

What Is Obsessive-Compulsive Disorder?

Obsessive-Compulsive Disorder (OCD) is the name given to a clinically recognised condition in which people experience repetitive and upsetting thoughts and/or behaviours. OCD has two main features: obsessions and compulsions.

Obsessions are involuntary thoughts, images or impulses. Common obsessions include, but are not limited to, fears about dirt, germs and contamination; fears of acting out violent or aggressive thoughts or impulses; unreasonable fears of harming others, especially loved ones; abhorrent, blasphemous or sexual thoughts; inordinate concern with order, arrangement or symmetry; inability to discard useless or worn out possessions; and fears that things are not safe, e.g. household appliances. The main features of obsessions are that they are automatic, frequent, upsetting or distressing, and difficult to control or get rid of.

Just as with obsessions, there are many types of compulsions. It is common for people to carry out a compulsion in order to reduce the anxiety they feel from an obsession. Common compulsions include:

- Excessive washing and cleaning
- Checking
- Repetitive actions such as touching, counting, arranging
- Ordering
- Hoarding
- Ritualistic behaviours that lessen the chances of provoking an obsession (e.g. hiding sharp objects)
- Acts which reduce obsessional fears (e.g. wearing only certain colours)

Compulsions can be observable actions, for example washing, but they can also be mental rituals such as repeating words or phrases, counting, or saying a prayer. Again, not all types of compulsions are listed here. The main features of compulsions are they are repetitive and stereotyped actions that the person feels forced to perform. People can have compulsions without having obsessional thoughts but, very often, these two occur together. Carrying out a compulsion reduces the person's anxiety and makes the urge to perform the compulsion again stronger each time.

Almost everybody experiences the type of thoughts that people with OCD have (e.g. wanting to double-check the front door or the gas). However, most people are able to dismiss these thoughts. People with OCD cannot ignore unpleasant thoughts and pay undue attention to them. This means that the thoughts become more frequent and distressing and, over time, they can affect all areas of a person's life, often their job and their family and social life. People with OCD can, however, appear to function perfectly normally despite being greatly distressed. This often makes it possible for people with OCD to hide their OCD. Because of this, OCD has often been called the 'secretive disorder'.

OCD is much more common than was previously thought. Prevalence estimates suggest that between 1-2% of the UK population has OCD (some studies estimate 2-3%). One reason why the prevalence of OCD has been underestimated in the past is that people with OCD are often afraid to seek help. They worry that other people will think they are mad, and often do not know that their disorder is a recognised condition with effective treatments.

It is important to remember that severity of OCD differs markedly between people but each person's distress is very real. In fact, OCD is listed by the World Health Organization as one of the top ten debilitating disorders. People with OCD are not mad or dangerous and do not carry out their unpleasant thoughts. Most people with OCD know that their thoughts are excessive or irrational but the anxiety they feel makes the thoughts difficult to ignore.

OCD can affect children, adolescents and adults. At least half of adults who get help for OCD already had it as children. Many did not receive treatment. This might be because they were embarrassed about it and did not tell anyone, or because doctors they asked for help did not know how to diagnose or treat OCD. While awareness of the disorder has increased, many healthcare and educational professionals still do not understand or recognise OCD and therefore are unable to diagnose it.

Although the cause of OCD is not known, research work has given some clues. Because the medication that works well in OCD acts on a specific chemical, serotonin, which we all have in our brains, it is possible that people who get OCD have an imbalance in serotonin.

The tendency to develop OCD seems to run in families; as well as there often being other family members with OCD, there are sometimes people with involuntary jerky movements (tics) in the family. This has led to ideas that obsessive thoughts may be a bit like a 'tic' in the mind, something that just happens. Psychological factors such as susceptibility to stress or exposure to an emotionally traumatic experience are also likely to be in evidence. The good news is that, for the majority, OCD can be effectively controlled and treated.

One of the main benefits of understanding that OCD is likely to be a neurobiological disorder, is that it helps people and families realise that it is not their fault. Children, adolescents, adults and their families do not cause OCD, but they can learn ways to challenge it!

This leaflet is part of a series that includes;

1. **What is OCD?**
2. Assessment and Diagnosis
3. Accessing Treatment – your rights
4. What is Cognitive Behavioural Therapy?
5. Medication for OCD
6. Young people and OCD
7. Supporting a person with OCD
8. Habit Disorders
9. BDD

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