

Obsessive Compulsive Disorder

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Obsessive Compulsive Disorder is an anxiety disorder that involves recurrent obsessions or compulsions serious and severe enough to interfere with one's daily life. Obsessions are intrusive thoughts, impulses, or images; one of the common symptoms of OCD we hear about often is the obsessive washing of hands due to anxiety of contamination. These compulsions or rituals are repetitive, intentional behaviors one feels compelled to perform in response elicited by fears and anxiety.



Research indicates that up to 6.5 million people suffer from OCD, making it one of the most common mental disorders. Recent studies indicate that OCD impacts 1 out of 40 adults overall or 2.5 percent of the general population, with symptoms that begin in early childhood or late adolescence. People with OCD have above average intelligence, but unfortunately, most OCD sufferers wait 7 years before seeking treatment. Statistics show that 33%-50% of adult sufferers display symptoms during childhood, even though research shows OCD is very uncommon and relatively rare in children. We see more of a tendency in boys than in girls. Peak age of onset for males is between 12-15 years old and for females between 20-24 years old. OCD generally increases with age and affects men and women equally in all cultures. Most OCD sufferers have high stress situations to onset the disorder, such as the death of a family member, pregnancy, and childbirth.

Most people feel embarrassed and ashamed to admit this disorder and to get a true accurate diagnosis is difficult. Most sufferers have a hard time with work, being focused in school, and maintaining relationships because they spend a large portion of the day, at least 1 hour, performing rituals in social and occupational situations. Most of the time, during these OCD episodes, the person now recognizes that the obsession and compulsions are excessive and unreasonable. In rare instances, OCD sufferers may leave a person house bound with fears and worries and feelings that it is easier to stay home than to risk facing situations.



For an example, an individual with obsessions about dirt may avoid public places or shaking hands with strangers. Those with OCD often experience guilt and fear that their thoughts will actually happen and have tangible outcomes. Furthermore, many OCD sufferers perform compulsions because they believe that failing to "correct the problem" is equivalent to causing it.

TEN INTERESTING FACTS ON THE ROLE OF OBSESSIVE COMPULSIVE DISORDER:

1. 10% also have bipolar (manic depressive) illness.
2. 15% of OCD sufferers show progressive deterioration in social and occupational functioning.
3. 25% of OCD sufferers refuse to get treatment due to fear.
4. 40% have additional anxiety diagnoses, such as social phobias, Panic Disorder or Anxiety Disorder.

5. Approximately 40% of OCD sufferers have a relative also afflicted with OCD.
6. 60%-80% receive medications and see improvement.
7. 66% develop depression during their lifetime.
8. 70%-90% of those treated with medication relapse after a few weeks of discontinuing use of drug.
9. The likelihood that twins will both have OCD is higher for monozygotic than for fraternal twins.
10. OCD and obsessive-compulsive behaviors occur more often in parents and children of OCD sufferers.

FOUR MOST COMMON TYPES OF OCD AND WHAT TO LOOK FOR IN YOUR CHILDREN AND OTHERS YOU LOVE:

Contamination

Typical behaviors of washing and cleaning compulsions. It includes statements such as “I avoid public telephones because I am afraid of contagion or disease.”

Checking

Behaviors of checking and repeating impulses. A representative statement is “I constantly need to check under my bed to make sure nothing is there.”

Mental Control

The behaviors displayed are the inability to control, suppress, or ignore obsessive thoughts and includes an assessment of certainty or doubt: “I worry about remembering completely unimportant things and when I remember things, I become obsessed with them.” This is a common statement for OCD sufferers.

Impulses

Concern of harming others due to carelessness, lack of preparation, loss of self control, or inability to provide a safe environment: “I will not step out of my house fearing someone is watching me and I am not safe.”

If you have seen or heard comments such as those stated above, take your child to a clinician to get evaluated, and intervene to make changes within this diagnosis. Education and information about OCD and effective treatment are the most important in maximizing a successful treatment. Medication and behavior therapy show 90% accuracy in the highest rate of recovery. With hard work for all involved, results are possible and the outcome successful!



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