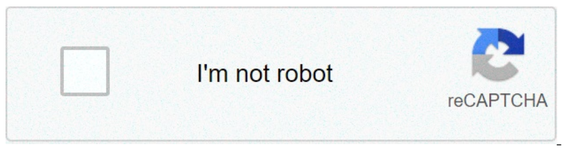

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Types of ocd obsessions

Prof Swaran SinghObsessive-compulsive disorder (OCD) is a common mental health problem. Symptoms typically include recurring thoughts and repetitive actions in response to the recurring thoughts. A common example is recurring thoughts about germs and dirt, with a need to wash your hands repeatedly to 'clean off the germs'. However, there are many other examples.Obsessions are unpleasant thoughts, images or urges that keep coming into your mind. Obsessions are not simply worries about your life problems. Common obsessions include:Fears about contamination with dirt, germs, viruses (for example, HIV), etc.Worries about doors being unlocked, fires left on, causing harm to someone, etc.Intrusive thoughts or images of swearing, blasphemy, sex, someone harmed, etc.Fear of making a mistake or behaving badly.A need for exactness in how you order or arrange things.A need to collect things that others might throw away (hoarding).These are examples. Obsessions can be about all sorts of things. Obsessive thoughts can make you feel anxious or disgusted. You normally try to ignore or suppress obsessive thoughts; for example, you may try to think other thoughts to neutralise the obsession.What are compulsions?Compulsions are thoughts or actions that you feel you must do or repeat. Usually the compulsive act is in response to an obsession. A compulsion is a way of trying to deal with the distress or anxiety caused by an obsession.For example, you may wash your hands every few minutes in response to an obsessional fear about germs. Another example is you may keep on checking that doors are locked, in response to the obsession about doors being unlocked. Other compulsions include repeated cleaning, counting, touching, saying words silently, arranging and organising - but there are others.The obsessions that you have with OCD can make you feel really anxious and distressed. The compulsions that you have may help to relieve this distress temporarily but obsessions soon return and the cycle begins again.The severity of OCD can range from some life disruption to causing severe distress. You know that the obsessions and compulsions are excessive or unreasonable. However, you find it difficult or impossible to resist them.OCD affects people in different ways. For example, some people spend hours carrying out compulsions and, as a consequence, cannot get on with normal activities. Some people do their compulsions over and over again in secret (like rituals). Other people may seem to cope with normal activities but are distressed by their recurring obsessive thoughts. OCD can affect your work (or schoolwork in children), relationships, social life and quality of life.Many people with OCD do not tell their doctor or anyone else about their symptoms. They fear that other people might think they are crazy. Some people with OCD may feel ashamed of their symptoms, especially if they contain ideas of harming others or have a sexual element. As a result, many people with OCD also become depressed. However, if you have OCD, you are not crazy or mad. It is not your fault and treatment often works. If you are concerned that you may be depressed (for example, if you have been feeling very down and you no longer take pleasure in the things that you used to enjoy), you should see your doctor.The cause of OCD is not clear. Slight changes in the balance of some brain chemicals (neurotransmitters) such as serotonin may play a role. This is why medication is thought to help (see below).Also, the chance of developing OCD is higher than average in first-degree relatives of affected people (mother, father, brother, sister, child). So, there may be some genetic element to OCD. However, so far, no genes have been found to be linked with OCD.Other theories about the cause of OCD have been suggested but none proved.It is thought that between 1 to 3 in 100 adults have OCD. Anyone at any age can develop OCD but it usually first develops between the ages of 18 and 30. Up to 2 in 100 children are also thought to have OCD. See the separate leaflet called OCD IN Children and Young People.OCD is usually a persistent condition.If you are concerned that you may have OCD, you should see your doctor and explain your concerns. They may start by asking some of the following questions. These questions can act as a screen for possible OCD:Do you wash or clean a lot?Do you check things a lot?Is there any thought that keeps bothering you that you would like to get rid of but cannot?Do your daily activities take a long time to finish?Are you concerned about putting things in a special order, or are you upset by mess?Do these problems trouble you?A more detailed assessment is then needed for OCD to be diagnosed. This may either be carried out by your doctor or by a specialist mental health team. The assessment will look at any obsessional thoughts and compulsions that you have and how they affect you and your daily life. Children with OCD may be referred to a specialist mental health team which is experienced in assessing and treating children with OCD.The usual treatment for OCD is:Cognitive behavioural therapy (CBT); orMedication, usually with a selective serotonin reuptake inhibitor (SSRI) antidepressant medicine; orA combination of CBT plus an SSRI antidepressant medicine.Cognitive behavioural therapy (CBT) for obsessive-compulsive therapyCognitive behavioural therapy is a type of therapy that deals with your current thought processes and/or behaviours and aims to change them by creating strategies to overcome negative patterns, which may help you to manage OCD more effectively. See the separate leaflet called Cognitive Behavioural Therapy (CBT).Of those who complete a course of CBT, there is a marked improvement in more than 3 in 4 cases. Symptoms may not go completely but usually the obsessions and compulsions become much less of a problem. About 1 in 4 people with OCD find CBT too stressful and not for them. However, cognitive therapy alone may help some people who find the full CBT too stressful.As a general rule, if two courses of CBT have failed to help, the person is referred to an OCD specialist.Do-it-yourself CBTCBT with the help of a trained therapist is best. However, some people prefer to tackle their problems themselves. There is a range of self-help books and leaflets on self-directed CBT. More recently, interactive CDs and websites are being developed and evaluated for self-directed CBT.SSRI antidepressantsAlthough they are often used to treat depression, SSRI antidepressant medicines can also reduce the symptoms of OCD, even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters) such as serotonin, which may be involved in causing symptoms of OCD. SSRI antidepressants include: citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline.If SSRIs do not help much, or cannot be taken, another type of antidepressant called clomipramine is sometimes used. This is classed as a tricyclic antidepressant and used to be the main medication treatment for OCD before SSRIs became available. Occasionally, other medicines that are used to treat mental health disorders are used.4th September 2020Transcranial Magnetic Stimulation (TMS)The National Institute for Health and Care Excellence (NICE) has published technical guidance on the use of transcranial magnetic stimulation (TMS) in the treatment of OCD.The aim of the treatment is to reduce the symptoms. TMS involves applying electromagnetic pulses to parts of your brain. These pulses are designed to stimulate the brain cells (neurons) to produce small amounts of electricity. You will be awake during the treatment and seated in a comfortable chair. The person doing the treatment will apply an electromagnetic coil to various parts of your head.Usually, you will be asked to attend for daily sessions for a few weeks. Each session lasts about half an hour. The treatment is perfectly safe, but more evidence is needed as to how well it works. For this reason, NICE expects that doctors should only use it as part of a research trial.If OCD is not treated, obsessive thoughts and compulsions may not improve and may get worse in some people. However, with treatment, many people's symptoms can be brought under control and some people may be completely cured.If you have OCD, there is a risk that it can return even after successful treatment and recovery. If your symptoms do come back, be sure to see a doctor for further treatment. As some of us know, obsessive-compulsive disorder can take on many shapes and forms, limited only by the imagination of the person with OCD. In general, OCD likes to attack whatever it is we most value: our families, relationships, morals, accomplishments, etc. In short — our lives.So it shouldn’t come as a big surprise that some people with OCD are obsessed with death. What better way for OCD to attack what is most important to us than telling us our lives are all for naught as we’re just going to die anyway?It is not unusual for people to think about death. Personally, the thought comes into my mind often. At times it hits me like a ton of bricks that my time here on earth is limited, and this realization brings up various philosophical questions: What’s the meaning of life? Am I living my life the way I should, or want? Will it even matter that I was here? Is there life, or anything, after death? The list goes on.I don’t have OCD, so I’m usually able to let it all go after a few minutes. I realize the questions I have, for the most part, are unanswerable. I accept the uncertainty and go on with my life. For those with obsessive-compulsive disorder, however, obsessing about death can be torturous. People with OCD can easily spend hours upon hours a day obsessing over various aspects of death and dying, asking the same existential questions mentioned above, and then some. But they don’t stop there. They want answers to these questions and might analyze and research them — again for hours and hours. They might also seek reassurance, either from themselves, clergy, or anyone who will listen. It’s not hard to see that these obsessions and compulsions can literally take up an entire day and overtake lives. It is not uncommon to experience general anxiety as well as depression when dealing with OCD related to death.So how is this OCD treated? You guessed it — exposure and response prevention (ERP) therapy. While we can’t control our thoughts about death, we can learn how to better react to these thoughts. Exposures might include those with OCD deliberately subjecting themselves to the thoughts they fear, typically through the use of imaginal exposures, while response prevention involves not avoiding or trying to escape these fears, but rather embracing the possibility they will occur. No seeking reassurance. No analyzing, researching or questioning these thoughts — just acceptance of them. In short, ERP therapy consists of doing the opposite of what OCD demands. In time, these thoughts that previously had caused so much distress will not only lose their power, but also their hold on the person with OCD.Time and time again, we see how OCD tries to steal what is most important to us. Ironically, those caught in the vicious cycle of obsessions and compulsions related to death and dying are robbed of living their lives to the fullest. Thankfully, there is good treatment to help those with OCD learn to live in the present moment and work toward the lives they deserve. As many people are aware, those with obsessive-compulsive disorder experience disturbing obsessions of all sorts, and they perform compulsions (mental and/or physical) to try to keep these obsessions from happening. While these compulsions might temporarily relieve the anxiety of those with OCD, in the long run they only serve to strengthen the disorder, and a vicious cycle ensues. It is important to note that people with OCD typically realize that performing their compulsions makes no sense, but they feel compelled to engage in them anyway. Just in case. To be certain.Aha. Certainty. This is the foundation of OCD — what it is based on. Those with obsessive-compulsive disease have this need for certainty and total control over their lives. The ironic thing is this elusive quest for control leads to just the opposite — loss of control over one’s life.Let’s look at an example involving hand-washing, which is a common compulsion for those with OCD. In this case, “Kathy” is obsessed about getting deathly sick and spreading illness to her children. She is paying for her groceries at the supermarket and watches as the cashier rubs her runny nose with her hand and then hands Kathy her change, touching Kathy’s hand in the process.This event triggers Kathy’s obsession and her anxiety is sky high. She goes home and washes her hands thoroughly. For most of us, this would be the end of the story. But for Kathy, who has OCD, it is not enough. She doubts she has washed off all the germs, and feels compelled to keep washing her hands for longer periods of time. They become raw and might even bleed, but the vicious cycle of OCD has begun. Kathy’s actions were meant to give her control over her life (stop the spreading of germs) while in reality she has lost control (can’t leave the house because of fear and constant urge to wash her hands).The good news is that OCD is treatable, and the evidence-based therapy for OCD as recommended by the American Psychological Association (APA) is a Cognitive Behavioral Therapy (CBT) known as exposure and response prevention (ERP) therapy. In a nutshell, those with OCD are required to face their fears. In Kathy’s case, she would gradually be exposed to germs in various ways and then refrain from engaging in any compulsions (for example, no handwashing). While this therapy can be anxiety-provoking, the payoff is huge, as the person with OCD learns to live with the uncertainty of life.The bad news is that, while the premise of ERP therapy is simple, it can often get quite complicated and some therapists who are not properly trained in ERP therapy make the mistake of reassuring their patients that “nothing bad will happen.” Aside from being impossible to guarantee, this statement is counter-productive as one of the main goals of ERP therapy is to learn to live with uncertainty. Is it likely Kathy will spread deadly germs to her children? Probably not. Is it possible? Well, maybe. The future is uncertain.Indeed, there are cases where the person with OCD’s worst fears come true. That’s life. It is filled with uncertainty, and there is no way to change that fact. Good things happen and bad things happen and we can never be sure, from one day to the next, what awaits us. Whether we suffer from OCD or not, there are bound to be challenges and surprises for all of us, and we need to be able to cope with them.The goal of ERP therapy is not to prove everything will be fine if you don’t engage in compulsions, but rather to learn that you can stand up to fear and anxiety and not have it control you.And when the bad things do inevitably happen? Those with OCD who have successfully undergone treatment usually cope with these times as well as those who do not have OCD.