



Medicine for Managers

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Obsessive Compulsive Disorder (OCD)

Many of us have distressing thoughts or repetitive behaviours, like for example, checking and rechecking that the front door is locked when leaving the house, or washing hands several times, but these typically do not intrude on or disrupt daily living. In Obsessive-Compulsive Disorder, people have recurring, unwanted, intrusive and disruptive thoughts, ideas or obsessions resulting in being driven to act repetitively.

People may experience only the obsessive or the compulsive symptom and it may be the case that the individual does not recognise that the thoughts or actions are beyond reasonable.

Features may be dismissed as being fastidious or just careful but for those people with the disorder, they intrude into their lives, often taking up considerable time, disrupting daily routines, and compromising other responsibilities.

Failure to follow the behaviour in particular circumstances may lead to anxiety panic and fear.

The process of managing the symptoms may be either to try to ignore them or to pursue a ritual of action to try to get rid of them. The obsessions and the compulsive responses compromise the normal routines associated with daily living.

Obsessional fears may include a wide range of events, activities or behaviours including:

- Struggling to manage uncertainty
- Fear of contamination acquired from others or exposure to dirt
- Unwanted thoughts involving aggression, sexual or religious issues
- Worrying that tasks are not completed
- Extreme fear about misplacing, losing or accidentally discarding something of importance
- Persistently needing aspects of life to be orderly and possessions to be neat and in the right place.

Examples of obsession include repeated thoughts about whether or not the door was locked on leaving the house or whether the oven was left on, intense stress if anything in the house is not in exactly the right place.

Anxiety about driving correctly, worrying that

any task might be left incomplete and avoiding any situation that may cause an obsession, such as hugging or shaking hands.

Compulsive symptoms are actions that the individual feels driven to do. Taking such action is hoped to reduce anxiety or prevent an adverse event but, in fact, even when the actions are repeated, they give only limited relief from anxiety and achieving the change required does not produce any satisfaction.

Examples of compulsive features include:

- Classically, ritualistic handwashing or other personal hygiene activities
- Repeated cleaning of a house
- Following strict routines associated with particular activities, such as locking the house, or ensuring all electric or other devices are switched off
- Seeking reassurance from others that everything is correct
- Pursuing particular rituals in respect of checking numbers or spellings

Diagnosis

Many of us are 'obsessional' about one or more specific aspects of life, but do not fulfil the criteria of OCD, which is defined as; a **long-lasting** disorder where a person has **uncontrollable and recurrent** thoughts (obsessions) and engages in **repetitive** behaviours (compulsions) or both and which are **time-consuming** (typically lasting more than an hour a day) and result in **persistent thoughts, urges** or **images** which are very distressing, provoke marked anxiety and **interfere** with daily life.

It often begins in adolescence and is estimated to affect between 1 and 3% of adults, of whom slightly more are women.

Treatment of OCD

Patients diagnosed with OCD who receive the appropriate treatment are able to function more effectively in a work environment, to enjoy improved relationships and to involve themselves in enhanced leisure activities.

Those who live with friends or families can benefit from the support that such relationships offer and can help with advice and treatment received in situations involving support for exposure to the circumstances giving rise to the compulsive behaviour.

Treatment may not achieve a resolution of the symptoms but it may help to control the symptoms so that they do not dominate daily life. The two most commonly used treatments are psychotherapy and medication.

Psychotherapy and particularly **Cognitive Behavioural Therapy** can be effective for patients with OCD.

The techniques employed may involve exposing the individual to recognised fears or obsessions to assist with controlling the response associated with the exposure.

OCD sufferers, for whom situations result in the development of acute anxiety, can be helped to appreciate, through support with exposure, that the situations do not result in awful consequences and that fearful thoughts are just thoughts. CBT is the most powerful and

successful approach to OCD.

Medication can be used to assist with control of the features of the disorder. The most common approach is with the use of antidepressants including fluoxetine (*Prozac*), paroxetine (*Seroxat*), sertraline (*Lustral*) and clomipramine (*Anafranil*).

They are used in the lowest possible dose to control the symptoms but different treatments work well in different patients.

It may be necessary to try several treatments before an effective result is obtained.

Patients must be monitored because of side effects and interactions with other treatments and withdrawal of the drugs must be done gradually to prevent acute withdrawal symptoms.

Neurosurgical treatment can be used for patients resistant to other treatments and can involve division of nerve tracts or implantation of a device to stimulate particular areas of the brain.

It is not commonly done because of its intrusive nature and the small number of centres where such treatment could be provided.

OCD can be distressing, not only for those who display the features of the disorder, but also for those associated with the individual.



The symptoms have been illustrated in a long-running play and television series called **The Odd Couple** which was first broadcast at the beginning of the seventies.

It has two principal characters, both divorced men who live together.

One, Oscar, is lazy and sloppy, whilst the other, Felix, is fastidious, unable to cope with any disorganisation or untidiness.

The play does combine serious messages about some of the common symptoms of OCD with humour. It can still be streamed on some TV channels.

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