

## Obsessive–compulsive disorder: key facts from the Royal College of Psychiatrists

### What is obsessive–compulsive disorder?

We can all be obsessive about certain things at times but if:

- you get awful thoughts coming into your mind, even when you try to keep them out,
- you have to touch or count things or repeat the same action like washing over and over, you may have obsessive–compulsive disorder.

### Who gets obsessive–compulsive disorder?

About one in every 50 people have obsessive–compulsive disorder at some point in their lives, men and women equally – about 1 million people in the UK. Obsessive–compulsive disorder usually starts in the teens or early twenties. It tends to get better and worse over time but people often don't seek help for many years.

### What are the signs and symptoms of obsessive–compulsive disorder?

- Recurring thoughts ('obsessions') that make you anxious. These can be unpleasant words or phrases, pictures in your mind or doubts.
- The things you do over and over again ('compulsions') that help you to feel less anxious. You may try to correct or 'neutralise' the thoughts by counting, saying a special word, or doing a particular ritual, over and over again.

### What causes obsessive–compulsive disorder?

Many factors might play a part and one or more of those listed below might be explanations as to why you or someone you know is affected:

- obsessive–compulsive disorder is sometimes inherited, so occasionally it can run in the family
- stressful life events bring it on in about one in three cases
- life changes: when you have to take on more responsibility such as puberty, the birth of a child or a new job
- if you have obsessive–compulsive disorder for more than a short time, an imbalance of a brain chemical called serotonin (also known as 5HT) may develop
- you are a neat, meticulous, methodical person – but go too far
- if you have particularly high standards of morality and responsibility, you may feel particularly bad when you have unpleasant thoughts; you start to watch out for them, which makes them more likely to happen.

### Helping yourself

- If you make yourself regularly think the troubling thoughts, you can control them better. You record them – with a microphone or on paper – and then listen back to them or re-read them. You need to do this regularly for around half an hour every day. At the same time, try to resist the compulsive behaviour.
- Don't use alcohol to control your anxiety.
- If your thoughts involve worries about your faith or religion, talk it over with a religious leader to help you work out if it is an obsessive–compulsive disorder problem.
- Try a self-help book.

### Professional help

#### *Psychotherapies*

- Exposure and response prevention  
This helps to stop compulsive behaviours and anxieties from strengthening each other. We know that if you stay in a stressful situation long enough, you gradually become used to it and your anxiety goes away. So you gradually face the situation you fear (exposure) but stop yourself from doing your usual compulsive rituals, checking or cleaning (response prevention), and wait for your anxiety to go away.
- Cognitive therapy  
Instead of trying to get rid of your thoughts, cognitive therapy helps you to change your reaction to them. It particularly targets unrealistic self-critical thoughts. This is useful if you have obsessional thoughts but do not perform any rituals or actions to make yourself feel better. It can be used with exposure and response prevention.

## *Antidepressant medication*

Selective serotonin reuptake inhibitor (SSRI) antidepressants can help even if you are not depressed. They can be used alone, or with cognitive-behavioural therapy, for moderate to severe obsessive-compulsive disorder. If treatment has not helped at all after 3 months, you can change to a different SSRI or to a medication called clomipramine.

### **How effective is the treatment?**

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#### ■ Exposure and response prevention

About three out of four people who complete this are helped a lot, but one in four will get symptoms again and will need extra treatment. About one in four people refuse to try this type of cognitive-behavioural therapy or else do not finish it – they feel it's too much to ask.

#### ■ Medication

About six out of ten people improve with medication and their symptoms reduce roughly by half. Medication does help to prevent obsessive-compulsive disorder coming back for as long as it is taken, even after several years. Unfortunately, about half of those who stop medication will get symptoms again in the months afterwards. This is less likely when medication is combined with cognitive-behavioural therapy.

### **Which approach is best for me?**

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#### ■ Mild obsessive-compulsive disorder

Exposure and response prevention can be tried without professional help. It is effective and has no side-effects but you feel more anxious for a while. You need to be motivated and prepared for some hard work. Cognitive therapy and medication are probably equally effective.

#### ■ Moderate or severe obsessive-compulsive disorder

You could choose either cognitive-behavioural therapy (up to 10 hours of contact with a therapist) or medication (for 12 weeks) first. If you are no better, then you should try both treatments together.

If your obsessive-compulsive disorder is severe, it's probably best to try medication and cognitive-behavioural therapy together from the start.

Medication alone is an option if you don't feel you can face the anxiety of exposure and response prevention but there is more chance that the obsessive-compulsive disorder will return – about one in two compared with about one in four for exposure and response prevention treatment. Medication has to be taken for about a year, and is obviously not ideal during pregnancy or breastfeeding.