

# Obsessive-Compulsive Disorder

"I couldn't do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn't add up to a "bad" number.

"Getting dressed in the morning was tough because I had a routine, and if I didn't follow the routine, I'd get anxious and would have to get dressed again. I always worried that if I didn't do something, my parents were going to die. I'd have these terrible thoughts of harming my parents. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me.

"I knew the rituals didn't make sense, and I was deeply ashamed of them, but I couldn't seem to overcome them until I had therapy."

Obsessive-compulsive disorder, or OCD, involves anxious thoughts or rituals you feel you can't control. If you have OCD, you may be plagued by persistent, unwelcome thoughts or images, or by the urgent need to engage in certain rituals.

You may be obsessed with germs or dirt, so you wash your hands over and over. You may be filled with doubt and feel the need to check things repeatedly. You may have frequent thoughts of violence, and fear that you will harm people close to you. You may spend long periods touching things or counting; you may be pre-occupied by order or symmetry; you may have persistent thoughts of performing sexual acts that are repugnant to you; or you may be troubled by thoughts that are against your religious beliefs.

The disturbing thoughts or images are called obsessions, and the rituals that are performed to try to prevent or get rid of them are called compulsions. There is no pleasure in carrying out the rituals you are drawn to, only temporary relief from the anxiety that grows when you don't perform them.

A lot of healthy people can identify with some of the symptoms of OCD, such as checking the stove several times before leaving the house. But for people with OCD, such activities consume at least an hour a day, are very distressing, and interfere with daily life.

Most adults with this condition recognize that what they're doing is senseless, but they can't stop it. Some people, though, particularly children with OCD, may not realize that their behavior is out of the ordinary.

OCD afflicts about 3.3 million adult Americans.<sup>1</sup> It strikes men and women in approximately equal numbers and usually first appears in childhood, adolescence, or early adulthood.<sup>2</sup> One-third of adults with OCD report having experienced their first symptoms as children. The course

of the disease is variable—symptoms may come and go, they may ease over time, or they can grow progressively worse. Research evidence suggests that OCD might run in families.<sup>3</sup>

Depression or other anxiety disorders may accompany OCD,<sup>2,4</sup> and some people with OCD also have eating disorders.<sup>6</sup> In addition, people with OCD may avoid situations in which they might have to confront their obsessions, or they may try unsuccessfully to use alcohol or drugs to calm themselves.<sup>4,5</sup> If OCD grows severe enough, it can keep someone from holding down a job or from carrying out normal responsibilities at home.

OCD generally responds well to treatment with medications or carefully targeted psychotherapy.

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## References

<sup>1</sup>Narrow WE, Rae DS, Regier DA. NIMH epidemiology note: prevalence of anxiety disorders. One-year prevalence best estimates calculated from ECA and NCS data. Population estimates based on U.S. Census estimated residential population age 18 to 54 on July 1, 1998. Unpublished.

<sup>2</sup>Robins LN, Regier DA, eds. *Psychiatric disorders in America: the Epidemiologic Catchment Area Study*. New York: The Free Press, 1991.

<sup>3</sup>The NIMH Genetics Workgroup. *Genetics and mental disorders*. NIH Publication No. 98-4268. Rockville, MD: National Institute of Mental Health, 1998.

<sup>4</sup>Regier DA, Rae DS, Narrow WE, et al. Prevalence of anxiety disorders and their comorbidity with mood and addictive disorders. *British Journal of Psychiatry Supplement*, 1998; (34): 24-8.

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