

OBSESSIVE COMPULSIVE DISORDERS

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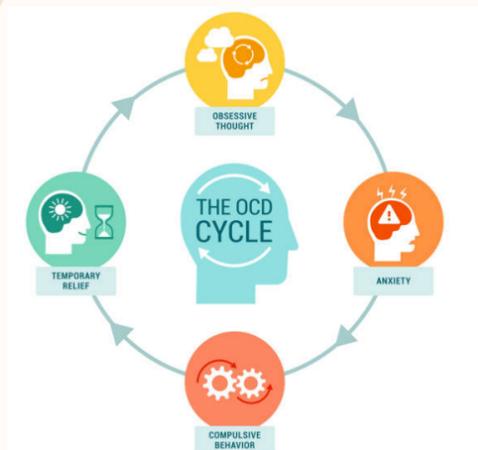


OBSSESSIONS

Fear of being contaminated by touching objects others have touched, doubts that you've locked the door or turned off the stove, intense stress when objects aren't orderly or facing certain way, images of driving your car into a crowd of people, thoughts about shouting obscenities or acting inappropriately in public, unpleasant sexual images, avoidance of situations that can trigger obsessions such as shaking hands.

COMPULSIONS

Hand-washing until your skin becomes raw, checking doors repeatedly to make sure they are locked, checking the stove repeatedly to make sure it is off, counting in certain patterns, silently repeating a prayer word or phrase, arranging your canned goods to face the same way.



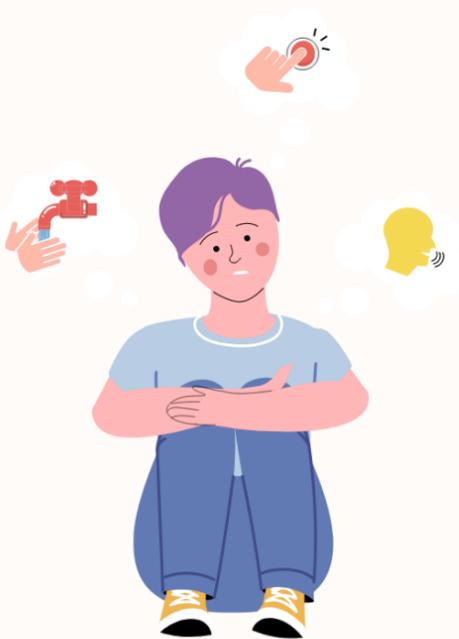
PREVALENCE, ETIOLOGY AND RISK FACTORS

Occurring in 2-8% of people, OCD is one of the most prevalent personality disorders. Incidence of OCD is higher in the oldest child and people in professions involving facts, figures, or methodical focus on detail. OCD may be biologic due to your brain chemistry, may be genetic, or may be a learned behavior. Risk factors include family history, stressful life events, or having other mental health disorders.



THEORY

One theory is that compulsions are a learned behavior which becomes repetitive and habitual when they are associated with relief from anxiety. Another theory states that obsessions are thoughts that repeatedly enter the mind even when they are unwanted and compulsions are behaviors intended to neutralize these thoughts or to check that they aren't true.



TREATMENTS

Optimal treatment combines medication (SSRIs) antidepressants (Zoloft, Luvox, Effexor) with behavioral therapy. Behavioral therapy can include exposure and response prevention. Other somatic therapies include deep brain stimulation with implanted electrodes and transcranial magnetic stimulation.

