

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a brain-based anxiety disorder. People with OCD have obsessions, compulsions, or both. Obsessions are unwanted and distressing thoughts, ideas, or urges that keep entering your mind and result in anxiety. You may find yourself trying to ignore them. You may try to stop or undo them with a compulsion.

Compulsions are repetitive physical or mental acts that you feel you have to do. They may reduce or prevent any emotional distress, but in most instances, they are ineffective. Compulsions can be very time-consuming, often taking more than one hour each day. They can interfere with personal relationships and normal activities at home, school, or work.

OCD can begin in childhood, but it usually starts in young adulthood and continues throughout life. Many people with OCD also have depression or another mental health disorder.

What are the causes?

The cause of this condition is not known.

What increases the risk?

This condition is more like to develop in:

- People who have experienced trauma.
- People who have a family history of OCD.
- Women during and after pregnancy.
- People who have infections and post-infectious autoimmune syndrome.
- People who have other mental health conditions.
- People who abuse substances.

What are the signs or symptoms?

Symptoms of OCD include compulsions and obsessions. People with obsessions usually have a fear that something terrible will happen or that they will do something terrible. Examples of common obsessions include:

- Fear of contamination with germs, waste, or poisonous substances.
- Fear of making the wrong decision.
- Violent or sexual thoughts or urges towards others.
- Need for symmetry or exactness.

Examples of common compulsions include:

- Excessive handwashing or bathing due to fear of contamination.
- Checking things over and over to make sure you finished a task, such as making sure you locked a door or unplugged a toaster.
- Repeating an act or phrase over and over, sometimes a specific number of times, until it feels right.
- Arranging and rearranging objects to keep them in a certain order.
- Having a very hard time making a decision and sticking to it.

How is this diagnosed?

OCD is diagnosed through an assessment by your health care provider. Your health care provider will ask questions about any obsessions or compulsions you have and how they affect your life. Your health care provider may also ask about your medical history, prescription medicines, and drug use. Certain medical conditions and substances can cause symptoms that are similar to OCD.



Your health care provider may also refer you to a mental health specialist.

How is this treated?

Treatment may include:

- Cognitive therapy. This is a form of talk therapy. The goal is to identify and change the irrational thoughts associated with obsessions.
- Behavioral therapy. A type of behavioral therapy called exposure and response prevention is often used. In this therapy, you will be exposed to the distressing situation that triggers your compulsion and be prevented from responding to it. With repetition of this process over time, you will no longer feel the distress or need to perform the compulsion.
- Self-soothing. Meditation, deep breathing, or yoga can help you manage the physiological symptoms of anxiety and can help with how you think.
- Medicine. Certain types of antidepressant medicine may help reduce or control OCD symptoms. Medicine is most effective when used with cognitive or behavioral therapy.

Treatment usually involves a combination of therapy and medicines. For severe OCD that does not respond to talk therapy and medicine, brain surgery or electrical stimulation of specific areas of the brain (*deep brain stimulation*) may be considered.

Follow these instructions at home:

- Take over-the-counter and prescription medicines only as told by your health care provider. **Do not** start taking any new medicines with approval from your health care provider.
- Consider joining a support group for people with OCD.
- Keep all follow-up visits as told by your health care provider. This is important.

Contact a health care provider if:

- You are not able to take your medicines as prescribed.
- Your symptoms get worse.

Get help right away if:

- You have suicidal thoughts or thoughts about hurting yourself or others.

If you ever feel like you may hurt yourself or others, or have thoughts about taking your own life, get help right away. You can go to your nearest emergency department or call:

- **Your local emergency services (911 in the U.S.).**
- **A suicide crisis helpline, such as the National Suicide Prevention Lifeline at 1-800-273-8255. This is open 24-hours a day.**

Summary

- Obsessive-compulsive disorder (OCD) is a brain-based anxiety disorder. People with OCD have obsessions, compulsions, or both.
- OCD can interfere with personal relationships and normal activities at home, school, or work.
- Treatment usually involves a combination of therapy and medicines.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

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