

▶ Obsessive-compulsive disorder

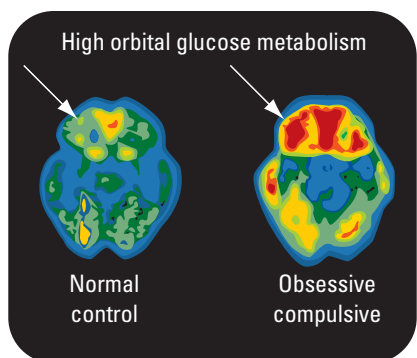
BY ERIK WHITEMON

Something in your mind tells you to do things over, and over, and over. Things like washing your hands, praying, or counting incessantly. These behaviors are called compulsions and are associated with obsessive-compulsive disorder (OCD). OCD is an anxiety disorder in which a person has recurrent and unwanted ideas or impulses, called obsessions, and an urge or compulsion to do something repetitively to relieve the discomfort caused by the obsession.

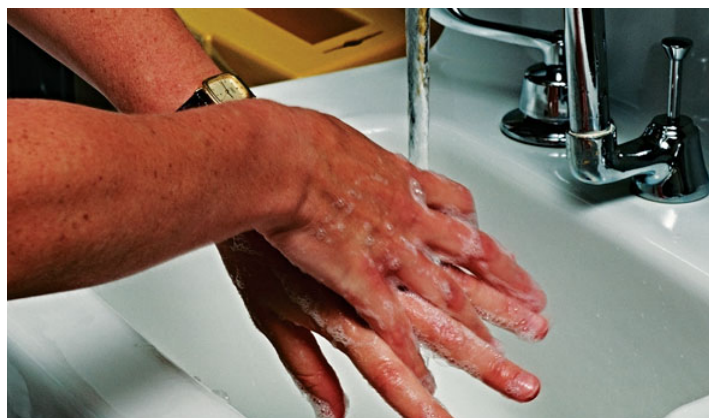
Most people tormented by OCD have both obsessions and compulsions. The person may experience a disturbing thought, such as “My house may be contaminated; I must clean it immediately,” or “I left the iron on—I need to get home before it burns down the house.” These thoughts are intrusive and unpleasant, and they produce a high degree of anxiety. The intrusive thoughts are not limited to the aforementioned. They also may concern illness, be of a violent or sexual nature, contain religious themes, or range from the idea of losing control to keeping things or parts of one’s body clean at all times.

Compulsions are the behaviors that the sufferer uses to try to help reduce the anxiety surrounding the obsessions. The most common compulsions are washing and checking (e.g., making sure that the iron has been turned off and unplugged). Other compulsive behaviors include counting (often while performing another compulsive action such as hand washing), hoarding, repeating a particular action (like turning a light switch on and off), and endlessly rearranging objects in an effort to keep them precisely aligned with each other. Cognitive behaviors, such as mentally repeating phrases, list making, or checking, are also common. Although these rituals may relieve some of the anxiety for the person with OCD, without medication the feeling of relief is only temporary.

OCD is not rare. Research shows that 1 in 50 adults suffers to some degree from the disorder, and one-third to half of adult sufferers report that it started during their childhood. According to the National Institute of Mental Health, OCD is more common than schizophrenia, bipolar disorder, and panic disorder. Although OCD is common, it is often overlooked by many mental health professionals and advocacy groups. It is believed that many sufferers carry the misconception that they somehow caused themselves to



Higher metabolic rate in an obsessive-compulsive disease brain.



have these compulsive behaviors and obsessive thoughts; thus, they think that their disorder is self-inflicted, which is not the case.

Scientists have concluded that the illness has no single cause, but rather is due to intertwined and complex factors, including biology, genetics, personality development, and one’s learned reactions to the environment. Research also has shown that a communication gap between the front part of the brain (orbital cortex) and deeper structures of the brain (basal ganglia) is a possible cause. Some researchers believe that insufficient levels of the neurotransmitter serotonin in these parts of the brain could cause OCD.

Recent clinical trials have revealed that drugs that affect serotonin can radically diminish the symptoms of OCD. The first of these serotonin reuptake inhibitors (SRIs) specifically approved for treatment of OCD was the tricyclic antidepressant clomipramine (Anafranil). It was followed by other SRIs that are called selective serotonin reuptake inhibitors. Those approved by the FDA for the treatment of OCD are fluoxetine (Prozac), fluvoxamine (Luvox), and paroxetine (Paxil). Last, sertraline (Zoloft) has been studied in controlled clinical trials. Studies show that more than three-quarters of patients are helped in some way by these medications.

Traditional psychotherapy intended to help patients develop insight into their problems is generally not helpful for OCD. However, another behavior therapy approach, called “exposure and response prevention,” is effective for many people. Using this approach, the patient willingly tackles the feared object or idea, either directly or by imagining it. At the same time, the patient is strongly encouraged to abstain from performing the compulsive ritual, with support and structure provided by the therapist. For example, a compulsive hand washer may be encouraged to touch an object believed to be contaminated, and then urged to avoid washing for several hours until the anxiety has greatly decreased. As treatment continues, most patients progressively experience less anxiety from the obsessive thoughts and can resist the compulsive urges.

Research into treatment for OCD is ongoing in several areas, such as behavior therapy, cognitive therapy, and relapse prevention. Also, the option of reducing levels of medication when patients are able to better control their impulses is being explored. ■

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