

Educational Links (English):

- ❖ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/obsessivecompulsivedisorder.aspx>
- ❖ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/ocdkeyfacts.aspx>
- ❖ <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/youngpeople/ocd.aspx>
- ❖ <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parents/carers/obsessivecompulsivedisorder.aspx>
- ❖ <https://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>
- ❖ <http://www.mayoclinic.org/diseases-conditions/obsessive-compulsive-disorder/home/ovc-20245947>
- ❖ <https://www.nami.org/Learn-More/Mental-Health-Conditions/Obsessive-Compulsive-Disorder>
- ❖ <https://iocdf.org/about-ocd/>
- ❖ <http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/hording.aspx>



6001 Vineland Road Suite 109, Orlando FL 32819
Phone: (407) 930-6684 / Fax: (949) 404-8433

Lumos Psychiatric Services



Educational Booklet: Obsessive Compulsive Disorder

Fear and anxiety are part of life. A person may feel anxious before taking an exam or walking down a dark street. This type of anxiety is useful because it allows us to be more alert or more careful. It usually ends shortly after it comes out of the situation that caused it.

However, for many people anxiety does not go away and worsens over time thus developing anxiety disorders.

Unlike relatively mild and transient anxiety caused by a stressful event, anxiety disorders last at least six months and can get worse if left untreated.

Different anxiety disorders include:

- ❖ Panic disorder
- ❖ Obsessive-compulsive disorder
- ❖ Post-traumatic stress disorder
- ❖ Social Phobia (Social Anxiety Disorder)
- ❖ Specific phobias
- ❖ Generalized anxiety disorder

Obsessive-Compulsive Disorder:

People with obsessive-compulsive disorder have persistent and disturbing thoughts (obsessions) and use rituals (compulsions, both physically and mentally) to control the anxiety caused by these thoughts. Most of the time, rituals end up controlling these people.

Obsessions

They are recurrent and persistent ideas, thoughts, images, or impulses that are not experienced as voluntarily produced, but rather as thoughts that do not make sense and cannot be avoided. These thoughts invade consciousness and are experienced as disgusting.

Compulsions

They are repetitive behaviors or behaviors, which are performed in a particular way and in a particular way. The individual recognizes the lack of sense of the behavior and does not obtain pleasure in carrying out this activity, even if he seeks relief from his tension.

Examples of obsessions and compulsions:

- ❖ Obsession with germs, dirt, or contamination can lead a person to the compulsion of washing their hands over and over again.
- ❖ Obsession with intruders, they can lead to lock and re-lock the doors many times before going to sleep.
- ❖ Review things repeatedly, count objects, or touch objects in a particular sequence.
- ❖ Worry about order and symmetry, having difficulty getting rid of things (accumulate), or saving unnecessary items.

Note: Healthy people also have rituals. The difference is that people with obsessive-compulsive disorder perform their rituals even though doing so interferes with their daily lives, and that repetition is overwhelming to them.

Studies indicate that...

- ❖ Obsessive-compulsive disorder may be accompanied by eating disorders, other anxiety disorders, or depression.
- ❖ It affects both men and women.
- ❖ It usually occurs during childhood, adolescence, or early adulthood.
- ❖ Obsessive-compulsive disorder may be inherited.

Obsessive-Compulsive Disorder Course

The progression of the disease varies considerably. Symptoms may appear and disappear, decrease over time, or get worse. If the obsessive-compulsive disorder becomes severe, it can incapacitate the person at work or in their daily living responsibilities.

Treatment of Obsessive-Compulsive Disorder:

Obsessive-compulsive disorder responds well to medication treatment (antidepressants) and exposure-based psychotherapy, in which the person faces situations that cause him or her fear or anxiety and becomes less sensitive to them (desensitized).

Remember:

- ❖ If you think you have an anxiety disorder, the first person you should consult is your doctor. A doctor will be able to determine whether the symptoms that alarm you are due to an anxiety disorder, another medical condition, or both.
- ❖ If an anxiety disorder is diagnosed, the next step is usually to consult a mental health professional.
- ❖ Once you start medicines, it is important not to abruptly discontinue them. Certain medications should be reduced gradually under the supervision of a doctor or negative reactions may occur.
- ❖ Many people with anxiety disorders benefit from joining a self-help or support group and sharing their problems and accomplishments with others.
- ❖ Stress management and meditation techniques can help you calm down and can improve the effects of therapy.
- ❖ Aerobic exercises can have a calming effect.
- ❖ Caffeine, illegal drugs, and even some unprescribed cold medications should be avoided as they can aggravate symptoms of anxiety disorders.
- ❖ Your family or friends can be a great source of support.

For questions or concerns, discuss it with your doctor.