

OBSESSIVE-COMPULSIVE DISORDER (OCD)

What is Obsessive-compulsive disorder?

Obsessions are intrusive, irrational thoughts -- unwanted ideas or impulses that repeatedly well up in a person's mind. Again and again, the person experiences disturbing thoughts, such as "My hands must be contaminated; I must wash them"; "I may have left the gas stove on"; "I am going to injure my child." On one level, the sufferer knows these obsessive thoughts are irrational. But on another level, he or she fears these thoughts might be true. Trying to avoid such thoughts creates great anxiety.

Compulsions are repetitive rituals such as handwashing, counting, checking, hoarding, or arranging. An individual repeats these actions, perhaps feeling momentary relief, but without feeling satisfaction or a sense of completion. People with OCD feel they must perform these compulsive rituals or something bad will happen.

Most people at one time or another experience obsessive thoughts or compulsive behaviors. Obsessive-compulsive disorder occurs when an individual experiences obsessions and compulsions for more than an hour each day, in a way that interferes with his or her life.

OCD is often described as "a disease of doubt." Sufferers experience "pathological doubt" because they are unable to distinguish between what is possible, what is probable, and what is unlikely to happen.

How common is OCD?

People from all walks of life can get OCD. It strikes people of all social and ethnic groups and both males and females. Symptoms typically begin during childhood, the teenage years or young adulthood.

What are other examples of behaviors typical of people who suffer from OCD?

People who do the following may have OCD:

Repeatedly check things, perhaps dozens of times, before feeling secure enough to go to sleep or leave the house. Is the stove off? Is the door locked? Is the alarm set?

Fear they will harm others. Example: A man's car hits a pothole on a city street and he fears it was actually a body.

Feel dirty and contaminated. Example: A woman is fearful of touching her baby because she might contaminate the child.

Constantly arrange and order things. Example: A child can't go to sleep unless he lines up all his shoes correctly.

Are excessively concerned with body imperfections -- insist on numerous plastic surgeries, or spend many, many hours a day body-building.

Are ruled by numbers, believing that certain numbers represent good and others represent evil.

Are excessively concerned with sin or blasphemy.

How is OCD treated?

OCD is treated with medication and behavior therapy. Both affect brain chemistry, which in turn affects behavior. Medication can regulate serotonin, reducing obsessive thoughts and compulsive behaviors.

Anafranil (clomipramine): A *tricyclic antidepressant*, Anafranil has been shown to be effective in treating obsessions and compulsions. The most commonly reported side effects of this medication are dry mouth, constipation, nausea, increased appetite, weight gain, sleepiness, fatigue, tremor, dizziness, nervousness, sweating, visual changes, and sexual dysfunction. There is also a risk of seizures, thought to be dose-related. People with a history of seizures should not take this medication. Anafranil should also not be taken at the same time as a *monoamine oxidase inhibitor (MAOI)*.

Many of the antidepressant medications known as *selective serotonin reuptake inhibitors (SSRIs)* have also proven effective in treating the symptoms associated with OCD. The SSRIs most commonly prescribed for OCD are Luvox (fluvoxamine), Paxil (paroxetine), Prozac (fluoxetine), and Zoloft (sertraline).

Luvox (fluvoxamine): Common side effects of this medication include dry mouth, constipation, nausea, sleepiness, insomnia, nervousness, dizziness, headache, agitation, weakness, and delayed ejaculation.

Paxil (paroxetine): Side effects most associated with this medication include dry mouth, constipation, nausea, decreased appetite, sleepiness, insomnia, tremor, dizziness, nervousness, weakness, sweating, and sexual dysfunction.

Prozac (fluoxetine): Dry mouth, nausea, diarrhea, sleepiness, insomnia, tremor, nervousness, headache, weakness, sweating, rash, and sexual dysfunction are among the more common side effects associated with this drug.

Zoloft (sertraline): Among the side effects most commonly reported while taking Zoloft are dry mouth, nausea, diarrhea, constipation, sleepiness, insomnia, tremor, dizziness, agitation, sweating, and sexual dysfunction.

Celexa (Citalopram) Side effects may include dry mouth, nausea, or drowsiness.

SSRIs should **never** be taken at the same time as MAOIs.

How long should an individual take medication before judging its effectiveness?

Some physicians make the mistake of prescribing a medication for only three or four weeks. That really isn't long enough. Medication should be tried consistently for 10 to 12 weeks before its effectiveness can be judged.

What is behavior therapy, and can it effectively relieve symptoms of OCD?

Behavior therapy is not traditional psychotherapy. It is "exposure and response prevention," and it is effective for many people with OCD. Consumers are deliberately exposed to a feared object or idea, either directly or by imagination, and are then discouraged or prevented from carrying out the usual compulsive response. For example, a compulsive hand-washer may be urged to touch

an object he or she believes is contaminated and denied the opportunity to wash for several hours. When the treatment works well, the consumer gradually experiences less anxiety from the obsessive thoughts and becomes able to refrain from the compulsive actions for extended periods of time.

Several studies suggest that medication and behavior therapy are equally effective in alleviating symptoms of OCD. About half of the consumers with this disorder improve substantially with behavior therapy; the rest improve moderately.