

Obsessive Compulsive Disorder (OCD)



Preoccupation with orderliness, maintaining perfectionism, mental and interpersonal control.

1. Recurrent obsessions

Inappropriate, persistent ideas, thoughts, feelings and impulses that cause anxiety or distress, eg repeated thoughts about contamination, eg by shaking hands, repeated doubts, eg about an action: 'Have I locked the door?'; aggressive or horrible impulses eg to shout obscenities in church, and sexual imagery. These obsessions are recognised by the individual as internally produced, by the mind.

2. Recurrent compulsions

Repetitive behaviours, eg washing, cleaning, checking, counting, repeating words silently. The goal of compulsions is to reduce anxiety or distress. In most cases, the individual feels driven to perform the compulsion to reduce anxiety or prevent some dreaded event.

Psychological symptoms

- Inadaptable when faced with a new situation
- Rigid views, inflexible problem-solving approach
- Perfectionism
- Focus on trivial details
- Guilt; preoccupied with wrongdoing, stifling enjoyment
- Anxiety and tension from attempts to resist compulsion
- Sensitivity to criticism.
- Often show little outward emotion, but hide anger and resentment
- Ruminations, eg internal debates or arguments, simple actions are endlessly reviewed
- Experience impulses/urges to perform acts, that are often violent or embarrassing

Behavioural symptoms

- Compulsions: persistent, ritualistic behaviours such as ordering, checking, washing hands.
- Structured pattern for tasks; arranging things in a set order
- Inflexible, resistant to change
- May excessively use alcohol, or sedative, hypnotic or anti-anxiety medications.

Social impact

Obsessions or compulsions cause distress, are time consuming (over 1 hour everyday)

Interfere with individual's normal routine, work, usual social activities or relationships

Many individuals avoid objects or situations that provoke obsessions or compulsions especially situations involving the content of obsessions, eg dirt, contamination.

Performing compulsions may become a major life activity, lead to serious marital, occupational or social disability, eg may lead to social isolation or in severe cases, actually housebound.

Treatments

Psychological therapies, often CBT (cognitive behavioural therapy). This involves identifying the thought patterns and modifying behaviour through exposure and response prevention. Anti-depressant medication may also be helpful.