

# Obsessive Compulsive Disorder

OCD is a fairly common, treatable, neuropsychiatric disorder involving excessive, intrusive and inappropriate obsessions (uninvited thoughts which occur over and over) and/or compulsions (repetitive, sometimes senseless actions which have to be performed physically or mentally). The person has no control over his obsessions and compulsions; they arrive without warning and without being initiated; they will not disappear just because he does not wish to entertain them.

It is not known exactly what causes OCD, but it is known that it is not the sufferer's fault or the result of a weak or dysfunctional personality or family background. Some research has suggested that genes may play a role in some cases, and it is known to run in families, particularly when it is first seen during early childhood.

It is far more common than most people realise: in the UK approximately 1.2% of adults currently have OCD and numerous cases go unrecognised and unreported for many reasons. Although OCD is predominately an adult mental health condition, it is estimated that 1:100 pupils have the condition. Not all obsessive-compulsive behaviours are unusual or disabling; some are welcome and supportive rituals, such as daily prayers, bedtime stories, kissing on parting, etc. Only when the rituals become persistent, senseless, cause anxieties and distress or make normal life impossible – for the sufferer or people close to him – do they need to be addressed.

Unlike psychotic disorders such as schizophrenia, people with OCD usually know what is real and what is not, and that often their thoughts, or the actions they need to do, make no sense (to others).

There is no instant cure for OCD, but its symptoms can be controlled either by drugs and/or cognitive behaviour therapy. Symptoms can be quite disabling in some cases; less so in others. In severe cases, OCD can become all-consuming, with a resulting significant adverse impact on educational and social functioning.

## Common Obsessions

### Fear of:

- something happening to one's family or self
- contamination with dirt/germs/toxins

### An obsession with:

- symmetry or the 'evenness' of things, numbers, actions, bodily functions
- sexual/aggressive urges, religious or moral concepts, taboos.

**Common Compulsions** often involve actions surrounding anxieties: some may be intricate and highly repetitive rituals to protect the individual or others from harm or to bring good-luck, and once started are unstoppable. Many are repetitive or checking actions:

- saying something out loud or in one's head over and over
- checking that windows/doors are locked before leaving the house
- excessive hand washing, cleaning, counting, hoarding or saving things
- touching objects or people
- doing everything precisely, perfectly and slowly
- praying.

Some compulsions may be the avoidance of something (possibly associated with an obsession), or asking for reassurance all the time.

## Problems

**Time:** obsessions and compulsions can take up an enormous part of someone's waking hours. If the OCD sufferer is a child, the resulting behaviours and time involved with rituals can become extremely frustrating for parents, friends and teachers.

**Anxiety:** some obsessions and compulsions can cause the sufferer huge embarrassment, anxiety and, in extreme cases, depression. Unusual, sexual or aggressive obsessions or compulsions can be severely disabling because of the mental agonies that the person goes through each time a thought intrudes, or he has to perform his compulsion.

## Other disorders which may be seen with, or confused with, OCD

70% of those diagnosed as having childhood OCD will have at least one other co-morbid disorder and have an increased likelihood of developing other psychiatric disorders during their lifetime. In addition, those who indicate Tourette's syndrome, ADHD and/or Autistic Spectrum Disorders, have a higher chance of developing OCD than those without these conditions.

**Asperger syndrome, autism** – both have stereotypical behaviours which can be confused with OCD, but someone with OCD alone does not have the communication and social skills deficits of AS and autism.

**Body Dysmorphic Disorder** – 'imagined ugliness' can be an OCD obsession.

**Depression** with OCD in adults is not uncommon

**Disruptive behaviours** may result from OCD. Learning disorders such as ADD, ADHD, may be made worse by OCD.

**Phobias** – OCD is an acute anxiety disorder, and people could have more than one!

**Nail-biting and skin-picking** can be present in autism as well as OCD. These actions may respond to the treatments prescribed for OCD.

**Stress** can exacerbate OCD symptoms.

**Tourette's syndrome** resembles OCD when it presents with touching/tapping tics.

**Trichotillomania** (compulsive hair pulling) may be part of the OCD range of activities, or a Tourette's tic.

## Treatments

A doctor or consultant will discuss current treatments that may be suitable and appropriate.

Referral might be made to a local child and adolescent mental health service (CAMHS). You can contact NHS Direct Online: [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) or Tel: 0845 4647 for information on your local service.

## Cognitive Behaviour Therapy

This is considered the most helpful response for people with OCD. It will probably start with an in-depth assessment of the obsessions and/or compulsions. This may mean keeping a detailed diary of when problems arise.

Strategies will be offered to help control behaviours, one step at a time. It is important that the person with OCD is fully involved with detailing his own behaviour modification tactics, so that he feels fully comfortable with any programme that he will have to follow. Family members, and sometimes close friends also need to know what is involved, so that they too can help.

## Medication

This has been shown to help about 70% of people with OCD. It provides more 'instant relief' than behaviour therapy, and that's why a combination of both is recommended for people with the disorder. The drugs used are the same as those prescribed for depression and other anxiety disorders. They are chosen because they act on the brain chemicals – specifically, serotonin – which is the chemical responsible for the communication between different parts of the brain. All medicines should be taken exactly as prescribed, and any side effects reported to the doctor. If you are not happy about the use of medication or if the prescribed drugs are unsuitable, then behaviour therapy can be used alone. Research evidence indicates that for children, the optimum treatment is a combination of both CBT and medication.

## Remember

- OCD is a disorder, not a personality trait; OCD is nobody's 'fault'
- Be supportive, understanding, sympathetic – and patient

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- Encourage and support the sufferer and any treatment put in place
- Do not encourage or support the obsessions and compulsions!
- As far as possible, do not let the obsessions or compulsions force you to adapt home or school life.

## USEFUL CONTACTS

### OCD Action

We provide support and information to anybody affected by OCD, work to raise awareness of the disorder amongst the public and frontline healthcare workers and strive to secure a better deal for people with OCD. Visit the website for details of an online survey, self assessment, related disorders, treatment advice, advocacy, resources and online support.

[www.ocdaction.org.uk](http://www.ocdaction.org.uk)  
Helpline: 0845 390 6232  
Email: [support@ocdaction.org.uk](mailto:support@ocdaction.org.uk)

### OCD-UK

The leading national charity, independently working with and for almost one million children and adults whose lives are affected by Obsessive- Compulsive Disorder (OCD). We offer information on accessing treatment, advocacy, community support, resources and publications, conferences and a small number of support groups.

[www.ocduk.org](http://www.ocduk.org)  
Free Advice Line: 0845 120 3778  
Email: [support@ocdukj.org](mailto:support@ocdukj.org)

### Obsessive Compulsive Disorder Service (National and Specialist CAMHS)

Michael Rutter Centre, Maudsley Hospital, London Provides assessment and treatment for young people with OCD and related conditions, including body dysmorphic disorder, tic disorders, Tourette's syndrome, anxiety and habit disorders.

We also assess and treat OCD related anxiety disorders in young people with a developmental disorder, e.g. high functioning autism spectrum disorders or neurological conditions. Professional referral only.

[www.national.slam.nhs.uk/services/camhs/camhs-ocd/](http://www.national.slam.nhs.uk/services/camhs/camhs-ocd/)  
Tel: 020 3228 5222  
(Adults are seen at The Centre for Anxiety Disorders and Trauma: [www.national.slam.nhs.uk/services/adult-services/cadat/](http://www.national.slam.nhs.uk/services/adult-services/cadat/))

### Anxiety UK

We can provide support and help if you've been diagnosed with, or suspect you may have an anxiety condition including OCD. We can also help you deal with specific phobias and refer you to our therapy services Information and services offered to professional health care workers (GPs, psychologists, psychiatrists, social workers etc.) working, or interested in the area of anxiety disorders.

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)  
Helpline: 08444 775 774  
Email: [info@anxietyuk.org.uk](mailto:info@anxietyuk.org.uk)

### No Panic

An organisation for people with OCD, anxiety disorders, panic attacks. They offer a helpline, telephone support and recovery groups, literature and books, written step by step recovery programmes for OCD and various phobias.

[www.nopanic.org.uk](http://www.nopanic.org.uk)  
Helpline: 0808 808 0545  
Email: [ceo@nopanic.org.uk](mailto:ceo@nopanic.org.uk)

### Triumph over Phobia

A UK registered charity which aims to help sufferers of phobias, obsessive compulsive disorder and other related anxiety to overcome their fears and become ex-sufferers.

Information on their website and they run a network of selfhelp therapy groups for people aged 18 and over. Groups meet weekly and are structured, warm and supportive.

[www.topuk.org](http://www.topuk.org)  
Tel: 0845 600 9601  
Email: [info@topuk.org](mailto:info@topuk.org)

### Contact a Family

UK wide advice on all aspects of caring for a child with any special need, disability or rare disorder; national SEN help line; downloadable fact sheets and publications; Connected magazine; local support groups and parent reps; campaigns and research etc.

Website: [www.cafamily.org.uk](http://www.cafamily.org.uk)  
Tel: 0808 808 3555  
Email: [info@cafamily.org.uk](mailto:info@cafamily.org.uk)  
They also run a separate site Making Contact where you can share your experiences, get advice or local support from other parents with children with the same condition:  
[www.makingcontact.org.uk](http://www.makingcontact.org.uk)

## READING

See the Cambian information sheet 'Books – where to find them' for a list of specialist publishers with a huge range of books.

## Internet sites

As well as any mentioned above –

### No More Panic

a clear, easy to use website with lots of information and advice. Has a forum and chat room: [www.nomorepanic.co.uk](http://www.nomorepanic.co.uk)

### OCD Youth Info

a website of the Institute of Psychiatry and South London and Maudsley NHS Trust, advises on how to get help and how to get better:

[www.ocdyouth.info](http://www.ocdyouth.info)

### International OCD Foundation:

[www.ocfoundation.org](http://www.ocfoundation.org)

South London and Maudsley NHS Trust has information about OCD for teachers <http://psychology.iop.kcl.ac.uk/ocdkids/teachers>

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