# Obsessive Compulsive Disorder (OCD)

Obsessive compulsive disorder or more commonly known as OCD is a clinically recognised mental health condition which affects around 1-2% of the UK population and is thought to be more common in autistic people. OCD can occur at any age, and within any gender, and can affect people in unique ways.

The severity of OCD differs between people. Almost everybody experiences the type of thoughts that a person with OCD has, for example, double checking things like turning the oven off or locking the front door. However, most people are able to dismiss these thoughts and not allow them to interfere with their day. But a person with OCD would be unable to ignore these thoughts and may focus all of their attention on them. This can be exhausting and really debilitating for the person.

Usually over time a person's OCD will become increasingly worse with obsessions and compulsions becoming more frequent and distressing and affecting all areas of a person's life. However with treatment OCD can significantly improve and be controlled.

There are two main elements to OCD: obsessions and compulsions. People can have compulsions without having obsessions, however, it is more likely for these two to occur together.

The NHS defines these as:

- An obsession is an unwanted and unpleasant thought, image or urge that repeatedly enters your mind, causing feelings of anxiety, disgust or unease.
- A compulsion can be defined as a repetitive behaviour or mental act that you feel you need to do to temporarily relieve the unpleasant feelings brought on by the obsessive thought.

Obsessions in a person with OCD are automatic and difficult to control. Common obsessions may include:

- Fears about germs and contamination
- Fears of harmful things happening to themselves and loved ones
- Fears that things are not safe, e.g. household appliances.

As with obsessions, compulsions are also difficult to manage and can have an impact on a person's life if not managed and controlled with interventions. A lot of people with OCD will explain that the reason behind carrying out a compulsion is to reduce their anxiety. Engaging in the compulsive behaviour temporarily relieves that anxiety but the obsession and anxiety soon return, causing a repetitive cycle of behaviour. Common compulsions may include:

- Excessive washing and cleaning
- Repetitive actions such as touching or arranging
- Hoarding

Most people with OCD realise that their obsessions and compulsions are irrational and make no sense however they are physically unable to stop acting on them.

OCD can be treatable but will affect the unique profile of the person.

- **Therapy-** this is usually cognitive behaviour therapy with exposure and response prevention (ERP). This may look like a person being encouraged to face their fears. It is thought a person can notice a difference from this form of treatment quite quickly.
- **Medication-** this is usually a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs) which helps by altering the balance of chemicals in the person's brain. It can take several months for a person to notice the effects of SSRIs

If these treatments do not result in any improvements in a person's OCD further treatment from a specialist team may be necessary.

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