

OBSESSIVE-COMPULSIVE DISORDER

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What is obsessive-compulsive disorder?

People who suffer from obsessive-compulsive disorder (OCD) are overcome by excessive worries (obsessions), usually accompanied by ritual routines or gestures (compulsions) aimed at reducing the anxiety caused by these obsessions. People with OCD are often, but not always, aware that their behaviour is excessive, but can't stop themselves from doing it.

Obsessions are intrusive, irrational, and uncontrollable. The individual realizes that these thoughts are absurd and all in the mind, and that they have no basis in reality, but he cannot avoid them. These obsessions sometimes conflict with the person's personal values, and may be accompanied by disgust and fear. The worries have no connection to real life problems (work, money, etc.). The obsessions can focus on several themes, but often involve the following:

- Cleanliness and a fear of contamination;
- Concern for the safety of others;
- Fear of committing aggressive or outrageous acts;
- Thoughts of a sexual or religious nature;
- Fear of making mistakes or causing a disaster;
- Order or symmetry;
- Recurring doubts.

On the other hand, compulsions are excessive behaviours or mental acts (e.g.: counting) aimed at neutralizing the obsessions and reducing the associated distress. There is usually no real connection with the thing they are supposed to be warding off. Common compulsions include the following:

- Repeatedly cleaning objects or washing oneself;
- Checking things multiple times (making sure the door is locked, the oven is off, the lights are off, etc.);
- Ordering, classifying, arranging, and touching objects;
- Counting and numbering;
- Performing magical, superstitious rituals.

This disorder affects 2% to 3% of the population, and occurs equally among women and men. The first symptoms often appear during adolescence or early adulthood, but may begin in childhood. Depression is often linked with OCD. People who suffer from OCD may also have other anxiety disorders at the same time, such as panic disorder and phobias, eating disorders, or obsessive-compulsive personality disorder. There is also a higher incidence of OCD among people who are affected by Tourette's syndrome.

We do not yet know exactly what causes obsessive-compulsive disorder, but there seems to be a genetic component and neurotransmitter abnormalities (serotonin may play a role). There also seem to be psychological factors, such as an excessive feeling of responsibility or need to control one's thoughts. Paradoxically, attempting to neutralize obsessions using compulsions can actually cause a new wave of obsessions.

Warning signs

If obsessions or compulsions take over a person's life to the extent that they occupy more than an hour of time during the day or interfere with professional and family life and cause serious distress, then that person may have obsessive-compulsive disorder.

Treatment

There are two kinds of treatment for obsessive-compulsive disorder: medication and psychotherapy. If you think you have this disorder, one of the first steps may be to talk to your doctor. Certain antidepressants that act on serotonin can be effective and produce results in only a few weeks.

In terms of psychotherapy, there are a number of different approaches, each of which can produce results. Research supports the value of the cognitive-behavioural approach in particular for treatment of this disorder. One treatment approach involves exposing the person to situations that cause the

anxiety while preventing him from performing the associated rituals.

Self-help groups – such as those at Revivre – can help to break the isolation by bringing people who are going through similar situations together. They provide a place where people can share their feelings without fear of being judged. It can also be helpful to hear the stories of other people who have learned to live with the disorder.

Where to go for help

If you think you might have obsessive-compulsive disorder and you want to know for sure, a doctor can help you evaluate the situation, and can prescribe appropriate medication, if necessary. For psychotherapy, you can consult a mental health specialist who is recognized by a professional association, such as a psychologist or social worker, for support and help in dealing with this disorder.

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