

What You Need to Know...



Obsessive-Compulsive Disorder

People with obsessive-compulsive disorder (OCD) suffer intensely from recurrent unwanted thoughts (obsessions) or rituals (compulsions), which they feel they cannot control. Rituals such as hand washing, counting, checking, or cleaning are often performed in hope of preventing, obsessive thoughts or making them go away. Performing these rituals, however, provides only temporary relief, and not performing them markedly increases anxiety. Left untreated obsessions and the need to perform rituals can take over a person's life. OCD is often a chronic, relapsing illness.

Fortunately, through research supported by the National Institute of Mental Health (NIMH), effective treatments have been developed to help people with OCD.

How Common Is OCD?

- About 2.3% of the U.S. population (3.3 million Americans) experiences OCD in a given year.
- OCD affects men and women equally.
- OCD typically begins during adolescence or early childhood; at least one-third of the cases of adult OCD began in childhood.
- OCD cost the U.S. \$8.4 billion in 1990 in social and economic losses, nearly 6% of the total mental health bill of \$148 billion.

What Causes OCD?

There is growing evidence that OCD has a neurobiological basis. OCD is no longer attributed to family problems or to attitudes learned in childhood - for example, an inordinate emphasis on cleanliness, or a belief that certain thoughts are dangerous or unacceptable. Instead, the search for causes now focuses on the interaction neurobiological factors and environmental influences. Brain imaging studies using a technique called positron emission tomography (PET)) have compared people with and without OCD. Those with OCD have patterns of brain activity that differ from people with other mental illnesses or people with no mental illness at all. In addition, PET scans show that in patients with OCD, both behavioral therapy and medication produce changes in the caudate nucleus, a part of the brain. This is graphic evidence that both psychotherapy and medication affect the brain.

What Treatments Are Available for OCD?

Treatments for OCD have been developed through research supported by the NIMH and other research institutions. These treatments, which combine medications and behavioral therapy (a specific type of psychotherapy), are often effective.

Several medications have been proven effective in helping people with OCD: clomipramine, fluoxetine, fluvoxamine and paroxetine. If one drug is not effective, others should be tried. A number of other medications are currently being studied.

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A type of behavioral therapy known as "exposure and response prevention" is very useful for treating OCD. In this approach, a person's deliberately and voluntarily exposed to whatever triggers the obsessive thoughts and then, is taught techniques to avoid performing, the compulsive rituals and to deal with the anxiety.

Can People With OCD Also Have Other Physical or Emotional Illnesses?

OCD is sometimes accompanied by depression, eating disorders, substance abuse, attention deficit hyperactivity disorder, or other anxiety disorders. When a person also has other disorders, OCD is often more difficult to diagnose and treat. Symptoms of OCD can also coexist and may even be part of a spectrum of neurological disorders, such as Tourette's syndrome. Appropriate diagnosis and treatment of other disorders are important to successful treatment of OCD.

For More Information:

For a free and confidential mental health screening, go on-line to www.mhacolorado.org.

National Institute of Mental Health

(866) 615-6464

Obsessive-Compulsive Foundation

(203) 315-2190

NMHA's Campaign for America's Mental Health works to raise awareness that mental illnesses are common, real and treatable illnesses and ensure that those most at-risk receive proper, timely and effective treatment.

The content of this fact sheet was adapted from material published by the National Institute of Mental Health.