Obsessive Compulsive Disorder (OCD)

It's not just about washing your hands

Information for Parents of Children & Teens with OCD

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Content

- What is OCD?
- What does it look like?
- How is it diagnosed?
- What is the treatment?
- Living with OCD
- Additional Resources
Obsessive-Compulsive Disorder

- OCD is a medical condition, like asthma or allergies
- Neurobiological disorder under the DSM-5 category of Obsessive-Compulsive and Related Disorders
- Characterized by:
  - Obsessions:
    - unwanted, intrusive, repetitive thoughts, images or impulses &/or
  - Compulsions:
    - Repetitive behaviors/mental acts following obsessions or according to rigid rules
- Associated with distress, time or impaired function & is a disorder that can totally derail your life
What causes OCD?

- Brain Activity
- Genetics
- Infection/Immune
- Brain Chemistry
- Other
Obsessive-Compulsive Disorder

- Among the 10 leading causes of disability according to an international study (WHO)\(^1\)
- OCD more common than juvenile diabetes, but difficult to diagnose
- Range from mild to severe and takes many forms

1. Murray 1996
How common is OCD?

- Lifetime prevalence rate: 1-3%
  - In BC? 1900 children
- In childhood, boys are more commonly affected
  - 3:2 male to female ratio
- After puberty, boys and girls are equally affected
- Two peaks of onset
  - Preadolescence (between 7 ½ to 12 ½ years)
  - Early adulthood (21 years)
## Obsessions

### Contamination
- Germs/diseases (e.g., HIV, cancer)
- Bodily fluids (e.g., urine, saliva)
- Environmental contaminants (e.g., pollution, fumes, asbestos, litter)
- Household chemicals (e.g., cleaners, solvents, paint)
- Dirt

### Losing control
- Fear of harming self (e.g., stab self)
- Fear of acting on impulse to harm others (e.g., stab mother)
- Fear of violent/horrific images (e.g., dismembered body parts)
- Fear of blurting out obscenities or insults (e.g., in school, church)
- Fear of stealing things

### Harm
- Fear of being responsible for something terrible, i.e., fire, burglary
- Fear of harming others because of not being careful enough (e.g., dropping items on the ground)
Obsessions

Perfectionism
- Concern about evenness or exactness or order
- Concern with need to know or remember
- Concern with not making mistakes
- Worries about not saying things perfectly

Unwanted sexual thoughts
- Forbidden or perverse sexual thoughts or images
- Forbidden or perverse sexual impulses about others (e.g., incest)
- Doubts about sexuality
- Sexual obsessions that involve children
- Fears of aggressive behaviours towards others (e.g., rape)

Religiousity/Scrupulosity
- Concern about offending God or blasphemy
- Excessive concern about right/wrong or morality
- Excessive concerns with cheating or lying
Obsessions

Hoardings/Saving

- Fear of throwing away unimportant things because they might be needed in the future
- Urges to pick up and collect useless things
- Fear of losing things

Health-related

- Concern with having a physical illness or disease (e.g., cancer)
- Excessive concern with body part or aspect of appearance
- Concerns about vomiting

Miscellaneous

- Lucky/unlucky colours or numbers or words
- Fear of saying certain things (e.g., “thirteen”)
- Intrusive non-violent images
- Intrusive sounds, words, music, or numbers
- Uncomfortable sense of incompleteness or emptiness unless things done “just right”
Compulsions

Washing/cleaning
- Excessive handwashing
- Excessive showering, bathing, tooth brushing, grooming or toilet routines
- Cleaning household items excessively (e.g., clothing, toys)
- Use of barriers (e.g., tissues to open drawers, wearing gloves)

Checking
- Checking locks, toys, appliances, schoolbook items, etc
- Checking that you didn’t harm others or yourself
- Checking nothing terrible is happened (e.g., looking online)
- Checking that you did not make a mistake
- Checking your physical condition (e.g., pulse, heart rate)

Repeating
- Rereading or rewriting
- Repeating routine activities (e.g., going in and out doors)
- Repeating body movements (e.g., tapping, touching, blinking)
- Repeating activities in multiples (e.g., doing things 3X because 3 is good)
Compulsions

Mental rituals
- Mental review of events to prevent harm
- Praying to prevent harm
- Cancelling or undoing (e.g., think of a good thought to get rid of a bad one)

Counting
- Counting objects (e.g., floor tiles, cracks, own steps, words read or spoken aloud)
- Counting actions (e.g., counting syllables spoken, counting breaths)

Ordering/arranging
- Arranging items in a specific order
- Squaring things up
- Arranging things or own self so that sides are even or symmetrical
Compulsions

Hoardings

- Saving bits of paper, string, old newspapers, notes, candy wrappers, pop can
- Picking up useless objects from street

Miscellaneous

- Telling, asking, or confessing to get reassurance
- Magical games (e.g., step on a crack and break your mother’s back)
- Avoidance (e.g., avoid knives, scissors)
- Ritualized eating
- Excessive list making
- Figuring-it-out (e.g., researching)
- Obsessional slowness
The OCD Trap

Obsession

“Maybe the door isn’t locked. I need to be sure. Someone could break in if I don’t check it’s locked”

Compulsion

Check that the front door is locked

OCD TRAP

Negative Reinforcement

Anxious, worried, scared

Negative feelings

Relief

Less anxious and worried
Symptoms: A Parents Perspective

- Wind
- Sleep
- School Work – hand writing and neatness
- Contamination
- Extreme Thoughts
Diagnosis

- General Practitioner
- Mental Health Professional
- Private Psychologist
- School Counsellor
- Kelty Mental Health Resource Centre
- CBT Therapy Clinic
- Yale Brown Obsessive Compulsive Scale
OCD is Highly Treatable

- Cognitive Behavioural Therapy (CBT)
  - Exposure and Response Prevention (E/RP)

- Medications
  - Selective Serotonin Reuptake Inhibitors (SSRI)
Treatment – CBT

- Cognitive Behavioural Therapy (CBT)
  - First line txt for mild to moderate OCD

- Several different components:
  - Psychoeducation
  - Cognitive Training
  - Anxiety management strategies (e.g., relaxation)
  - Exposure and response prevention (ERP)

- 12-14 weekly sessions plus daily homework
E/RP

- **Exposure**
  - Purposeful and conscious confrontation of images, objects, situations that trigger obsessive fears
  - Done in a gradual and systematic way using fear hierarchies

- **Response Prevention**
  - Refrain from engaging in rituals that relieve anxiety generated by obsessions.

- **Habituation & correction of cognitive errors**
E/RP

- Gradual exposure
  - Moving in small sequential steps from the least feared situations to the most anxiety-provoking situations
  - Allows for rapid feedback, early success
- Ritual prevention
  - Gradual vs. complete
  - Delaying, shortening, slowing, or changing ritual
E/RP

- In vivo vs. imaginal exposures
- Involves prolonged, repeated mental visualization of the feared stimuli
- Examples:
  - Write down the thought or image
  - Describe the thought aloud
  - Make exposure story book
  - Write scary words on post-its and place around the house
  - Sing about the thought in a familiar tune (e.g., *Old MacDonald*)
  - Write a script of the thought and feared outcomes and read it over and over
  - Create a recorded loop of the thought and listen to it repeatedly
Three things to keep in mind:

- Repetition
- Frequency
- Duration (until bored!)
Treatment - Medication

- Selective Serotonin Reuptake Inhibitors (SSRIs)
  - First-line medication for pediatric OCD
  - When they work, generally only reduce OCD intensity
  - Fewer side effects than older medication
  - Typically takes as long as 12 weeks before meds reach their most effective level
# 1st line Medications: SSRI

<table>
<thead>
<tr>
<th>Drug Generic Name</th>
<th>Drug Trade Name</th>
<th>Starting dose (mg/d)</th>
<th>Target dose (mg/d)</th>
<th>Adverse effects</th>
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</table>
| Citalopram        | Celexa          | 20                   | 60*                | **Common:** insomnia, anxiety, GI upset, sexual, dizziness, sedation  
**Rare:** rash, headache  
*Note, this dose exceeds recommended maximum of 40mg per day for cardiac safety. Exceeding 40mg no longer recommended. |
| Escitalopram      | Cipralex        | 10                   | 30                 |                |
| Fluoxetine        | Prozac          | 20                   | 80                 |                |
| Fluvoxamine       | Luvox           | 50                   | 300                |                |
| Paroxetine        | Paxil           | 20                   | 60                 |                |
| Sertraline        | Zoloft          | 50                   | 200                |                |
Effectiveness of Treatment

- CBT, Meds, or Both?
  - Only meds: 21% remission rate
  - Only CBT: 39% remission rate
  - Combined: 54% remission rate
  - Placebo: 4% remission rate

POTS Trial
Treatment: A Parents Perspective

- Therapy continues at home
  - Learn as much about OCD & treatment
  - Setting limits on family accommodations
  - Its OCD not your child – Boss back OCD
  - E/RP’s and Behavioral Rewards
  - Reducing conflict OCD related interactions
Treatment: A Parents Perspective

- Discussions with school
- Meeting other kids who have OCD
- Parents Do’s/Don’t
- Parent Support Group
Living with OCD

- Siblings
- Wax and Wane Triggers
- Shape Shift/Mole Whack
- On-going support
Additional Resources

- **Websites**
  - OCD Foundation [www.ocfoundation.org](http://www.ocfoundation.org)
  - Beyond OCD [www.beyondocd.org](http://www.beyondocd.org)
  - OCDbc [www.ocdbc.ca](http://www.ocdbc.ca)
  - AnxietyBC [www.anxietybc.com](http://www.anxietybc.com)
  - Kelty Mental Health Resource Ctr [www.keltymentalhealth.ca](http://www.keltymentalhealth.ca)

- **OCD Foundation Annual Conference**
  - July 18 – 20, 2014 Los Angeles, CA

- **Recommended Books**
Conclusion

- OCD is a common, involuntary, and debilitating condition
- Potential for symptoms is lifelong but OCD is treatable
- Evidence-based treatments include CBT and medications
- Families play a vital role in the course and treatment of OCD