Obsessive Compulsive Disorder (OCD)

What is OCD (and what is it NOT)?

OCD is a mental health condition where a person has unwanted thoughts and repetitive behaviours which consume hours every day. It affects 1-2% of the population. OCD is not just a quirk where people like to be super tidy or organise their socks in colour order! OCD can have a substantial and negative impact on someone's life. It has been ranked by the World Health Organisation in the global top ten leading causes of disability in terms of loss of income and quality of life.

With OCD, people cannot ignore unwanted thoughts. The thoughts take over, leading to the person experiencing anxiety and distress. To relieve these thoughts and to feel better they then may need to repeat certain behaviours. For example; A person may **obsessively** worry about germs which can lead to **compulsive** hand washing.

Potential symptoms of OCD

- Frequent unwanted thoughts that cannot be ignored and cause a feeling of disgust or distress
- An overwhelming sense of responsibility towards others leading to avoidance of activities like driving, or repeated safety checking
- Frequent hand washing or repeatedly cleaning or checking/touching the same thing
- Rejection fears around appearance (body dysmorphia)
- Body focused repetitive behaviours like skin picking, or hair pulling
- Difficulties with hoarding personal items where there is a huge emotional attachment to inanimate objects
- Needing to repeat something a specific number of times – this could be a mental or a physical behaviour
- Mental counting, sometimes linked to blinking, swallowing or breathing
- Repeatedly asking others for reassurance related to a fear of something happening
- Repetitive and intense fears that you may cause mental or physical harm to someone, or to yourself

One person will not have all the symptoms above, but because OCD can 'attach' to anything, an individual's symptoms may change over time.

OCD and Stigma

Have you ever heard someone say they have OCD because they like a clean and tidy house, or because they use spreadsheets to help them remember things? Often people associate OCD with someone who likes to be organised, loves cleaning, or washes their hands a lot. This does not mean

they must have OCD! As a result of flippant comments, OCD can be trivialised, and those who genuinely do have OCD are badly affected. Sufferers can feel ashamed and disgusted at themselves about the symptoms they suffer. People with OCD know logically that their fears are irrational, but the feelings are so overwhelming that compulsions are necessary to relieve the anxiety.

Often people with OCD learn to 'hide' their compulsions, by making them small or invisible when they are with others. This can result in huge anxiety and extended compulsions when they get home.

Causes of OCD:

No one knows exactly what causes OCD. There may be a genetic link, but nothing definitive has been discovered yet. Research has covered many areas, and the following may be implicated:

- environmental factors,
- neurobiological factors,
- learned behaviours,
- pregnancy,
- specific events and
- genetic factors.

Some think that a lack of serotonin is a cause of OCD, but this may in fact be a result of the OCD rather than the cause.

In children there have been incidences where OCD has had a speedy onset following a streptococcal infection, known as **P**aediatric **A**utoimmune **N**europsychiatric **D**isorders associated with **S**treptococcal Infection **(PANDAS)**. It may be that for these children, they were already predisposed to OCD, and the throat infection triggered it.

In a similar way, a traumatic event can result in OCD symptoms starting. Again, it is thought that it is not the trauma itself which has caused it, but that symptoms are initiated in a predisposed person. Everyday stress and anxiety will worsen OCD symptoms, but they are not the cause of the OCD itself.

Treatment of OCD:

SSRIs are often prescribed to support sufferers with OCD symptoms. Although the obsessions are still present, people report that they are easier to ignore. The NHS NICE guidelines state that a mild sufferer should initially be offered up to 10 hours of low impact CBT (Cognitive Behavioural Therapy) including ERP (Exposure and Response Treatment), with a follow up of SSRIs as needed. Moderate or severely impacted patients would be given a course of SSRIs

and intensive CBT. Dopamine blockers may also be offered if the SSRIs have not been effective.

CBT demands a level of determination and homework aside from the therapy-led sessions. CBT challenges the belief that you are reacting to real risk. CBT approaches will vary from person to person as needed, but it focuses on the reactions to obsessions (i.e. the compulsions). The therapist and patient work together to find new ways to respond to anxiety, without compulsions. Following CBT, ERP is a cognitive treatment which aims to reverse the OCD. Patients are asked to live with the anxiety that they feel, starting for just a few minutes and building with time. Eventually the patient can do quite extensive anxiety-inducing things, and can hold off the compulsions completely.

Other treatments are EMDR (Eye Movement Desensitisation Reprocessing) and ACT (Acceptance and Commitment Therapy). EMDR works on deep seated trauma, and brings events out of the part of the brain that remembers an event as trauma (with associated flashbacks) and brings them into a part of the brain which responds to memories normally. It can be used to allow patients to more effectively engage in CBT/ERP. ACT is a therapy that focuses on acceptance around the compulsions. Again, this can allow the patient to attend CBT sessions.

How can friends/family help with OCD:

Often people feel embarrassed or disgusted by the thoughts or behaviours they are having, which means they will often suffer in silence rather than seek help. OCD compulsions give the false impression of safety for people, and this can be hard to 'break into'. Dismantling a safety system is extremely frightening. Shame and guilt are emotions that OCD sufferers hold, so care must be taken not to induce more shame by explaining how the condition affects others.

OCD varies from one person to the next, so it is important for the loved one to spend time listening to the impact that the disorder has on the sufferer. Being calm and non-judgmental is important to allow the loved one to encourage help to be sought. Sufferers should be reassured that they are not mad, or beyond help. Supporters may find the following link useful: Resources - OCD Action. The site gives tips on advocating for yourself or someone else, what interventions may be offered, and what to expect treatment-wise.

Sufferers may not be ready at first to approach a GP to ask for support around their OCD. They may be more comfortable calling a helpline (such as OCD Action), or a support group. Reading about OCD, or watching clips about the condition together, can make the disorder feel less shameful, and

can make it easier for the sufferer to consider writing a list of symptoms to take to the GP.

Helplines/useful contacts:

Mind's services

- Mind's helplines provide information and support by phone and email.
- Local Minds offer face-to-face services across England and Wales. These services include talking therapies, peer support and advocacy.
- Side by Side is our supportive online community for anyone experiencing a mental health problem.

Other organisations

Beat

0808 801 0677 (England)
0808 801 0433 (Wales)
beateatingdisorders.org.uk
Offers information and advice on eating disorders, and runs a supportive online community. Also provides a directory of support services at HelpFinder.

Carers UK

0808 808 7777
advice@carersuk.org
carersuk.org
Advice and support for anyone who provides care.

Hoarding UK

info@hoardinguk.org
hoardinguk.org
Support for people affected by hoarding, including support groups.

Hub of Hope

hubofhope.co.uk
UK-wide mental health service database. Lets you search for local, national, peer, community, charity, private and NHS mental health support. You can filter results to find specific kinds of support.

NHS Services Finder

nhs.uk/service-search (England)
111.wales.nhs.uk/localservices (Wales)
Searchable database of NHS services.

NHS talking therapies self-referral

nhs.uk/service-search/mental-health/find-an-nhs-talking-therapies-service
Information about local NHS therapy services for certain mental health problems. You can self-refer (England only) but you must be registered with a GP.

OCD Action

0300 636 5478
ocdaction.org.uk
Information and support for people affected by OCD and hoarding, including online forums and local support groups.

OCD-UK

01332 588 112
ocduk.org
Charity run by and for people with OCD.

Triumph Over Phobia (TOP UK)

topuk.org
Self-help therapy groups and support for those with OCD, phobias and related anxiety disorders.

BIBLIOGRAPHY

Obsessive-compulsive disorder OCD

Overview - Obsessive compulsive disorder (OCD) - NHS

OCD-UK | A national OCD charity, run by, and for people with lived experience of OCD

OCD Action

This information has been written using the above websites, and is believed to be correct on the day of writing. This leaflet is not designed to take the place of advice from your GP.

Bex Dixey/Nikki Fouracre Aug 26