported to have begun in childhood.

Although the exact causes of OCD are still being researched, cognitive-behavioural therapy has been shown to be the most effective treatment for the disorder. Therapeutic techniques include exposure and response prevention which involve encouraging a person to stay in contact with the object or situation that forms the obsession, while learning not to perform the ritual to ease the pressure of the obsession.

Cognitive-behavioural therapy works because it attempts to change faulty beliefs associated with OCD and expose the individual to the problem situations, in order to bring about the obsession, while discouraging the compulsion. This has the effect of weakening the vicious OCD cycle. For 40 to 60% of people with

Common obsessions revolve around:

- fear of contamination
- concerns about the illness or body
- need for symmetry
- disturbing sexual or religious thoughts
- aggression

Common compulsions include excessive:

- washing
- checking and double-checking
- touching
- arranging
- ordering
- counting
- asking for reassurance
- hoarding (an inability to throw away useless junk)
- ruminations (thinking about topics with no answers)

Famous People with OCD

- Alvin Ailey, dancer/choreographer
- Ned Beatty, actor
- Ludwig von Beethoven, composer
- Jose Conesco, baseball player
- Winston Churchill, British prime minister
- Francis Ford Coppola, director
- John Daly, golfer
- Carrie Fisher, actress
- Margot Kidder, actress
- JP Morgan, financier
- Robert Munsch, children's writer
- Axl Rose, musician
- Margaret Trudeau, political wife
- Howie Mandel, actor/comedian
- Cole Porter, musician/composer
- Roseanne Barr, actress/comedian
- Howard Stern, radio talk show host

OCD, medications can be effective in relieving symptoms, but up to two-thirds of those with OCD also have other mental disorders existing at the same time which can make treatment more complicated. However, to enjoy the gains in the long term, the person must stay on the medication. SSRIs (selective serotonin reuptake inhibitors), a family of antidepressants, have been found to be the most effective medication for the disorder and can be particularly effective for treating symptoms of depression that co-exist with OCD. However, other kinds of medicine may also work.

Finding the right medication can be frustrating however, as Dutta found out. "For one thing, dealing with the side-effects can be extremely traumatic. I would have muscle or facial twitching, extreme headaches, slurred speech, and would often feel sedated. It ends up that the treatment is controlling you, instead of the disease." However, once he found the right medication and tried other sorts of treatments, he began to feel much better and was able to keep the illness under control.

Unfortunately, obsessive-compulsive disorder tends to be underdiagnosed and undertreated. This is partly because many people with OCD are ashamed and secretive about their symptoms. They realize that the thoughts are illogical and therefore feel embarrassed to reveal them to their physician. Moreover, many health care practitioners are not well-informed about the condition. This is where community support groups and support from friends and family are also key factors in helping ease the already-high anxiety and accompanying stigma associated with this disabling illness. Loved ones can also act as advocates in the service system for a person often too ill to be in a position to stand up

manage his life much better. Moreover, the support group helped his family and friends to understand his illness, and now, they are much more supportive of him.

"Stigma is still such a major issue for people with a mental illness," he says. "The support group put me in touch with other people who understood and shared the same concerns that I had, and gave me a lot more confidence in myself."

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See our website for up-to-date links.



for their needs.

For Dutta, embracing both sides of treatment—cognitive restructuring techniques and medication—and becoming active in a support group—first as a participant and later, as facilitator—have enabled him to learn to

Partners:

Anxiety Disorders Association of British Columbia

British Columbia Schizophrenia Society

Canadian Mental Health Association, BC Division

Centre for Addictions Research of BC

FORCE Society for Kids' Mental Health Care

Jessie's Hope Society

Mood Disorders Association of BC

For more information call the Mental Health Information Line toll-free in BC at 1-800-661-2121

or email bcpartners@heretohelp.bc.ca

web: heretohelp.bc.ca