

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder (OCD) is a fairly common, treatable, neuropsychiatric disorder.

To have a diagnosis of OCD, someone must have 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 with OCD 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 by either **drugs** and / or **cognitive behaviour therapy**. Symptoms can be quite disabling on some occasions; less so on others. In severe cases, OCD can become all-consuming, with a resulting significant adverse impact on educational and social functioning.

Common Obsessions can be fears of something happening to one's family or self, contamination with dirt / germs / toxins, symmetry or the 'evenness' of things, numbers, actions, bodily functions. Sometimes an obsession may be concerned with 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: "what would happen if I didn't...?" 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. Others involve excessive hand washing, cleaning, counting, hoarding or saving things, touching objects or people, doing everything precisely, perfectly and slowly, or praying. Some compulsions may be the avoidance of something (possibly that is associated with their obsession), or asking for reassurance all the time.

Problems

Time: the obsessions and compulsions of someone with OCD can take up an enormous part of their waking hours. If the OCD sufferer is a child, the resulting behaviours and time involved with their 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 or 'imagined ugliness disorder' can be an OCD obsession.

Depression and OCD in adults is not uncommon, but people with OCD are not generally depressed or sad.

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 or tapping tics.

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

Treatments

Your doctor or consultant will discuss those current treatments that may be suitable and appropriate for your child. You may be referred to your local child and adolescent mental health service (CAMHS). You can contact NHS Direct Online www.nhsdirect.nhs.uk or **Tel: 0845 4647** for information on your local service. Cognitive Behaviour therapy may be one option; medication another - or a mixture of both. Research evidence indicates that for children, the optimum treatment is a combination of both responses.

Cognitive Behaviour Therapy: This is considered the most helpful response for pupils with OCD. It will probably start with an in-depth assessment of the obsessions and/or compulsions. This may mean the child and his family keeping a detailed diary of when problems arise. Strategies will be offered to help the child be in control of his problems one step at a time. It is important that the child 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. Parents, other family members, and sometimes close friends, also need to know what is involved, so that they too can help.

Medication: 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 children 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 your child's doctor. If you are not happy for your child to take drugs, or if the prescribed drugs are unsuitable, then behaviour therapy can be used alone.

Remember:

- OCD is a disorder, not a personality trait; OCD is nobody's 'fault'
- Be supportive, understanding, sympathetic – and patient
- Encourage and support - 1. the sufferer 2. 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

Other Useful Contacts

OCD Action Suite 506-507, Davina House, 137-149 Goswell Road, London, EC1V 7ET

Helpline: 0845 390 6232

Info and support for sufferers, their families and professionals and local UK support groups. Also has lots of helpful literature.

Web: www.ocdaction.org.uk

E-mail: info@ocdaction.org.uk

Anxiety UK (formerly National Phobics Society)

Tel: 08444 775 774

Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester M15 4ZY

Offers advice and support, with referrals to various therapy and counselling services. Provides fact sheets and tapes.

Web: www.anxietyuk.org.uk

E-mail: info@anxietyuk.org.uk

OCD Clinic

Michael Rutter Centre for Children & Adolescents, Maudsley Hospital, Denmark Hill, London SE5 8AZ

Assessment, discussion and written report for families and referrers; treatment packages – for up to 18 year olds. Adults are seen at the Centre for Anxiety Disorders at Maudsley Hospital.

Web: www.slam.nhs.uk/services

Tel: 020 3228 5222

First Steps to Freedom PO Box 476, Newquay, TR7 1WQ. Practical help and support with OCD/Anxiety Disorders/Phobias (adults only)

Web: www.first-steps.org

Email: first.steps@btconnect.com

Helpline: 0845 120 2916

Reading

See also OAASIS information sheet '**Books – where to find them**'

Routledge Education (member of the Taylor Francis Group)

Tel: 020 7017 6563 (Marketing)

Web: www.routledgeeducation.com (academic and research based) or www.routledgepublishers.com for teachers.

Jessica Kingsley Publishers

Web: www.jkp.com

Email: post@jkp.com

Tel: 020 7833 2307

The internet book shop www.amazon.co.uk

Internet Sites: As well as any mentioned above -

www.ocfoundation.org US based site.

www.psychnet-uk.com/dsm_iv/obsessive_compulsive_disorder.htm is a UK based one.

<http://psychology.iop.kcl.ac.uk/ocdkids/teachers> has info about OCD for teachers.

www.nomorepanic.co.uk a clear, easy to use site with lots of information and advice.

www.ocdyouth.info a website of the Institute of Psychiatry and South London and Maudsley Trust

www.topuk.com (Triumph over Phobia) information plus details of a treatment programme

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- First Guide to ...
- Cards explaining 9 learning disabilities
- Legal advice Information Sheets
- SEN 'How to' guides

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