



iTEC



VTCT

UMH7 – Understanding obsessive compulsive disorder (OCD)

Learning outcomes

LO1 Understand obsessive compulsive disorder (OCD)

LO2 Understand the causes of obsessive compulsive disorder (OCD)

LO3 Understand how OCD can affect individuals and others

LO4 Understand how to manage and support people with OCD



LO1: Content and Assessment criteria

- 1.1. Describe what is meant by the term obsessive compulsive disorder (OCD)
- 1.2. Differentiate between 'obsessions' and 'compulsions'



Definitions and descriptions

- **Obsessive compulsive disorder (OCD)** is a common, anxiety related, mental health condition where individuals have obsessive thoughts and compulsive rituals and behaviours
- Obsessions can be very distressing and lead to repetitive behaviours or rituals
- Compulsions are the behaviours and rituals that an individual engages in to deal with the obsessive thoughts
- It has been traditionally considered that a person's OCD will fall into one of these **five main** categories:
 - Checking
 - Contamination/Mental Contamination
 - Symmetry and ordering
 - Ruminations/Intrusive Thoughts
 - Hoarding



OCD facts and figures

- OCD affects 1.2% of the population in the UK, regardless of gender, social or cultural background
- Approximately 50% of these cases fall into the severe category (OCD UK 2020)
- Recent evidence suggests that OCD is more prevalent in women than men. This may be due to the increased reporting of the condition by women compared to men
- OCD presents itself in many guises and should not be seen as just a preoccupation with 'hand washing'
- The World Health Organisation recognise OCD as one of the leading causes of disability globally (WHO 1990)



Obsessions and Compulsions

Obsessions

- Obsessions can be described as repetitive and uncontrollable thoughts that are difficult for an individual to ignore
- Obsessional thoughts usually produce a sense of discomfort or unease and lead to compulsions
- Obsessions can also lead to an increase or trigger in anxiety
- Research shows that occasional intrusive thoughts can be normal even for those without OCD, it is the way that people interpret and deal with the thought that is the key to understanding OCD (Purdon and Clark 1993)



Obsessions and Compulsions

Obsessions

- Examples of common obsessions include (not exhaustive):
 - Worrying that you or something/someone/somewhere is contaminated
 - Worrying about catching a particular illness
 - Worrying that everything must look, feel and be arranged at a specific position
 - Sexually disturbing thoughts
 - Worrying that something terrible will happen if things are not in order



Obsessions and Compulsions

Compulsions

- Compulsions are the purposeful behaviours and deliberate actions that someone with OCD will use to respond to or deal with their unwanted intrusive thoughts or obsessions
- Compulsions bring some relief to the individual but this does not typically last long
- A compulsion can be described as overt, which is observable to others (e.g. checking things repeatedly), or covert, which is unobservable to others (e.g. repeating a specific phrase or word in the mind)



Obsessions and Compulsions

Compulsions

- Examples of common compulsions include (not exhaustive):
 - Mental reassurance of trying to remember a particular incident or event
 - Repeated checking, e.g. switches, doors, taps
 - Mental rituals to attempt to 'neutralise' an obsessional thought
 - Excessive washing of one's hands or body
 - Checking that items are arranged 'just right'
 - Avoiding particular places, people or situations to avoid an OCD thought



LO2: Content and Assessment criteria

2.1. Describe the risk factors and possible causes of OCD



Causes and risk factors associated with OCD

Biological theories

Some theories suggest that OCD is linked to genetic or biological causes. These can be in the form of genetic defects or chemical imbalances in the brain.

- For example:
 - There is some evidence to suggest that anxiety can run in families
 - Some studies have shown that a person with OCD is more likely to have another family member with OCD than a person who does not have the disorder
 - Some children may have had their OCD triggered by infections. These are often referred to as Paediatric Autoimmune Neuropsychiatric Disorders associated with Streptococcal Infection (PANDAS)
 - A biological imbalance of serotonin in the brain has been linked to the cause of OCD



Causes and risk factors associated with OCD

Psychological theories

- Learning theory suggests that OCD may be a result of developing learned negative behaviours and responses
- Behavioural theorists have proposed that ritualistic behaviours are a form of learned avoidance
- Cognitive theorists suggest that people with OCD misinterpret their intrusive thoughts which then leads to OCD behaviours



Causes and risk factors associated with OCD

Other factors associated with the causes and risks factors for OCD:

- Environmental factors such as a stressful upbringing, work pressures
- Traumatic life events are sometimes thought to trigger, not cause, OCD
- Depression is associated with making OCD symptoms worse, and is often seen as a consequence of OCD too
- The presence of other mental health conditions



Risk factors associated with eating disorders

It is currently not known what causes eating disorders but people may be more likely to develop an eating disorder if they have a risk factor. More than one risk factor can play a role in eating disorders.

Psychological:

- Perfectionism and setting unrealistically high expectations are strong risk factors for eating disorders
- Dissatisfaction with body image
- History of other mental health conditions such as anxiety, social phobias or obsessive compulsive disorder



LO3: Content and Assessment criteria

3.1. Explain how OCD can affect an individual and others



How OCD can affect the individual and others

- OCD can have a devastating effect on people's lives and presents a considerable burden to the individual, their family, health services, and on society as a whole
- The WHO has classified OCD as one of the top 10 most disabling illnesses, in terms of diminished quality of life, and the 5th leading cause of disease burden in women aged 15-44 (OCD-UK 2017)
- Behaviours and compulsions can lead to devastating lifestyle changes including:
 - Physical damage to oneself
 - Substance abuse
 - Becoming housebound



How OCD can affect the individual and others

- OCD can, therefore, negatively impact on people's lives through the disruption of:
 - Education
 - Employment
 - Career development
 - Relationships with partners, parents, siblings and friends
 - Starting a family
 - Access to own children
 - Quality of life (because of social isolation or interaction issues)



How OCD can affect the individual and others

- OCD, compared with other anxiety related disorders, is associated with more marked social and work related occupational impairment
- It is estimated that, on average, a person with OCD loses 3 years of income over their lifetime
- OCD can also have an impact on friends and family members as their condition can interfere with these relationships
- Sometimes family members may become entwined with the obsessive and compulsive behaviours – for example family members may go to extreme measures to contaminate areas of the home
- Financial problems may occur if severe OCD causes family members have to give up work for care reasons or an individual with OCD can no longer work



LO4: Content and Assessment criteria

4.1. Describe the treatments and therapies available for people experiencing OCD

4.2. Outline two organisations available to help with the management and support of OCD



Treatments and therapies available for people experiencing for OCD

- OCD is typically treated with the following evidence based treatments (NICE 2005)
 - Cognitive behavioural therapy (CBT)
 - Exposure and response prevention (ERP)
 - Medication



Treatments and therapies available for people experiencing for OCD

- CBT appears to be the most effective in treating OCD
- ERP helps you deal with situations or things that make you anxious or frightened. With the support of your therapist, you are 'exposed' to whatever makes you frightened or anxious. It is recommended that ERP is offered alongside CBT (NICE 2005)
- Your doctor may offer you a type of antidepressant called an SSRI to help with your OCD. SSRI stands for selective serotonin reuptake inhibitor
- Adults with OCD with severe functional impairment should be offered combined treatment with an SSRI and CBT (including ERP) (NICE 2005)



Treatments and therapies available for people experiencing for OCD

Other therapies and treatment advice may include:

- Hypnotherapy, Neuro Linguistic Practice (NLP), Mindfulness
- Healthy lifestyle changes that positively impact mood and well-being, e.g. regular exercise
- Self-help, e.g. self-help books and support groups



Organisations available to help with the management of OCD

- **OCD UK**

- The national OCD charity, run by and for people with lived experience of OCD
<https://www.ocduk.org>

- **Ocdaction**

- Provide support and information to anybody affected by OCD, work to raise awareness of the disorder amongst the public and front-line healthcare workers
<https://ocdaction.org.uk>

- **NHS**

- Information and advice on OCD
<https://www.nhs.uk/mental>





Learning check

- **Identify** the **three** main evidence based treatments for OCD as directed by NICE guidelines
- **Outline** why CBT is effective for treating OCD
- **Describe three** effects of OCD on a person's life
- **Outline two** biological theories for the causes and risk factors of OCD
- **Outline two** psychological theories for the causes and risk factors of OCD
- **Explain** the difference between compulsions and obsessions
- **List two** examples of a compulsion and an obsession
- **Describe** in your own words what OCD is

