SANE

FACTSHEET

OBSESSIVE COMPULSIVE DISORDER (OCD)

QUICK FACTS

- Obsessive-compulsive disorder (OCD) involves intrusive thoughts, images, or impulses (obsessions) and repetitive actions or rituals (compulsions).
- Symptoms can be exhausting and interfere with daily life.
- People living with OCD can benefit from self-help strategies, psychological therapies, and medication.
- People living with OCD can have full and meaningful lives.

ABOUT OCD

OCD involves recurring and unwanted thoughts, images, or impulses (obsessions) and repetitive actions or rituals (compulsions). Obsessions and compulsions can interfere with relationships, education, employment, and other areas of life.

People living with OCD are usually aware that their symptoms are irrational or excessive, but they find the obsessions uncontrollable and the compulsions almost impossible to resist.

OCD sometimes co-occurs with other mental health issues, most commonly anxiety disorders, depressive disorders, impulse-control disorders and substance use disorders[1].

SYMPTOMS OF OCD

People living with OCD experience obsessions, compulsions, or both. Many people experience a cycle of obsessions and compulsions, where they attempt to suppress or 'neutralise' obsessions through compulsions[2]. But, the intrusive thoughts don't completely go away, and the cycle continues.

Symptoms of OCD usually appear in late adolescence or early adulthood and can be difficult to control. They can be exhausting and time consuming.

OBSESSIONS

Obsessions are recurrent thoughts, urges, impulses or images[2]. They are usually intrusive and unwanted, and cause anxiety or distress.

They are often exaggerated or more intense versions of concerns and worries that most people have from time to time. However, people with OCD have trouble letting go of these worries, or seeing them as harmless thoughts – they are experienced as intense, important, and highly unacceptable[3].

COMMON OBSESSIONS INCLUDE:

- Fear of contamination from germs, dirt, toxins, and other substances
- Fears of harm to oneself, or to others
- Intrusive sexual or violent thoughts
- Concerns with symmetry, order, and routine
- Concerns about spirituality or religious issues.

Although some people with OCD have intrusive thoughts around harming others, this doesn't mean they actually have any desire to harm others, or are likely to be violent[4].

COMPULSIONS

Compulsions are repetitive actions or thoughts[2]. They occur in response to an obsession, or in response to rigid rules, to reduce distress or prevent an anticipated event or situation. Engaging in compulsions may temporarily reduce feelings of anxiety or fear that result from an obsession.

Sometimes a compulsion is clearly and logically linked to an obsession, but other times the link may be unclear to an outsider. Common compulsions include:

- Excessive handwashing or cleaning
- Repeated counting and ordering of objects
- Excessive checking of locks, electrical appliances, and other things associated with safety
- Touching, tapping, counting, or moving in a certain way or a certain number of times
- Mentally repeating words or numbers a certain number of times.

CAUSES OF OCD

There is no single cause of OCD. It is likely to be a combination of neurological, genetic, cognitive and behavioural factors (3). Some people with OCD have experienced traumatic events, and stressful situations can trigger its onset [5].

HOW COMMON IS OCD?

In Australia, it's estimated that around 3% of adults experience OCD each year[6].

MANAGING LIFE WITH OCD

People with OCD may find different strategies helpful to manage obsessions and prevent compulsions, such as:

- Understanding more about OCD, how it develops, and what maintains it
- Establishing a support network of friends or family members
- Learning strategies to manage unhelpful and intrusive thoughts
- Mindfulness, relaxation, and breathing training
- Peer support.

TREATMENT AND SUPPORT FOR OCD

Treatment can help manage, reduce, or even eliminate the symptoms associated with OCD.

It's a good idea to first talk to a GP. A GP can provide information and referrals for treatment and support options.

Treatment often involves working with a mental health professional such as a psychologist, counsellor, or psychiatrist. Treatment can have a range of goals, such as understanding more about OCD, and reducing obsessions and compulsions.

Specific psychological therapies have been designed and tested to help people manage symptoms of OCD. Exposure and response prevention (ERP) is often recommended, and usually incorporated into cognitive behavioural therapy (CBT) for people with OCD [7,8]. ERP can be provided in both individual and group settings. It involves gradually exposing a person to feared thoughts and situations, while they avoid engaging in compulsions. Other types of CBT can also be helpful[9].

Some people also benefit from medication such as antidepressants. Sometimes, people are prescribed medication alone, or in combination with therapy. Often, medication is used for people with more severe OCD symptoms, or to help someone with OCD to feel in a more positive frame of mind to tackle psychological therapies [7].

HELP FOR FAMILY & FRIENDS

The family and friends of someone experiencing OCD need care and support too — it's okay for family and friends to prioritise their own physical and mental health.

There are many other people out there who share similar experience, and many services designed to help carers of people with mental health issues. Check out our Guide for Families and Friends for more info.

Effective support is available, and a person who is experiencing OCD can live a fulfilling life.

To connect with others who get it, visit our online Forums. They're safe, anonymous and available 24/7.

VISIT FORUMS

RESOURCES AND SUPPORT

- Meet Tim – real story about living with OCD
- Online OCD treatment is available through This Way Up and Mental Health Online 'OCDStop!'
- For support with managing suicidal thoughts, contact Suicide Call Back Service – 1300 659 467 or Lifeline – 13 11 14

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