

Obsessive Compulsive Disorder (OCD)



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Obsessive-compulsive disorder (OCD) is characterized by obsessions (which are thoughts or impulses that happen again and again). People with OCD may know that their thoughts and behavior don't make sense, they are often unable to stop them. Signs can begin during childhood, the teenage years or young adulthood.

What are the symptoms?

Just like any mental illness, people with OCD experience symptoms differently. These symptoms usually last longer than an hour each day and have an effect on daily life.

Obsessions may include:

- Thoughts about harming or having harmed someone.
- Doubts about having done something right, like turning off the stove or locking a door.
- Fears of saying or shouting inappropriate things in public.

Compulsions may include:

- Hand washing due to a fear of germs.
- Counting and recounting money because a person is can't be sure they added correctly.
- Checking to see if a door is locked or the stove is off.

What are the causes?

The exact cause of OCD is unknown. Researchers believe that activity in the brain is responsible. The brain may respond differently to certain chemicals that allow for communication to happen inside the brain. There is some research that suggests that OCD runs in families.

Diagnosis

A medical evaluation will be first be done to diagnose someone with OCD.

To be diagnosed with OCD, a person must have:

- Obsessions, compulsions or both
- Obsessions or compulsions that are upsetting and cause difficulty with work, relationships, other parts of life and typically last for at least an hour each day

Treatment

- **Medication**, such as antidepressants, may work directly on the brain
- **Psychotherapy**, such as Cognitive Behavioral Therapy (CBT) or Exposure and Response Therapy (ERT) may help retrain the brain to recognize "false threats"
- **Complimentary Health Approaches** such as aerobic exercises