



Health

Nepean Blue Mountains
Local Health District

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OBSESSIVE-COMPULSIVE DISORDER (OCD)

[A General Information Guide](#)

Nepean OCD Study – Everyone with OCD is invited to participate in research to help us improve the lives of people with OCD.



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What is OCD?

OCD means different things for different people. In our society, we view OCD as a mental disorder, but it is important to realise that OCD symptoms occur on a spectrum with normal behaviour. In other words, lots of people can check things repeatedly and that's just who they are, but if you can't leave your home until you have checked your doors and windows are locked for over two hours and almost always turn up late for things, then you have a more serious problem, i.e. OCD.

The DISORDER part of obsessive-compulsive *disorder* is defined by impaired function (difficulty working, studying, looking after yourself or your children), high levels of distress and the amount of time that is taken away from your life.

The OBSESSION part of *obsessive-compulsive disorder* refers to recurrent and persistent thoughts, urges or images that intrude into one's mind, are unwanted and cause anxiety or distress. People try to stop thinking about their obsessions or try to get the thoughts out of their mind and find it is really hard or impossible.

Examples

- “Did I check that lock?”
- “My hands are contaminated.”
- “I might hurt my children (by poisoning, neglect, violent act, sexual act).”
- “I have sinned, I have an immoral thought.”
- “Is my wife OK?”
- “I feel the need to straighten and arrange things.”

The COMPULSION part of obsessive-*compulsive* disorder refers to the repetitive behaviours or mental acts that people find really hard to stop doing.

Examples

- Repetitive and/or ritualised checking (door locks, windows, keys, stove, knives, phone calls to loved ones, e-mails, assignments).
- Repetitive handwashing and cleaning (that may involve elaborate techniques and use of harsh detergents or disinfectants).
- Ordering/arranging things

Useful telephone numbers:

24 hour Mental Health Access Number – 1800 011 511

Department of Psychiatry at Nepean Hospital – 4734 2585

Lifeline – 13 11 41

Nepean Anxiety Disorders Clinic – 4734 3404

Nepean Child and Adolescent Mental Health Service – 4732 2388

NSW Mental Health Association – 9339 6000

Useful websites:

www.aceda.org.au

www.anxietyonline.org.au

www.arcvic.org.au

www.beyondblue.org.au

www.headspace.org.au

www.mentalhealth.asn.au

www.sane.org

www.thiswayup.org.au

What is DBS?

DBS stands for Deep Brain Stimulation. It is a surgical technique that involves the placement of electrodes in one's brain with the hope that electrical stimulation in areas of the brain thought to be important in OCD will reduce OCD symptoms. The technique is reserved for patients with severe symptoms and is largely experimental at this stage.

Can family therapy help?

Sometimes family therapy can help. People with OCD can live with relatives who become frustrated with the symptoms or who help the person with OCD complete their compulsions. It is important for people living with someone with OCD to know about the disorder and what they can do to help. Your clinician can tell you if family therapy might be useful for you.

Who should I call if I become suicidal?

Not all people with OCD will become suicidal. But OCD symptoms can be very distressing and really take their toll. As mentioned, there are higher rates of depression in people with OCD. If you or someone you know becomes suicidal, it is important to be urgently assessed. Do not hesitate to call "000" if the risk appears imminent. Alternatively, you can call the 24-hour crisis number of your local health service or arrange to speak with your general practitioner (GP). For people in the Nepean Blue Mountains Local Health District, the number to call is 1800 011 511.

Are there any OCD support groups?

Yes, people with OCD have found comfort in knowing that they are not alone. People report feeling weird or embarrassed about their symptoms and when they attend a support group, they meet others with OCD and realise that OCD is a disorder that can affect anyone. If you are interested in attending an OCD support group in your area you can call us at the Department of Psychiatry 4734 2585 or the anxiety disorders support and information officer of the NSW Mental Health Association on 9339 6000.

- Counting.
- Touching things.
- Mental rituals, e.g. praying excessively, saying certain words or phrases in one's mind.

Statistics

The above collection of symptoms that we call OCD occur in 2-3% of the population. In the past, OCD was thought to be very rare, but this was likely to be due to how it was defined. There are some people with OCD who are extremely disabled and end up in hospital almost immobilised by their symptoms. This form of OCD is rare. However, excessive and disabling checking and cleaning symptoms are actually very common. They are also the most common OCD symptoms. This has led to OCD being identified by the World Health Organisation as the tenth leading medical cause of disability in the world. Yes, OCD does occur all over the world and is not due to our modern way of living.

In most cases, OCD develops in early adolescence (10 to 14 years) or in the early 20's.

What causes OCD?

The simple answer is, we don't know. There are many different factors that we think contribute to the development of OCD in different people. Some people seem to have lots of other members of their family who also have OCD, but no specific genes have been discovered. We also know that medication can help some people, but it doesn't necessarily mean that there is a "chemical imbalance" in the brain. In other people, there are significant traumatic events either in adulthood or childhood that seem to trigger OCD symptoms, but again this doesn't happen in everyone with OCD. Our best understanding of OCD arises from attempts to integrate all the factors that may be relevant to the development of OCD symptoms in each individual. Often, we can understand mental disorders using a "stress-vulnerability model", where people have a vulnerability to developing a disorder and then a series of stressors lead to the disorder being expressed.

What is the prognosis for people with OCD?

People with OCD often have other anxiety disorders (e.g. generalised anxiety disorder, panic disorder, social anxiety disorder, specific phobias), depression and higher rates of mental disorders in general.

Most people get better with treatment and tend not to get worse with time, but the unfortunate reality is that total remission of symptoms is not common (best estimates are 5 to 10%). Most people will have times when they are a little better and times when they are a little worse.

On average, people with OCD take 10 to 15 years to seek help for their symptoms, so it is important to realise that there is help available and that your symptoms are not just embarrassingly bad habits for which there is no relief.

What treatments are available?

When you seek help for your symptoms, your doctor may offer either psychological treatment in the form of exposure and response prevention or medication in the form of serotonin re-uptake inhibitors (SSRIs). Both are equally efficacious as first-line treatments. If each of these treatments doesn't work on its own, it is then recommended that the treatment strategies are combined. It is important, however, to view all mental disorders from a bio-psycho-social perspective, acknowledging that mental disorders are influenced not only by biological factors but also psychological and social factors. Hence, OCD is not simply treated with a pill (biological treatment). An individual may be suffering from psychological grief or loss, or may have had a significant social event such as an eviction from their home, or the loss of their job. It would be unwise to ignore these factors when treating someone with OCD. An experienced clinician will conduct a comprehensive assessment evaluating the factors impacting on your symptoms and will try to form a treatment plan that addresses all of these factors to give you the best chance of a quick recovery.

What is ERP?

ERP stands for exposure and response prevention. It is a psychological technique that aims to expose people to their fears and prevent the usual response that they use to reduce their fear or anxiety. It is usually delivered in the context of

cognitive-behavioural therapy (CBT). As an example, people with contamination fears and excessive hand washing are asked to touch something that they perceive as contaminated and then stop themselves from washing their hands. Obviously, people undergoing ERP don't get tortured by being asked to touch something really disgusting. Instead, they usually start with something that causes milder anxiety and build up their strength by doing more and more anxiety provoking tasks. Similarly, people are not asked to stop themselves from washing their hands altogether from the first session, but rather to refrain for a short time initially and gradually increase the length of time until they do wash their hands.

Sessions usually last around 45 minutes and are usually limited to 10 to 20 sessions, depending on the goals that you have agreed to with your therapist in your first or second visit. To receive ERP, you may be referred to a private psychologist by your GP where you may be able to claim some of your expenses via Medicare, or to your local anxiety disorders clinic which usually provides a free service via your local mental health service. People can refer themselves to the Nepean Anxiety Disorders Clinic if they live in the geographical catchment area of Nepean Hospital. The number is 47343404.

What are SSRIs?

SSRI stand for selective serotonin re-uptake inhibitor. SSRIs are antidepressant medications that are also useful in alleviating anxiety and OCD symptoms at higher doses. There are many different SSRIs and your GP or Psychiatrist will explain which medication is best for you. It is important to realise that to relieve OCD symptoms, SSRIs need to be taken every day for several months. You don't just take one tablet and feel better. Chances are that your doctor will also need to increase the dose of your SSRI if you tolerate it well. You can see the effects of antidepressants for depression in several weeks with their maximum benefit seen in 4 to 6 weeks; however, for OCD symptoms, you need to be more patient. Although you might be feeling better in a few weeks, it can take 2 to 3 months for the maximum effect of the medication you are taking.

In some cases, your doctor may prescribe a medication that is not an SSRI. Examples include clomipramine ("Anafranil") or quetiapine ("Seroquel"). It is important to note that all medications work differently and have the potential for different side effects. Never be afraid to ask your doctor or pharmacist about your medication and to be well informed, rather than be frightened and not take it.