



Thrive

OCD

A handbook for caregivers on OCD



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1 What is obsessive-compulsive disorder (OCD)?

Obsessive-compulsive disorder (OCD) falls under one kind of anxiety disorder characterised by having obsessions and compulsions. If you have OCD, you probably know that your behaviour is irrational, but you cannot seem to control it.

2 Understanding OCD obsessions and compulsions

Obsessions are involuntary, seemingly uncontrollable thoughts, images, or impulses that occur repeatedly in your mind. They are often disturbing and distracting.

Compulsions are behaviours or rituals that you feel driven to act out repeatedly. Usually, these compulsions are performed in an attempt to make obsessions go away. However, the relief is temporary and obsessive thoughts usually come back stronger. Compulsive behaviours often end up causing anxiety themselves as they become more demanding and time-consuming.

Most people with obsessive-compulsive disorder (OCD) fall into one of the following categories:

- **Washers** are afraid of contamination. They usually have cleaning or hand-washing compulsions.
- **Checkers** repeatedly check things (oven turned off, door locked, etc.) that they associate with harm or danger.
- **Doubters and sinners** are afraid that if everything isn't perfect or done just right something terrible will happen or they will be punished.
- **Counters and arrangers** are obsessed with order and symmetry. They may have superstitions about certain numbers, colours, or arrangements.
- **Hoarders** fear that something bad will happen if they throw anything away. They compulsively hoard things that they don't need or use.

Just because you have obsessive thoughts or perform compulsive behaviours does NOT mean that you have obsessive-compulsive disorder.

With OCD, these thoughts and behaviours cause tremendous distress, take up a lot of time, and interfere with your daily life and relationships.

3 What causes obsessive-compulsive disorder?

The cause of OCD is not clear. Slight changes in the balance of some brain chemicals (neurotransmitters), such as serotonin, may play a role. This is why medication is thought to help.

Also, the chance of developing OCD is higher than average in first-degree relatives of affected people (mother, father, brother, sister, child). So, there may be some genetic element to OCD. However, so far, no genes have been found to be linked with OCD. Other theories about the cause of OCD have been suggested, but none proved.

4 Signs and symptoms of obsessive-compulsive disorder (OCD)

Most people with obsessive-compulsive disorder (OCD) have both compulsions and obsessive thoughts, but some people experience just one or the other.

Common obsessive thoughts in obsessive-compulsive disorder (OCD) include:

- Fear of being contaminated by germs or dirt or contaminating others.
- Fear of causing harm to yourself or others.
- Intrusive sexually explicit or violent thoughts and images.
- Excessive focus on religious or moral ideas.
- Fear of losing or not having things you might need.
- Order and symmetry: the idea that everything must line up “just right”.
- Superstitions; excessive attention to something considered lucky or unlucky.

5 Compulsive behaviours: OCD signs and symptoms

Common compulsive behaviours in obsessive-compulsive disorder (OCD) include:

- Excessive double-checking of things, such as locks, appliances, and switches.
- Repeatedly checking in on loved ones to make sure they’re safe.
- Counting, tapping, repeating certain words, or doing other senseless things to reduce anxiety.

- Spending a lot of time washing or cleaning.
- Ordering or arranging things “just so”.
- Praying excessively or engaging in rituals triggered by religious fear.
- Accumulating “junk” such as old newspapers or empty food containers.

6 Obsessive-compulsive disorder (OCD) symptoms in children

While the onset of obsessive-compulsive disorder usually occurs during adolescence or young adulthood, younger children sometimes have symptoms that look like OCD. However, the symptoms of other disorders, such as ADD, autism, and Tourette’s syndrome, can also look like obsessive-compulsive disorder, so a thorough medical and psychological exam is essential before any diagnosis is made.

7 Therapy as treatment for obsessive-compulsive disorder (OCD)

The most effective treatment for obsessive-compulsive disorder is often cognitive-behavioural therapy. Antidepressants are sometimes used in conjunction with therapy, although medication alone is rarely effective in relieving the symptoms of OCD.

7.1 Cognitive-behavioural therapy for obsessive-compulsive disorder (OCD)

Cognitive-behavioural therapy for obsessive-compulsive disorder (OCD) involves two components:

1. **Exposure and response prevention** involves repeated exposure to the source of your obsession. Then you are asked to refrain from the compulsive behaviour that you usually perform to reduce your anxiety. Gradually, your urge and anxiety to perform these compulsions will fade. In this way, you learn that you don’t need the ritual to get rid of your anxiety – that you have some control over your obsessive thoughts and compulsive behaviours.
2. **Cognitive therapy** focuses on the catastrophic thoughts and exaggerated sense of responsibility you feel. A big part of cognitive therapy for OCD is teaching you healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behaviour.

Of those who complete a course of CBT, 3 in 4 cases have significant improvements. Symptoms may not disappear completely, but obsessions and compulsions are lessened. The other 1 in 4 people with OCD will find CBT too stressful, and hence, ineffective. However, cognitive therapy alone may help people who find the full CBT too stressful.

7.2 Medicines used to treat obsessive-compulsive disorder

SSRI antidepressants

Although they are often used to treat depression, SSRI antidepressant medicines can also reduce the symptoms of OCD, even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters), such as serotonin, which may be involved in causing symptoms of OCD. SSRI antidepressants include citalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline.

Note:

- SSRI antidepressants do not work straight away. It takes two to four weeks before they start to work and may take up to 12 weeks to work fully. A common problem is that some people stop taking the medicine after a week or so, as they feel that it is not working.
- SSRI antidepressants are not tranquillizers, and are not usually addictive.
- The doses needed to treat OCD are often higher than those needed for depression.
- If it works, it is usual to take an SSRI antidepressant for at least a year to treat OCD.

Most people who take an SSRI have either minor, or no, side effects.

Possible side effects vary between different preparations. The most common ones include diarrhoea, feeling sick, vomiting, and headaches. Some people develop a feeling of restlessness or anxiety (see below). Sexual problems sometimes occur. It is worth keeping on with treatment if side effects are mild at first. Minor side effects may wear off after a week or so.

The leaflet that comes in the medicine packet gives a full list of possible side effects. Tell your doctor if a side effect persists or is troublesome. A switch to a different preparation may

then suit you better. Drowsiness is an uncommon side effect with SSRI antidepressants, but do not drive or operate machinery if you become drowsy whilst taking one.

SSRIs are not tranquillizers, and are not thought to be addictive. (This is disputed by some people, and so this is controversial. If addiction does occur, it is only in a minority of cases.) Most people can stop an SSRI without any problem. At the end of a course of treatment you should reduce the dose gradually over about four weeks before stopping. This is because some people develop 'withdrawal' symptoms if the SSRI is stopped abruptly.

Withdrawal symptoms that may occur include dizziness, anxiety and agitation, sleep disturbance, 'flu-like' symptoms, diarrhoea, abdominal cramps, pins and needles, mood swings, feeling sick, and low mood. These symptoms are unlikely to occur if you reduce the dose gradually. If withdrawal symptoms do occur, they will usually last less than two weeks. An option if they do occur is to restart the medicine, and then reduce the dose even more slowly before stopping. You should see your doctor if you are worried that you are developing withdrawal symptoms.

8 Family therapy for OCD treatment

Because OCD often causes problems in family life and social adjustment, family therapy can often be beneficial.

- Family therapy promotes understanding of the disorder and can help reduce family conflicts.
- It can motivate family members and teach them how to help their loved one.

Group therapy for OCD treatment

Through interaction with fellow OCD sufferers, group therapy provides support and encouragement and decreases feelings of isolation.

9 Self-help ideas for OCD

1. Learn to recognize and reduce stress

If you have obsessive-compulsive disorder (OCD), there are many ways you can help yourself in addition to seeking therapy.

2. Refocus your attention

When you're experiencing OCD thoughts and urges, try shifting your attention to something else.

- You could exercise, jog, walk, listen to music, read, surf the web, play a video game, make a phone call, or knit. The important thing is to do something you enjoy for at least 15 minutes, in order to delay your response to the obsessive thought or compulsion.
- At the end of the delaying period, reassess the urge. In many cases, the urge will no longer be quite as intense. Try delaying for a longer period. The longer you can delay the urge, the more it will likely change.

3. Write down your obsessive thoughts or worries

Keep a pad and pencil on you, or type on a laptop, smart phone, or tablet. When you begin to obsess, write down all your thoughts or compulsions.

- Keep writing as the OCD urges continue, aiming to record exactly what you're thinking, even if you're repeating the same phrases or the same urges over and over.
- Writing it all down will help you see just how repetitive your obsessions are.
- Writing down the same phrase or urge hundreds of times will help it lose its power.
- Writing thoughts down is much harder work than simply thinking them, so your obsessive thoughts are likely to disappear sooner.

4. Anticipate OCD urges

By anticipating your compulsive urges before they arise, you can help to ease them by performing your compulsions with more attention the first time.

- Create a solid mental picture and then make a mental note. Tell yourself, "The window is now closed," or "I can see that the oven is turned off."

- When the urge to check arises later, you will find it easier to re-label it as “just an obsessive thought”.

5. Create an OCD worry period

Rather than trying to suppress obsessions or compulsions, develop the habit of rescheduling them.

- Choose one or two 10-minute “worry periods” each day, time you can devote to obsessing. Choose a set time and place (e.g. in the living room from 8:00 to 8:10 a.m. and 5:00 to 5:10 p.m.) that is early enough, so that it won’t make you anxious before bedtime.
- During your worry period, focus only on negative thoughts or urges. Don’t try to correct them. At the end of the worry period, take a few calming breaths, let the obsessive thoughts or urges go, and return to your normal activities. The rest of the day, however, is to be designated free of obsessions and compulsions.
- When thoughts or urges come into your head during the day, write them down and “postpone” them to your worry period. Save it for later and continue to go about your day.
- Go over your “worry list” during the worry period. Reflect on the thoughts or urges you wrote down during the day. If the thoughts are still bothering you, allow yourself to obsess about them, but only for the amount of time you’ve allotted for your worry period.

6. Create a tape of your OCD obsessions

Focus on one specific worry or obsession and record it to a tape recorder, laptop, or smartphone.

- Recount the obsessive phrase, sentence, or story exactly as it comes into your mind.
- Play the tape back to yourself, over and over for a 45-minute period each day, until listening to the obsession no longer causes you to feel highly distressed.
- By continuously confronting your worry or obsession you will gradually become less anxious. You can then repeat the exercise for a different obsession.

7. Take care of yourself

A healthy, balanced lifestyle plays a big role in keeping OCD behaviour, fears, and worries at bay.

8. Practice relaxation techniques

While stress doesn't cause OCD, a stressful event can trigger the onset of obsessive and compulsive behaviour, and stress can often make obsessive-compulsive behaviour worse.

- Mindful meditation, yoga, deep breathing, and other stress-relief techniques may help reduce the symptoms of anxiety brought on by OCD.
- Try to practice a relaxation technique for at least 30 minutes a day.

9. Adopt healthy eating habits

Start the day right with breakfast, and continue with frequent small meals throughout the day. Going too long without eating leads to low blood sugar, which can make you feel more anxious.

- Eat plenty of complex carbohydrates such as whole grains, fruits, and vegetables. Not only do complex carbs stabilize blood sugar, they also boost serotonin, a neurotransmitter with calming effects.

10. Exercise regularly

Exercise is a natural and effective anti-anxiety treatment that helps to control OCD symptoms by refocusing your mind when obsessive thoughts and compulsions arise.

- For maximum benefit, try to get 30 minutes or more of aerobic activity on most days. Aerobic exercise relieves tension and stress, boosts physical and mental energy, and enhances well-being through the release of endorphins, the brain's feel-good chemicals.

11. Avoid alcohol and nicotine

Alcohol temporarily reduces anxiety and worry, but it actually causes anxiety symptoms as it wears off. Similarly, while it may seem that cigarettes are calming, nicotine is actually a powerful stimulant. Smoking leads to higher, not lower, levels of anxiety and OCD symptoms.

12. Get enough sleep

Not only can anxiety and worry cause insomnia, but a lack of sleep can also exacerbate anxious thoughts and feelings. When you're well rested, it's much easier to keep your emotional balance, a key factor in coping with anxiety disorders such as OCD.

13. Reach out for support

Obsessive-compulsive behaviour (OCD) can get worse when you feel powerless and alone, so it's important to build a strong support system. The more connected you are to other people, the less vulnerable you'll feel. Just talking about your worries and urges can make them seem less threatening.

14. Stay connected to family and friends

Obsessions and compulsions can consume your life to the point of social isolation. In turn, social isolation can aggravate your OCD symptoms. It's important to have a network of family and friends you can turn to for help and support. Involving others in your treatment can help guard against setbacks and keep you motivated.

15. Join an OCD support group

You're not alone in your struggle with OCD, and participating in a support group can be an effective reminder of that. OCD support groups enable you to both share your own experiences and learn from others who are facing the same problems.

16. Helping a loved one with obsessive-compulsive disorder (OCD)

If a friend or family member has OCD, your most important job is to educate yourself about the disorder. Share what you've learned with your loved one and let them know that there is

help available. Simply knowing that OCD is treatable can sometimes provide enough motivation for your loved one to seek help.

10 Caregiver Tips for helping a friend/ family member with OCD

The way you react to a loved one's OCD symptoms can have a big impact. Since OCD can come and go in a person's life, it's important to learn all about it, this way you will be able to recognise the signs sometimes even before the person with OCD does. When you do see the signs, it's important to point this out showing consideration what this implies to them.

The following tips are given to aid in your dealing with a loved one or family member who has OCD.

1. Negative comments or criticism can make OCD worse, while a calm, supportive environment can help improve the outcome of treatment. Focus on the sufferer's positive qualities and avoid making personal criticisms.
2. Don't scold someone with OCD or tell the person to stop performing rituals. They would not be able to comply with it, and the pressure to stop will only make the behaviours worse. Remember, your loved one's OCD behaviours are symptoms, not character flaws.
3. Be as kind and patient as possible. Each sufferer needs to overcome problems at his or her own pace. Praise any successful attempt to resist OCD, and focus attention on positive elements in the person's life.
4. Do not play along with your loved one's OCD rituals. Helping the sufferer with rituals will only reinforce the behaviour. Support the person, not their rituals.
5. Create a pact to not allow OCD to take over family life. Sit down as a family and decide how you will work together to tackle your loved one's OCD symptoms. Try to keep family life as normal as possible and the home a low-stress environment.
6. Communicate positively, directly, and clearly. Communication is important so you can find a balance between standing up to the OCD and not causing further distress to your loved one.
7. Find the humour. Seeing the humour and absurdity in some OCD symptoms can help the sufferer become more detached from the disorder. Of course, a situation is only humorous if the sufferer finds it funny, too.

8. Never try to reason with them about how illogical they are acting or thinking, instead address the fear itself. The former option would just reinforce their OCD-system.
9. Don't criticise someone for having OCD, they are already feeling inferior towards the outside world. Adding this pressure will definitely do no good at all. Stress triggers OCD.
10. Don't bribe the person or threaten the person: "If you don't, then I will..." It will do NO good. Nor will forcing them to stop the ritual be helpful. Added stress will just cause increased OCD behaviour.
11. Be Supportive, Consistent, Patient and Positive.
12. Inform yourself, the more you know the better you will understand them and be able to help them. You will also be equipped to fend off any irrational defences. If they refuse treatment, you will be able to educate them on reasons why they should. This will give less of an impression of you attacking/questioning their ability to handle this by themselves and more of an impression of genuine and researched concern and care.
13. Make sure they educate themselves on OCD. Same goes for the other members of the family who should also have a good understanding of what is going on, as misinformed members might make things worse by criticising their rituals.
14. Be socially active and live life normally.
15. Be careful not to expect too much or too little. Expecting too much puts unnecessary pressure that might worsen compulsions while expecting too little makes the person with OCD feel unworthy and useless.
16. One must also realise that having OCD and fighting it each and every day is sometimes exhausting and leaves them wanting peace of mind more than anything else. They need support and people to believe in them to keep them going.
17. Ask the person whether it would be okay to come along to therapy, if only for a few sessions. Don't push if the answer is NO. Respect their decision on wanting to keep that part private. This is not personal. But by having asked them, you show interest in their fight and sometimes that's all it takes to feel that extra support.
18. Realise that the person with OCD is the one suffering the most.
19. If the patient is in denial, it might help to have a family intervention. Gather together with understanding and patience. Give the person the time to make up her/his own mind about this and then talk to them about the options that lay before them.
20. Some people with OCD, like any other person that is going through a difficult time, might start some substance abuse. They may think that alcohol or drugs will make

them feel freer or help them by hiding in a chemical-induced state of happiness/escape/rest, but this is NOT good for them and it might be a good idea to get them rehabilitated before treating their OCD.

11 Four Steps for Conquering Symptoms of Obsessive-Compulsive Disorder (OCD)

Psychiatrist Jeffrey Schwartz, author of *Brain Lock: Free Yourself from Obsessive-Compulsive Behaviour* offers the following four steps for dealing with OCD:

- **RELABEL** – Recognize that the intrusive obsessive thoughts and urges are the result of OCD. For example, train yourself to say, "I don't think or feel that my hands are dirty. I'm having an obsession that my hands are dirty." Or, "I don't feel that I have the need to wash my hands. I'm having a compulsive urge to perform the compulsion of washing my hands."
- **REATTRIBUTE** – Realize that the intensity and intrusiveness of the thought or urge is caused by OCD; it is probably related to a biochemical imbalance in the brain. Tell yourself, "It's not me – it's my OCD," to remind you that OCD thoughts and urges are not meaningful, but are false messages from the brain.
- **REFOCUS** – Work around the OCD thoughts by focusing your attention on something else, at least for a few minutes. Do another behaviour. Say to yourself, "I'm experiencing a symptom of OCD. I need to do another behaviour."
- **REVALUE** – Do not take the OCD thought at face value. It is not significant in itself. Tell yourself, "That's just my stupid obsession. It has no meaning. That's just my brain. There's no need to pay attention to it." Remember: You can't make the thought go away, but neither do you need to pay attention to it. You can learn to go on to the next behaviour.

Source: *Westwood Institute for Anxiety Disorders*

12 Some OCD facts & figures

- What was once thought to be a rare mental disease is now known to be a more common one. Approximately 2.3% of the population between ages 18 – 54 suffers

from OCD, which outranks mental disorders such as schizophrenia, bipolar disorder, or panic disorder.

- In the U.S., approximately 3.3 million people have OCD, of which 0.3 to 1% is the paediatric population and 2% comprise of the adult population.
- About 1 out of 200 adults have OCD and twice as many have had OCD at one point of time or another in their life.
- There is no discrimination as to who has OCD, since it is found in all ethnic groups and both men and women are equally struck by the disorder, although in children OCD seems to be prevalent among boys.
- Nearly 1/3 to 1/2 of all sufferers will find that their OCD has its roots in childhood, and some will even show signs in their pre-school years. Cases of OCD have been reported in children as young as 1.5, needless to say it's hard to make the diagnosis at such a young age (lack of development of speech being 1 reason). Around the age of 6 the linguistic abilities of the child make it easier to find out the existence of OCD, this correlates with the age where most children show their first real signs of OCD. In most cases, however, symptoms will start to show while still a teenager or in early adulthood. The age of onset is typically reported as 6 – 15 for males and 20 – 29 for females, and is usually evident by the age of 40.
- Although many people suffer from OCD, many are also still hiding their symptoms and surveys estimate that less than 10 % of those suffering are currently in treatment.

13 Quotes on OCD

- ‘Habit and routine have an unbelievable power to destroy’ - Henri de Lubac
- ‘The basic principle behind behavioural therapy for OCD is that you cannot be bored and scared at the same time’ - Fred Penzel
- ‘Pain of mind is worse than pain of body’ - Publus Syrus
- ‘Compulsions are a lousy solution to the problem of having obsessions’ - Fred Penzel
- ‘I have sporadic OCD cleaning moments around the house. But then I get lazy and I’m cured. It’s a very inconsistent personality trait.’ - Chris Hemsworth, actor