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Obsessive-Compulsive Disorder

What Is Obsessive-Compulsive Disorder?

Between 1 and 3 percent of the general population have obsessive-compulsive disorder (OCD). People with OCD experience repeated obsessions or compulsions throughout the day. A person with OCD may sometimes feel that his or her mind is stuck on “repeat,” in a loop with one constantly recurring thought or urge. The person cannot let this thought go, despite trying to stop. Seeming to defy logic or reasoning, these thoughts and urges lead to compulsive behaviors such as repeated checking, ordering, or arranging of items, repeating specific actions a certain number of times, or hours of compulsive hand washing. These behaviors can in turn cause high levels of distress and affect functioning at work, school, and home, and in relationships.

What Obsessive-Compulsive Disorder Is Not

People who are simply perfectionistic, detail-oriented, or highly organized in their habits or behaviors do not have OCD. These characteristics may serve a rational purpose, are not based on fear (as OCD symptoms often are), and do not interfere with functioning. Nor is OCD indicated by common repetitive behaviors such as frequent exercise, involvement in hobbies, or seemingly excessive participation in other activities. These behaviors, in extremes, can indicate other mental health or relationship issues, but not OCD. Finally, OCD is not the same as addictive behavior. People with substance use disorders sometimes develop rigid and irrational habits or rituals to obtain, use, and withdraw from drugs or alcohol, but these do not constitute OCD symptoms. Instead, OCD is characterized by the symptoms outlined below.

What Are the Primary Symptoms of Obsessive-Compulsive Disorder?

Symptoms of OCD fall into two categories: obsessions and compulsions.

Obsessions:

- Thoughts, images, or impulses recur again and again, seemingly outside of one’s ability to control them.
- These thoughts result in uncomfortable feelings, such as fear, disgust, doubt, guilt, or the sense that things must be done “just so.”
- Typical obsessions include excessive concerns about contamination or harm, the need for symmetry or exactness, or forbidden sexual or religious thoughts.

Compulsions:

- The person feels driven to perform repetitive behaviors, either physically or mentally, in response to the obsessions.
- These behaviors are aimed at reducing the negative feelings (for example, fear, disgust, doubt, or guilt).
- These behaviors may be repeated in specific ritualistic ways, in severe cases intermittently throughout the day or continuously, all day long.
- Typical compulsions include repeatedly washing hands, repeatedly checking locks, ordering and arranging, hoarding, and mental compulsions such as silently praying or repeating words.

People with OCD recognize the irrational nature of their thinking and behavior, but feel unable to control either.

What Is the Cause of Obsessive-Compulsive Disorder?

OCD is believed to have complex causes related to genetics, brain physiology, early experience, family, and other environmental factors.

What Are the Usual Treatments for Obsessive-Compulsive Disorder?

Both medications and therapy are effective for OCD. Antidepressants are the most effective medications for OCD. Sometimes benzodiazepines may be used. Cognitive-behavioral therapy (CBT) approaches have also been found effective. CBT usually involves some element of exposure to obsessive thoughts and response prevention to block compulsive behaviors, so that a person can develop new ways of thinking and acting. CBT also focuses on helping people challenge inaccurate thinking underlying thoughts and behaviors in OCD and developing healthier coping skills.

How Does the Use of Alcohol and Other Drugs Affect Obsessive-Compulsive Disorder?

A person with OCD feels tremendous internal pressure to engage in particular behaviors or mental rituals, and also feels overwhelming anxiety and distress. The use of drugs and alcohol may seem like an attractive option to ease that distress. Although drugs and alcohol may provide the person with a brief respite, the symptoms of OCD return and, without treatment, they worsen. And not only are substances an ineffective coping

strategy in themselves, they may interfere with the person's seeking needed OCD treatment. People who do get OCD treatment benefit less from either the medications or CBT if they keep using substances. Further, benzodiazepine medications have addiction potential and are not recommended for people with co-occurring disorders.

How Does Obsessive-Compulsive Disorder Affect Addiction Treatment and Recovery?

A person who has used drugs and alcohol to deal with OCD sometimes experiences a return or worsening of symptoms, which can cause the person to relapse and question the benefits of abstinence, at least in the short term. A person with OCD may also consider the symptoms embarrassing and not discuss them with an addiction treatment counselor. Meanwhile, the obsessions and compulsions may be overwhelming. Not talking about these issues will make it less likely that the person will benefit from the substance use treatment. Antidepressant medications and CBT are both effective treatments for OCD, although they may take time to work (usually at least several weeks). Benzodiazepine medications offer some immediate relief from anxiety but are not effective in the long term, especially for people with co-occurring disorders.

Thus, untreated and persistent symptoms of OCD increase the risk for relapse and make addiction treatment and recovery more difficult and complicated.

Treatment for Co-occurring Obsessive-Compulsive and Substance Use Disorders

An integrated treatment approach—one that addresses both disorders at the same time—usually yields the best results. The substance use disorder must be adequately treated using appropriate addiction therapies and medications. The OCD must be treated with antidepressant medication, CBT, or a combination of the two. Since people with OCD may not want to talk about their symptoms due to embarrassment, it is important that both the patient and providers understand that, like addiction, OCD involves behaviors that cannot be controlled by will alone. For the same reason, people with obsessive-compulsive disorder can benefit from attending peer support groups, and they can also benefit from connecting with others who have these co-occurring disorders and are in recovery.

Resources

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www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml.

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