



# OBSESSIVE-COMPULSIVE DISORDER

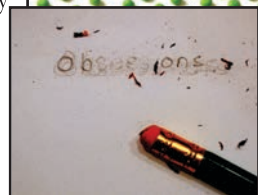
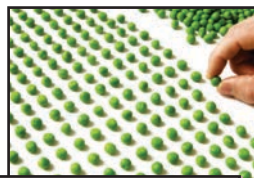
*Provided through the Marketing and Development Committee  
of the Association of Community Mental Health Centers of Kansas*

## WHAT IS OBSESSIVE-COMPULSIVE DISORDER?

Obsessive-Compulsive Disorder (OCD) is an anxiety disorder characterized by intrusive thoughts that produce uneasiness, apprehension, fear, or worry. This disorder also manifests itself by repetitive behaviors aimed at reducing the associated anxiety, or by a combination of such obsessions and compulsions and may affect people of any age or gender.

**Obsessions** (unwanted thoughts, images and impulses) - interfere with daily life and lead to anxiety and great discomfort.

**Compulsions** (repeated behaviors) - responses to the obsessions that seem impossible to stop.



## BEHAVIORS OR "RITUALS"



- Washing and cleaning hands and other body parts for hours, possibly until skin becomes raw, or cleaning various objects and surfaces for fear of germs.
- Checking items like locks and stove burners numerous times for fear of disaster.
- Repeating certain actions that often do not have logical connections, for example: dressing or grooming to get rid of "bad" thoughts; to "ward off" a feared disaster; or to avoid bad luck.
- Hoarding items for fear they may be needed someday, like huge stockpiles of newspapers, bottle caps, or plastic bags that most people would throw away.
- Organizing for hours; arranging clothing; furniture; bedding; and other items for need to have things "in place".
- Mentally repeating prayers (for nonreligious purposes), sequences of numbers, words and other thought patterns to ward off guilt and bad luck.

Exposure to certain experiences or rituals  
may also play a part in the development of OCD.

## CAUSES

**Biochemical Problems** - may result from breakdowns in the chemistry of the brain. For example, the chemical serotonin in the brain which helps brain cells send messages to each other may be out of balance.

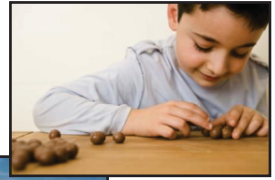
**Genetic Factors** - may be passed down through families or even the tendency toward OCD.



# OBSESSIVE-COMPULSIVE DISORDER

## OCD “SPECTRUM” DISORDERS

- **Obsessive-Compulsive Disorder** - involves preoccupation with details, rules and order. The person may be obsessed with work, and seem perfectionist and rigid.
- **Hypochondriasis** - involves obsessions about horrible diseases. The person constantly seeks a “clean bill of health” from health-care providers.
- **Anorexia Nervosa** - involves obsessions with the idea of being overweight in spite of obvious malnutrition. Rituals may include calorie counting, exercising too much and hoarding certain foods.
- **Body Dysmorphic Disorder** - sufferers have a preoccupation with an imagined defect in their appearance.
- **Trichotillomania** - involves feeling compelled to pull out their hair.



## TREATMENT



Obsessive-Compulsive Disorder is treatable with behavior therapy, medication, and help from family and friends.

**Behavior Therapy** - the person gradually confronts a fear or anxiety and then gradually cuts down on compulsive rituals. For it to work, the person will work closely with a therapist, family member or other trusted person to

confront irrational fears in a safe, supportive setting. They need patience and to realize progress takes time.

**Medication** - may include certain kinds of psychotropic medications and may be used in combination with behavior therapy.

**Family and Friends** - help the OCD person by stopping their participation in rituals, and stopping the “reassurance” game of answering questions related to obsessions and rituals.



Most adults with OCD are aware they have a problem. But, only through treatment can they find the relief they and their families deserve.

## MORE INFORMATION



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