

OBSESSIVE COMPULSIVE DISORDER: A REVIEW

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ABSTRACT

Obsessive-Compulsive Disorder (OCD) is a type of anxiety disorder which can vary from being very mild to being very severe. From feeling compelled to wash your hands, to keep fixating your thoughts on one particular thing, OCD can take a variety of forms. While OCD patients may know that logically there is no need for their behavior, they still feel a compulsion keep repeating their obsessive actions. As the OCD condition worsens, a person's anxiety and distress levels keep rising. If treatment is not sought by victims, soon the problem begins to take up more and more time of their regular day until it seems as if the problem has completely taken over their life and there is no time to do anything other than washing, thinking, or continuing with any other obsessive behavior. OCD's effects are far and wide as the person's ability to work, their relationships with friends and family, and their overall living standards all take a nosedive. Among the treatment options available, Cognitive-Behavioral Therapy (CBT) has been found to be most effective. CBT focuses in on the problem itself and is the most goal-oriented of all therapy options. Further, it is an interactive approach in the sense that after giving a full understanding of what the problem is, the patient is taught the necessary skills to comprehend and overcome his problem. If, nonetheless, medications are prescribed, they usually comprise of antidepressants, however, these medications have been found to be temporary solutions in the sense that when they are stopped OCD tends to resurface quite quickly.

KEY WORDS: Obsessive-Compulsive Disorder, anxiety disorder.

INTRODUCTION

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, and viruses 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 patient order or arrange things.

These are examples; Obsessions can be about all sorts of things. Obsessive thoughts can make patient feel anxious or disgusted. Patient normally tries to ignore or suppress obsessive thoughts. For example, patient may try to think other thoughts to 'neutralize' the obsession.¹

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, patient may wash his hands every few minutes in response to an obsessional fear about germs. Another example is patient 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 organizing - but there are others.¹

Obsessive-Compulsive Disorder is a type of anxiety disorder which can vary from being very mild to being very severe. From feeling compelled to wash your hands, to keep fixating your thoughts on one particular thing, OCD can take a variety of forms. While OCD patients may know that logically there is no need for their behavior, they still feel a compulsion keep repeating their obsessive actions.¹ As the OCD condition worsens, a person's anxiety and distress levels keep rising. If treatment is not sought by victims, soon the problem begins to take up more and more time of their regular day until it seems as if the problem has completely taken over their life and there is no time to do anything other than washing, thinking, or continuing with any other obsessive behavior. OCD's effects are far and wide as the person's ability to work, their relationships with friends and family, and their overall living standards all take a nosedive. A worrying fact is that OCD is quite common. For instance, in the United Kingdom about 1.2 percent of all adults are thought to suffer from OCD. Worse still, this figure is believed to be an

understatement as most people with OCD tend to conceal their obsessive behavior from others as they feel embarrassed or guilty to talk about their problem with others.¹

The good news, though, is that OCD can be treated if the patient takes an active interest. Among the treatment options available, Cognitive-Behavioral Therapy (CBT) has been found to be most effective and it should be noted that CBT should be a patient's first arsenal of treatment. CBT focuses in on the problem itself and is the most goal-oriented of all therapy options. Further, it is an interactive approach in the sense that after giving a full understanding of what the problem is, the patient is taught the necessary skills to comprehend and overcome his problem. The best part, though, is that CBT is not known to have any risks associated with it and usually doesn't even require OCD patients to turn to medications.²

If, nonetheless, medications are prescribed, they usually comprise of antidepressants, with the most common drug being Fluoxetine, better known as Prozac. Keep in mind, however, that these medications have been found to be temporary solutions in the sense that when they are stopped OCD tends to resurface quite quickly. Hence, it is highly advised to stick to CBT alone as that has proved to be a proper solution for OCD patients. As with most anxiety disorder treatments, victims need to display considerable patience as the average OCD treatment can take quite a few weeks². 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. About 2 in 100 children are also thought to have OCD.³ OCD is usually a chronic (persistent) condition.⁴

Common obsessive thoughts in OCD include:

- Fear of being contaminated by germs or dirt or contaminating others
- Fear of causing harm to yourself or others
- Intrusive sexually explicit or violent thoughts and images
- Excessive focus on religious or moral ideas
- Fear of losing or not having things you might need
- Order and symmetry: the idea that everything must line up "just right."
- Superstitions; excessive attention to something considered lucky or unlucky

Common compulsive behaviors in OCD include:

- Excessive double-checking of things, such as locks, appliances, and switches.
- Repeatedly checking in on loved ones to make sure they're safe.
- Counting, tapping, repeating certain words, or doing other senseless things to reduce anxiety.

- Spending a lot of time washing or cleaning.
- Ordering, evening out, or arranging things "just so."
- Praying excessively or engaging in rituals triggered by religious fear.
- Accumulating "junk" such as old newspapers, magazines, and empty food containers, or other things you don't have a use for.⁵

SIGN AND SYMPTOMS

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 school-work in children), relationships, social life, and your quality of life.¹²

The severity of OCD can range from mildly inconvenient, to causing severe distress⁹. 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. Your own description of the behavior can help diagnose the disorder. A physical exam can rule out physical causes, and a psychiatric evaluation can rule out other mental disorders. Questionnaires, such as the Yale-Brown Obsessive Compulsive Scale, can help diagnose OCD and track the progress of treatment.³

Checkers: A person with checkers OCD is one who checks constantly to prevent something bad from happening. Some common concerns of a checker are checking to make sure the stove has been turned off, or the iron has been turned off. The checker thinks if the stove or iron has not been turned off a fire will start and the house will burn down. The checker gets caught up in hours of repeated checking and doubting of the same thing. Allowing someone else to lock up the house is a way of getting the check out of the house or to go on with his or her day.³

Washers and Cleaners: Washers and cleaners are worried about contamination by certain objects or situations, such as germs, disease, and bodily secretions. To make sure there is no chance of contamination the washer and cleaner will create one or more rituals of taking a long shower, washing their hands repeatedly, and cleaning their house for hours. The washing and cleaning is done to prevent death and illness. The washing and cleaning can go from one half hour up to

ten hours. The washer and cleaner will avoid anything that they think is contaminated.³

Repeaters: Repeaters are those who repeat their actions. When a fearful thought enter their mind they feel the need to repeat the some action to keep the thoughts from coming true. The repeater is like the checker in trying to prevent something bad from happening. However, the repeater can't tell the difference between obsession and compulsion. An example of a repeater preventing a spouse from dying would be getting dressed and undressed until the thoughts of death are gone.³

Orders: Orders are people who want things around them arranged in a certain way of symmetrical patterns. Orders utilize lots of time making sure things are in the right place and will notice right away when the pattern of something has been changed. They usually get upset when something of theirs has been rearranged or things are not perfect. For example an orderer will lay out their daily medication of vitamins in a special design on the kitchen counter rearranging the design every time a pill or vitamin is taken.³

Hoarder: A hoarder collects objects or things that they find impossible to get rid of. A hoarder will collect things and put them away with the intent of using them in the future. An example of a hoarder is when a person collects newspapers for a long time think they will need a specific article.³

Thinking Ritualizes: The thinkers ritualize has a repetitive thought or images to counteract their anxiety provoking thoughts or images, the obsession. The patterns of the thinker ritualizer is closely related to the repeaters, except the thoughts are repetitious ritualistic instead of behaviors. Praying repeating specific words or phrases, and counting are the most common rituals of the ritualizer. For example, Stuart, a thinker ritualize associated a number to bad luck and a number to good luck. When a thought with the numbers that Stuart associated with good or bad luck would enter his mind he would repeat the number six or several times to stop bad luck or good lock. Thinking ritualize will try to remember events in detail and repeat a mental list to ensure safety. For example, a sixty – seven year old man spent hours tested his memory every day by trying to remember unimportant events in order to prevent Alzheimer's disease.³

Worriers and Pure Obsessionals: Worriers and Pure Obsessionals have repetitious negative thoughts that they can't control and are very upsetting to them. The worrier does not experience any rapacious behavior, such as checking or hand washing, or any thinking compulsions. The worriers and pure obsessionals worry about health problems, past traumatic events, or failing at some task

in the future. An example of someone not demonstrating any compulsive behavior that could temporary alleviate their distress would be someone worrying about losing all of their saving in the market crash and not being able to educate their children. A severe example would be shameful images of inappropriate sexual behavior, or impulses to kill or hurt themselves or their love ones. Afterward, the person may dwell on how these thoughts may come true for hours or days.

CAUSES OF OCD

Despite considerable into the possible causes of OCD, no clear answer has emerged. As with most psychiatric conditions, different factors may be involved. At the present time, the most we can say is that OCD appears to be caused by a combination of psychological and biological factors.⁶

Psychological Factor

Many psychological theories have been introduced to explain the development of OCD. The two that have received the greatest support are the behavioral and cognitive theories.

Behavioral Theory

The behavioral theory suggests that people with OCD associate certain objects or situations with fear, and that they learn to avoid the things they fear or to perform rituals that help reduce the fear. This pattern of fear and avoidance/ritual may begin when people are under periods of high emotional stress, such as starting a new job or ending a relationship. At such times, we are more vulnerable to fear and anxiety. Often things once regarded as "neutral" may begin to bring on feelings of fear. For example, a person who has always been able to use public toilets may, when under stress, make a connection between the toilet seat and a fear of catching an illness. Once a connection between an object and the feeling of fear becomes established, people with OCD avoid the things they fear, rather than confront or tolerate the fear. For instance, the person who fears catching an illness from public toilets will avoid using them. When forced to use a public toilet, he or she will perform elaborate cleaning rituals, such as cleaning the toilet seat, cleaning the door handles of the cubicle or following a detailed washing procedure. Because these actions temporarily reduce the level of fear, the fear is never challenged and dealt with and the behavior is reinforced. The association of fear may spread to other objects, such as public sinks and showers. In behavioral therapy, people with OCD learn to confront and reduce their anxiety without practicing avoidance or ritual behavior. When they learn to directly confront their fears, they become less afraid.

Cognitive Theory

While the behavioral theory focuses on how people with OCD make an association between an object and fear, the cognitive theory focuses on how people with OCD misinterpret their thoughts. Most people have intrusive or uninvited thoughts similar to those reported by people with OCD. For example, parents under stress from caring for an infant may have an intrusive thought of harming the infant. Most people would be able to shrug off such a thought. Individuals prone to developing OCD, however, might exaggerate the importance of the thought, and respond as though it represents an actual threat. They may think, "I must be a danger to children if I have thoughts of harming children." This can cause a high level of anxiety and other negative emotions, such as shame, guilt and disgust.²

People who come to fear their own thoughts usually attempt to neutralize feelings that arise from their thoughts. One way this is done is by avoiding situations that might spark such thoughts. Another way is by engaging in rituals, such as washing or praying. Cognitive theory suggests that as long as people interpret intrusive thoughts as "catastrophic," and as long as they continue to believe that such thinking holds truth, they will continue to be distressed and to practice avoidance and/or ritual behaviours.² According to cognitive theory, people who attach exaggerated danger to their thoughts do so because of false beliefs learned earlier in life. Researchers think the following beliefs may be important in the development and maintenance of obsessions:²

- "exaggerated responsibility," or the belief that one is responsible for preventing misfortunes or harm to others
- the belief that certain thoughts are very important and should be controlled
- the belief that somehow having a thought or an urge to do something will increase the chances that it will come true
- the tendency to overestimate the likelihood of danger
- The belief that one should always be perfect and that mistakes are unacceptable.

In cognitive therapy, people "unlearn" their mistaken beliefs and change their patterns of thought. By doing so, they are able to eliminate the distress associated with such thoughts and to discontinue their compulsive behaviours.⁷

Biological Factors

Research into the biological causes and effects of OCD has revealed a link between OCD and insufficient levels of the brain chemical, serotonin. Serotonin is one of the brain's chemical messengers that transmit signals between brain cells. Serotonin plays a role in the

regulation of mood, aggression, impulse control, sleep, appetite, body temperature and pain. All of the medicines used to treat OCD raise the levels of serotonin available to transmit messages.⁷

Changes in Brain Activity

Modern brain imaging techniques have allowed researchers to study the activity of specific areas of the brain. Such studies have shown that people with OCD have more than usual activity in three areas of the brain.

These are:

1. The caudate nucleus, specific brain cells in the basal ganglia, located deep in the centre of the brain. This area of the brain acts as a filter for thoughts coming in from other areas. The caudate nucleus is also considered to be important in managing habitual and repetitive behaviors. When OCD is successfully treated with drugs or therapy, the activity in this area of the brain usually decreases. This shows that both drugs and a change in "thinking" can alter the physical functioning of the brain.⁷

2. The prefrontal orbital cortex, located in the front area of the brain. The level of activity in the prefrontal orbital cortex is believed to affect appropriate social behaviour. Lowered activity or damage in this region is linked to feeling uninhibited, making bad judgments and feeling a lack of guilt. More activity may therefore cause more worry about social concerns. Such concerns include: being meticulous, neat and preoccupied with cleanliness, and being afraid of acting inappropriately. All of these concerns are symptoms of OCD.⁷

3. The cingulate gyrus, in the centre of the brain. The cingulate gyrus is believed to contribute the emotional response to obsessive thoughts. This area of the brain tells you to perform compulsions to relieve anxiety. This region is highly interconnected to the prefrontal orbital cortex and the basal ganglia via a number of brain cell pathways. The basal ganglia, the prefrontal orbital cortex and the cingulate gyrus all have many brain cells affected by serotonin. Researchers believe that medicines that raise the levels of serotonin available to transmit messages may change the level of activity in these areas of the brain.⁸

4. Some researchers believe that cases where children suddenly develop OCD or TS may be linked to a recent infection with streptococcus, the bacteria that cause the common "strep throat." In these cases, the body may be forming antibodies to the infection, which may mistakenly react to the basal ganglia, an area of the brain linked to OCD. There is no evidence; however, that streptococcus plays a role in adult-onset OCD. And in most cases where children develop OCD, the symptoms begin gradually, not suddenly as described above. At this time, then, the link between streptococcus infection and

OCD is not certain. Further research into this possible link may lead to a better understanding of the causes of OCD.⁸

Genetic Factors

OCD often seems to "run in the family." In fact, almost half of all cases show a familiar pattern. Research studies report that parents, siblings and children of a person with OCD have a greater chance of developing OCD than does someone with no family history of the disorder. One might ask if OCD is "taught" by one family member to another.⁸ Researchers looking for genes that might be linked to OCD have not been able to find them. It is believed there may be genes, though, that are involved in regulating serotonin and passed on through the generations. One study involving identical twins showed that if one twin develops OCD, the other is likely to follow, which suggests that the tendency to develop obsessions and compulsions may be genetic. Other studies have shown a relationship between OCD and Tourette's syndrome (TS). Families of individuals with TS also seem to have high rates of OCD, suggesting a genetic relationship between these two conditions.⁸

TREATMENTS AND DRUGS¹³

Obsessive-compulsive disorder treatment can be difficult, and treatment may not result in a cure. You may need treatment for the rest of your life. However, OCD treatment can help you bring symptoms under control so that they don't rule your daily life. The two main treatments for obsessive-compulsive disorder are:

- Psychotherapy
- Medications

Which option is best depends on personal situation and preferences. Often, treatment is most effective with a combination of medications and psychotherapy.

Psychotherapy for obsessive-compulsive disorder

A type of therapy called cognitive behavioral therapy (CBT) can be effective. Cognitive behavioral therapy involves retraining your thought patterns and routines so that compulsive behaviors are no longer necessary. One CBT approach in particular is called exposure and response prevention. This therapy involves gradually exposing you to a feared object or obsession, such as dirt, and teaching you healthy ways to cope with your anxiety. Learning the techniques and new thought patterns takes effort and practice. But you may enjoy a better quality of life once you learn to manage your obsessions and compulsions.

Therapy may take place in individual, family or group sessions.

Medications for obsessive-compulsive disorder

Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly,

antidepressants are tried first. Antidepressants may be helpful for OCD because they may help increase levels of serotonin, which may be lacking when you have OCD.¹⁰

Antidepressants that have been specifically approved by the Food and Drug Administration (FDA) to treat OCD include:

- Clomipramine (Anafranil)
- Fluvoxamine (Luvox)
- Fluoxetine (Prozac)
- Paroxetine (Paxil, Pexeva)
- Sertraline (Zoloft)

However, many other antidepressants and other psychiatric medications on the market also may be used to treat OCD off-label. Off-label use is a common and legal practice of using a medication to treat a condition not specifically listed on its prescribing label as an FDA-approved use.¹⁰

Herbal Treatment

Certain herbs may have some benefit in reducing symptoms of OCD, but their effectiveness has not yet been tested. For a couple of reasons, people who wish to explore alternative treatments should consult with a knowledgeable doctor.

- As with all medications, herbal treatments can have unwanted side-effects and may interact with prescription or over-the-counter medications or other botanicals.
- In North America, the herbal industry is unregulated, meaning that the quality and effectiveness of herbal products is not consistent. The two types of herbal treatments that may benefit people with OCD are those with, and without, sedating effects.

Herbal Treatments with Sedating Effects

The sedating effects of some herbal medicines are believed to reduce symptoms of anxiety. These plants include German chamomile, hops, kava, lemon balm, passion flower, skullcap and valerian. Compounds in these traditional medicines are known to act on systems in the brain in a similar way to the benzodiazepine class of medications. Research on animals has established the sedating effects of these herbs, but so far there have been no such studies done on humans. Although these plants appear to be safe, they should be used with caution. They could increase the sedating effects of other medications, including alcohol.

Herbal Treatments without Sedating Effects

Other herbs, such as St. John's wort, Ginkgo biloba, and evening primrose oil have also been suggested for treating OCD and related anxiety disorders. Less is known about how these plants affect anxiety than is known about herbal treatments with sedating effects. St.

John's wort is believed to work in a way similar to the antidepressants, monoamine oxidase inhibitors. Recent research on this herbal treatment has shown that St. John's wort works better than a placebo in treating mild to moderate depression, but more research is needed to confirm these results. The effectiveness of St. John's wort in treating anxiety, and its effectiveness in comparison to SSRIs, has not yet been studied. The botanical medicines Ginkgo biloba and evening primrose oil have also been advocated for the treatment of anxiety. As with St. John's wort, though, there is little evidence that these medicines are effective.

Other treatment options

Sometimes, medications and psychotherapy aren't effective enough in controlling your OCD symptoms. In rare cases, other treatment options may include:

- Psychiatric hospitalization
- Residential treatment
- Electroconvulsive therapy (ECT)
- Transcranial magnetic stimulation

COPING AND SUPPORT

Coping with obsessive-compulsive disorder can be challenging. Medications can have unwanted side effects, and you might feel angry or resentful about having a condition that can require long-term treatment. Here are some ways to help cope with OCD:

- Learn about obsessive-compulsive disorder. Education about your condition can empower you and motivate you to stick to your treatment plan.
- Join a support group. Support groups for people with OCD can help you reach out to others facing similar challenges.
- Stay focused on your goals. Recovery from OCD is an ongoing process. Stay motivated by keeping your recovery goals in mind. Remind yourself that you're responsible for managing your illness and working toward your goals.
- Find healthy outlets. Explore healthy ways to channel your energy, such as hobbies, exercise and recreational activities.
- Learn relaxation and stress management. Try such stress management techniques as meditation, muscle relaxation, deep breathing, yoga or tai chi.
- Structure your time. Plan your day and activities. Try to stay organized. You may find it helpful to make a list of daily tasks.

DEALING WITH OBSESSIVE THOUGHTS AND COMPULSIVE BEHAVIORS

Educate yourself. Learn everything you can about OCD. Read books on the disorder and talk to your therapist and doctor. The more you know, the better able you will be

to manage your symptoms. You can find many books about OCD at local or online bookstores.¹¹

Practice the skills you've learned in therapy

Using the skills you've learned in therapy, actively work toward eliminating your obsessions and compulsive behaviours. This is a challenge that requires commitment and daily practice.¹¹

Stay connected to family and friends

Obsessions and compulsions can consume your life to the point of social isolation. In turn, social isolation can aggravate your OCD. It's important to have a network of family and friends you can turn to for help and support. Involving others in your treatment can help guard against setbacks and keep you motivated.¹¹

Join an OCD support group

You're not alone in your struggle with OCD, and participating in a support group is an effective reminder of that. In a support group, you can share your experience and learn from others who are going through the same thing you are.¹¹

Practice relaxation techniques

Meditation, yoga, deep breathing, and other stress relief techniques may help reduce the symptoms of anxiety brought on by OCD. Mindfulness meditation may be particularly helpful to OCD sufferers.¹¹

EFFECTIVE RELAPSE PREVENTION

OCD, like diabetes, is a chronic condition. Although the symptoms can be reduced and controlled with medication and therapy, you need to take precautions to prevent the symptoms from flaring up again. It is important to be aware of how you are feeling. Anxiety, stress, fatigue, and feeling out of control can trigger a relapse. For some, certain situations or conditions can trigger symptoms. Another common cause of relapse is stopping medication too soon or too fast.

Once the symptoms of OCD have improved, a number of strategies can help maintain the gains you have made.¹²

Become knowledgeable about OCD

Read as much as you can about OCD and its treatment. See the list of recommended reading and Internet sites at the back of this book. If there is something you do not understand, ask your mental health professionals.

Resist compulsive urges; learn and use healthy strategies for coping with stress and fears

Once the symptoms of OCD have improved, maintaining these gains requires commitment and determination. Unhealthy strategies for coping with stress and fears must be replaced with healthy ones. Resist the urge to perform compulsions. Using skills learned in therapy, continue to work to eliminate obsessive patterns of thought and compulsive behaviours. Do not be satisfied with only partial

improvement of symptoms. This leaves you vulnerable to relapse.

If medication has been prescribed, continue to take it until your doctor advises you otherwise. When patients begin to feel better, they often stop taking medication. Relapse is more likely if you stop taking your medication too soon. Doctors usually recommend medication be taken for six months to a year. In some cases, antidepressants may be recommended for several years. If you are experiencing side-effects, you may be tempted to stop taking your medication. Rather than making decisions on your own, work with your doctor to develop a treatment plan you can live with.

Involve some family and friends in your recovery

If you allow yourself to become isolated and keep your inner world a secret, you will create an ideal breeding ground for symptoms of OCD. When family and friends are aware and involved in your struggle, they can help in a number of ways. For example, they can help you control compulsive urges; they can help you guard against a reoccurrence of symptoms, and they can give you support and encouragement. Who you tell about your illness is a very personal choice. As a buffer against relapse, however, it is important to have at least one person you can rely on and in whom you can confide. Along with family, friends and professional support, many people struggling with OCD find that self-help and support groups are a valuable part of their social network.

Adopt a healthy lifestyle that includes proper nutrition, exercise and good sleep habits

Your eating, sleeping and exercise habits play a role in how you feel and in your ability to handle stress. Nourishing yourself physically, emotionally and spiritually helps you to feel alert and calm and able to deal with problems as they arise. Yoga and other movement therapies and meditation reduce anxiety. They can also increase energy, concentration and a feeling of well-being.

Try to develop a well-balanced life with enough time for work, family, friends and leisure activities

It might seem easy at first to escape from OCD by focusing entirely on one area, such as work, or a hobby. Eventually, though, this coping strategy may not work and you will need to develop other aspects of your life. It is important to keep in contact with all the facets of our lives, such as school, work or volunteer activities, family and friends, and hobbies. As you recover, investing energy into several areas will help you develop a more balanced and satisfying lifestyle, which will help you to avoid relapse.

Get follow-up treatment

Continuing with treatment, even when the symptoms have improved, can help maintain those gains and prevent a relapse. Depending on your needs, you may also benefit from individual, group or family therapy, or a support group.

Plan for your time and your future

The struggle with OCD can eat up your time and distract you from thinking about your future. When the symptoms improve, it can be difficult to know what to do with the time that is suddenly available to you. The possibilities can seem endless and perhaps overwhelming. Building a life that is not absorbed by OCD depends on engaging in activities that matter to you and will help you maintain the gains you've made. Some people may be able pick up where they left off, and return to work, studies or other interests that were set aside by the illness. For others, the choice may be more difficult. In some cases, seeking the services of an occupational therapist or career counsellor can help narrow the possibilities and make choices that let you look forward to the days to come.

Prepare for setbacks

If you continue to practise the skills learned in therapy, and follow the tips in the points above, OCD will probably not gain control of your thoughts and actions again. However, with OCD, the possibility of relapse is always there. If you feel as though OCD is beginning to take over your life again, take action. Have a plan for early intervention. Consult with your doctor or therapist. An adjustment in medication, or revisiting some of the behavioural strategies learned in therapy, can avert a full relapse.¹²

CONCLUSION

Obsessive-compulsive disorder and related disorders are prevalent and disabling conditions that respond to both pharmacological treatment and psychotherapy. The choice between these interventions depends on a range of factors including symptom severity, comorbid illness (e.g. depression), and patient choice. Most clinicians conservatively advocate combined pharmacotherapy and psychotherapy, if available, for majority of the patients. Drug treatment, consisting of serotonin reuptake inhibitors, is generally available and can be monitored by a primary care practitioner, except where unusually high doses of medication or augmentation strategies are employed. Psychotherapy for OCD and related disorders is generally less accessible and usually requires referral to a specialist centre. Furthermore, it could be useful to incorporate the family and significant others into the treatment plan. If medication is to be discontinued, a gradual discontinuation over a period of months is

recommended, and adjunctive exposure therapy may be helpful in the same time.

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