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Canadian Mental
Health Association
British Columbia
Mental health for all

learn about

obsessive-compulsive disorder

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Repetitive thoughts, worries and rituals have a definite place in our lives, but they can also be a sign of something more serious.

Most of us have had times when we find ourselves thinking about something constantly. We might daydream about someone or something, get a catchy tune stuck in our heads, or worry that we forgot to lock the door before leaving for work. Maybe we have a “lucky” sweater that we wear because we think it will help us win a game or pass a test.

Repetitive thoughts, worries and rituals like these have a definite place in our lives. But when these thoughts and actions begin to impact your everyday life it may be a sign of something more serious: a mental illness called obsessive-compulsive disorder.

What is it?

Obsessive-compulsive disorder, or OCD, is a type of anxiety disorder. As its name suggests, obsessive-compulsive disorder is made up of two parts: obsessions and compulsions. Obsessions are unwanted and distressing thoughts, ideas, images or impulses that happen over and over again. Compulsions are the behaviours, rituals or mental acts that

you do to ease the anxiety caused by the obsessions. For example, you are always worried that you’ll forget to turn off all the appliances before you leave the house so you check all of them over and over before you leave. You might worry that if you forget to turn off an appliance, the house will catch on fire. Your worry is the obsession and repeatedly checking the appliances is the compulsion.

Who does it affect?

Because of the stigma and shame that some people experience because of their OCD, people often won’t tell anyone about it or go for help. This made it hard to know how many people were experiencing obsessions

obsessive-compulsive disorder

could I have ocd?

Obsessive-compulsive disorder can look very different from person to person. Below are two separate lists: one of obsessions, one of compulsions. For each different obsession or compulsion we've given an example of what it might look like. These are examples only and your obsessions and compulsions may look or feel quite different.

Remember obsessions are unwanted, repetitive thoughts that keep popping into your mind. Do you find yourself having constant thoughts like one or more of the following?

- Being scared of accidentally doing something that would harm you or others.
"If I don't keep checking the door is locked, someone might break in!"
- Feeling as though you've done something wrong or made a mistake.
"The letter I wrote isn't perfect enough; I might lose that client!"
- Needing to have things in a certain position or do things in a certain way.
"If the pens on my desk are out of place, I just don't feel right!"
- Being scared of germs and contamination that will bring harm to you or others.
"If I bring germs into the house, my family will get sick."
- Having disturbing thoughts of doing something horrible.
"What if I push someone into the street?"
Having disturbing thoughts does not mean that you want to or will act on them and does not make you evil or crazy.

The behaviours, or compulsions, below are just some of the things you may do because of obsessive thoughts. Compulsions usually fall into certain categories. Do you find yourself:

- Checking:
 - » Checking the door hundreds of times at night?

- » Repeatedly checking for mistakes or redoing tasks, such as taking hours to write a short letter?
- Ordering/ Arranging:
 - » Ordering things, like the pens on your desk, in a certain way all the time?
- Washing:
 - » Spending hours excessively cleaning or disinfecting the house?
 - » Having to do a washing, cleaning or grooming ritual in a certain way all the time?
- Counting/Touching
 - » Counting to a certain number or doing things a certain number of times?
 - » Touching objects in a particular way?
- Hoarding:
 - » Keeping things like old newspapers that other people throw away?
- Mental Rituals:
 - » Avoiding anything to do with an unlucky number or word?
 - » Mentally saying a prayer or thinking of an image every time you have a bad thought?
- Need to Confess:
 - » Confessing a bad thought about pushing someone into traffic to friends or family and requesting constant reassurance that you're not a bad person?

Now don't forget that some of these behaviours are pretty common. Double-checking if the front door is locked doesn't mean you have OCD. In order for this to be a sign that you may have OCD, these behaviours have to be happening often enough to impact your life in a big way. For example, are you going back to check that you locked the door so often that you're always late for work? Are you spending hours each day on cleaning or counting or ordering rituals? Are your behaviours getting in the way of spending time with your loved ones? Are the behaviours related to the obsessive thoughts you're having? Do the obsessions and compulsions feel out of control? Do they cause you distress?

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and compulsions and it was once thought that it was a relatively rare disorder. It's now estimated that about 1–2% of the population has obsessive-compulsive disorder or will have it at some point in their lives. Obsessive-compulsive disorder does seem to show up in certain groups more than others.

- **Boys:** Young males are more likely than their female counterparts to start experiencing OCD as youth. By adulthood this changes, with OCD affecting women slightly more often than men.
- **Youth:** 65% of people with OCD develop it before the age of 25. Only 15% of people develop it after the age of 35.
- **People who have family members with OCD:** Obsessive-compulsive disorder does run in families, but genetics aren't thought to be the only cause.

What can I do about it?

Obsessive-compulsive disorder is treatable. There are a number of different ways to treat OCD. Many can be used in combination, including:

Counselling: Most people with OCD benefit from a form of therapy called cognitive-behavioural therapy or CBT. In fact, about 75% of people who participate in CBT have fewer OCD symptoms. Cognitive-behavioural therapy is given by a mental health professional such as a psychiatrist or psychologist. In this type of therapy, you work with the professional to identify your obsessions and compulsions. Once your unhealthy thoughts and behaviors are identified, the professional will introduce a

number of techniques designed to help you challenge your thoughts and learn new ways of coping with anxiety and compulsions. One type of CBT slowly exposes you to things that trigger your obsessive thoughts, while helping you develop the skills you need to resist your compulsions. Although CBT is usually a short-term treatment, practicing the skills you learn both during and after treatment can help you manage your symptoms for a long time to come.

Medications: Certain medications can help reduce symptoms for people with OCD. A group of anti-depressants known as SSRIs (selective serotonin reuptake inhibitors) are a common first choice to try. Anti-anxiety medications and antipsychotic medications may also help with some symptoms. There is no specific medication just for OCD, but different types of medication may still help.

Support groups: You are not alone. Anxiety disorder support groups, including ones for OCD, are a great way to share your experiences and learn from the experiences of others.

Self-help: During and after treatment, there are some things you can do on your own to help keep you feeling better. Regular exercise, eating well, managing stress, spending time with friends and family, spirituality, and monitoring your use of alcohol and other drugs can help keep anxiety from getting worse or coming back. Talking to your doctor, asking questions, and feeling in charge of your own health are also very important. Always talk to your doctor about what you're doing on your own.



obsessive-compulsive disorder

where do I go from here?

The best first step is always to talk to your doctor. He or she can help you decide which, if any of the above treatments would be best for you.

Other helpful resources, in English only, are:

Anxiety BC

Visit www.anxietybc.com or call 604-525-7566 for community resources and lots of helpful information about OCD and other anxiety disorders. You'll also find helpful guides on CBT skills to try at home.

BC Partners for Mental Health and Addictions Information

Visit www.heretohelp.bc.ca for info sheets and personal stories about (illness). You'll also find more information, tips and self-tests to help you understand many different mental health problems.

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines

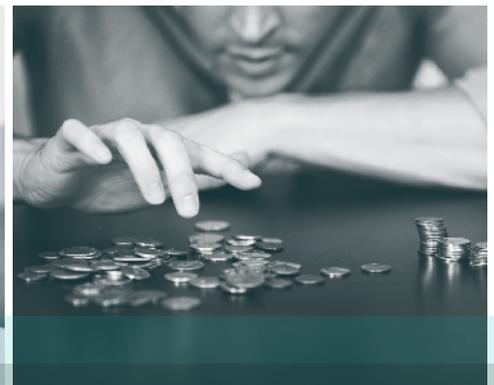
linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

Resources available in many languages:

*For the service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

HealthLink BC

Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk with a pharmacist about medication questions.



This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.



HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of nonprofit agencies working together to help individuals and families manage mental health and substance use problems, with the help of good quality information. We represent Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Jessie's Legacy Program at Family Services of the North Shore, and Mood Disorders Association of BC. The BC Partners are funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.