

Obsessive-Compulsive Disorder



Office of
Mental Health

Obsessive-Compulsive Disorder: When Unwanted Thoughts or Repetitive Behaviors Take Over

People who are distressed by recurring, unwanted, and uncontrollable thoughts or who feel driven to repeat specific behaviors may have obsessive-compulsive disorder (OCD). The thoughts and behaviors that characterize OCD can interfere with daily life, but treatment can help people manage their symptoms.

What is OCD?

OCD is a common, long-lasting disorder characterized by uncontrollable, recurring thoughts (obsessions) that can lead people to engage in repetitive behaviors (compulsions).

Although everyone worries or feels the need to double-check things on occasion, the symptoms associated with OCD are severe and persistent. These symptoms can cause distress and lead to behaviors that interfere with day-to-day activities. People with OCD may feel the urge to check things repeatedly or perform routines for more than an hour each day as a way of achieving temporary relief from anxiety. If OCD symptoms are not treated, these behaviors can disrupt work, school, and personal relationships and can cause feelings of distress.

OCD symptoms tend to emerge in childhood, around age 10, or in young adulthood, around age 20 to 21, and they often appear earlier in boys than in girls. Most people are diagnosed with OCD by the time they reach young adulthood.

What are the signs and symptoms of OCD?

People with OCD may have obsessions, compulsions, or both.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common obsessions include:

- Fear of germs or contamination
- Fear of forgetting, losing, or misplacing something
- Fear of losing control over one's behavior
- Aggressive thoughts toward others or oneself
- Unwanted, forbidden, or taboo thoughts involving sex, religion, or harm
- Desire to have things symmetrical or in perfect order

Compulsions are repetitive behaviors that a person feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning or handwashing
- Ordering or arranging items in a particular, precise way
- Repeatedly checking things, such as that the door is locked or the oven is off
- Compulsive counting

How do I know if it's OCD?

Not all rituals or habits are compulsions. Everyone double-checks things sometimes. In general, people with OCD:

- Can't control their obsessive thoughts or compulsive behaviors, even when they recognize those thoughts or behaviors as excessive
- Spend at least 1 hour a day on these obsessive thoughts or compulsive behaviors
- Don't get pleasure when performing compulsive behaviors or rituals, but may feel brief relief from the anxiety brought on by obsessive thoughts
- Experience significant problems in daily life due to these thoughts or behaviors

Some individuals with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds. It is common for people with OCD also to have a diagnosed mood disorder or anxiety disorder.

Symptoms of OCD may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves. Although most adults with OCD recognize that their compulsive behaviors don't make sense, some adults and most children may not realize that their behavior is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children.

If you think you or your child may have OCD, talk to a health care provider about the possible symptoms. If left untreated, OCD can interfere in all aspects of life.

What causes OCD?

The exact causes of OCD aren't known; however, a variety of factors are associated with an increased chance of developing the disorder.

Genetics is one factor associated with OCD. Studies have shown that having a first-degree relative (parent, sibling, or child) with OCD is associated with an increased chance of developing the disorder. Scientists have not identified any one gene or set of genes that definitively lead to OCD, but studies exploring the connection between genetics and OCD are ongoing.

In addition to genetics, other biological factors may play a role. Brain imaging studies have shown that people with OCD often have differences in the frontal cortex and subcortical structures of the brain, areas of the brain that underlie the ability to control behavior and emotional responses. Researchers also have found that several brain areas, brain networks, and biological processes play a key role in obsessive thoughts, compulsive behavior, and associated fear and anxiety. Research is underway to better understand the connection between OCD symptoms and parts of the brain.

Some studies have reported an association between childhood trauma and obsessive-compulsive symptoms. More research is needed to understand this relationship.

Children who develop a sudden onset or worsening of OCD symptoms after a streptococcal infection may be diagnosed with a condition called Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS).

How is OCD treated?

The first step is to talk with your health care provider about your symptoms. Asking questions and providing details to your health care provider can improve care.

Your health care provider will perform a physical exam and ask you about your health history to make sure that your symptoms are not caused by other illnesses or conditions. Your health care provider may refer you to a mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, for further evaluation or treatment.

Treatment for OCD typically includes specific types of psychotherapy (such as cognitive behavioral therapy), medication, or a combination of the two. A mental health professional can talk about the benefits and risks associated with different treatment options and help identify the best treatment for you. Sometimes people with OCD also have other mental illnesses, such as anxiety, depression, and body dysmorphic disorder, a disorder in which someone mistakenly believes that a part of their body is abnormal. It is important to consider these other disorders when making decisions about treatment.

It is important to follow your treatment plan. Psychotherapy and medication can take some time to work. There is no cure for OCD, but current treatments help many manage symptoms, engage in daily activities, and lead full, active lives.

Psychotherapy

Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behavioral therapy (CBT) and other related therapies (such as habit reversal training), can be as effective for many, as medication. For others, psychotherapy is most effective when used along with medication.

Research shows that a specific type of CBT called Exposure and Response Prevention (ERP) is effective for reducing compulsive behaviors, even for people who did not respond well to medication. With ERP, people spend time in a situation that triggers their compulsion (such as touching dirty objects) and they are prevented from engaging in their typical compulsion (such as hand washing). Although this approach may cause feelings of anxiety at first, compulsions decrease for most people as they continue treatment.

Children with OCD may need additional help from family members and health care providers when it comes to recognizing and managing their OCD symptoms. Mental health professionals can work with young patients to identify strategies for managing stress and increasing support so that the children are able to manage their OCD symptoms at school and at home.

Medication

Your health care provider may prescribe medication to help treat OCD. Serotonin reuptake inhibitors (SRIs) are the most common type of medication prescribed for the treatment of OCD.

SRIs, including selective serotonin reuptake inhibitors (SSRIs), are often used to treat depression, and they also are helpful for treating symptoms of OCD. With SRI treatment, it may take up to 8 to 12 weeks before symptoms begin to improve, and treatment for OCD may require higher SRI doses than are typically used in treating depression. For some people, these medications may cause side effects such as headaches, nausea, or difficulty sleeping.

People respond to medication in different ways, but most people with OCD find that medication, often in combination with psychotherapy, can help them manage their symptoms.

Your health care provider can adjust medication doses over time to minimize any side effects or withdrawal symptoms. Do not stop taking your medication without talking to your health care provider first. Your health care provider will work with you to monitor your health and can adjust the treatment plan in a safe and effective way.

The most up-to-date information on medications, side effects, and warnings is available on the U.S. Food and Drug Administration (FDA) website at <https://www.fda.gov/drugsatfda>.

Other Treatments

In 2018, FDA approved the use of transcranial magnetic stimulation (TMS), most commonly used in treating depression, as an add-on treatment for adults with OCD.

Beyond Treatment: Things You Can Do

There are several important things you can do to manage stress and anxiety associated with OCD.

- Create a consistent sleep schedule.
- Make regular exercise a part of your routine.
- Eat a healthy, balanced diet.
- Seek support from trusted family and friends.

Where can I go for help?

If you're not sure where to get help, your health care provider is a good place to start. Your health care provider can refer you to a qualified mental health professional, such as a psychiatrist or psychologist, who has experience treating OCD and can evaluate your symptoms.

IMPACT-OCD

Improving Providers' Assessment, Care, Delivery and Treatment of Obsessive-Compulsive Disorder (IMPACT-OCD)

is a New York State initiative that focuses on:

- Raising awareness about OCD
- Learning about what clinicians need to improve care for children and adults with OCD
- Developing an online training program with implementation supports to improve clinician knowledge and skills in OCD care
- Creating and curating resources that respond to the needs of clinicians, children and their families and adults with OCD



This initiative is a collaboration between the New York State Office of Mental Health, Center for Practice Innovations (CPI) and the Center for Obsessive-Compulsive and Related Disorders at Columbia Psychiatry and the New York State Psychiatric Institute. Visit <https://practiceinnovations.org/initiatives/impact-ocd/> for resources for resources and a toolkit to find treatment.

New York State Mental Health Program Directory

The Mental Health Program Directory provides information on all programs in New York State that are operated, licensed or funded by the State Office of Mental Health (OMH). This site includes three search options: Basic Search, Advanced Search, and Full Directory. Definitions for all programs are available under the Support tab, along with directory help and information on program data collection. Find services close to you at <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages#report>.

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at <https://findtreatment.samhsa.gov/>.

For Immediate Help

If you are in crisis, experiencing emotional distress, or worried about someone you know:

- Call or text the Suicide and Crisis Lifeline at 988 or chat at 988lifeline.org/chat. You can also text the Crisis Text Line (GOT5 to 741741). These services are available 24/7 to anyone and are completely confidential.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

If a loved one is considering suicide:

- Do not leave them alone
- Try to get your loved one to seek immediate help from a doctor or the nearest hospital emergency room, or call 988
- Remove access to firearms or other potential tools for suicide, including medications

The New York State Office of Mental Health thanks the National Institute of Mental Health for providing the information contained in this booklet.

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For questions or complaints regarding mental health services anywhere in New York State please contact:

New York State
Office of Mental Health
Customer Relations
44 Holland Avenue
Albany, NY 12229
(800) 597-8481 (toll-free)

For information about mental health services in your community, contact the New York State Office of Mental Health regional office nearest you:

Central New York Field Office
545 Cedar Street, 2nd Floor
Syracuse, NY 13210-2319
(315) 426-3930

Hudson River Field Office
10 Ross Circle, Suite 5N
Poughkeepsie, NY 12601
(845) 454-8229

Long Island Field Office
998 Crooked Hill Road
Building #45-3
West Brentwood, NY 11717-1087
(631) 761-2508

New York City Field Office
330 Fifth Avenue, 9th Floor
New York, NY 10001-3101
(212) 330-1650

Western New York Field Office
737 Delaware Avenue, Suite 200
Buffalo, NY 14209
(716) 533-4075



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Mental Health

In Crisis?
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