

# Obsessive- compulsive disorder

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OCD The disability chosen for the purposes of the current report is obsessive compulsive disorder, or OCD. The roles of obsessions and compulsions are different in the disorder, and can be seen in terms of cause and effect. OCD is fairly common and varies in terms of severity, usually with an onset in childhood or adolescence, and can present problems for morbidity in adults if it is not treated promptly. OCD can affect the way a person goes about their everyday life in an adverse manner. Obsessive compulsive disorder, or OCD, is therefore considered disorder that is often debilitating to individuals functioning.

The basic difference between obsessions and compulsions is definitional. This disorder is divided into obsessions, which are thoughts that become conscious despite their disturbing or repetitive nature and affect the individual adversely, and compulsions, which are behaviors that the individual seeks out to combat the obsessions. For example, a person may have an obsession or unrelenting thought that their hands are always unclean, or that they have forgotten to turn off the stove. Compulsions aligned with these obsessions could include constant hand-washing or constant checking of the stove that interferes with the individual's daily life to a large extent. OCD is often found alongside other psychological disorders. " Comorbid psychiatric disorders were common. Sixty three percent had one or more internalizing disordders (affective or anxiety disorders),

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twenty seven percent had an externalizing disorder (ADHD, oppositional defiant disorder or conduct disorder), and sixteen percent had a tic disorder” (Wagner, 2005).

OCD is

fairly well known in society at large, and it is usually possible for individuals to function

in society with the disorder.

Family history has been seen to be important in the development of OCD obsession and compulsion formation. “ These findings are consistent with other reports in the literature that the morbid risk of OCD is elevated in relatives of probands with early onset OCD. However, the majority of cases do not have a positive family history of OCD.. more work is needed to clearly elucidate other factors” (Chabane et al., 2005). Obsessive compulsive disorder is a common disorder, slightly less so than depression. Females tend to develop the disorder more than men.

Obsessive compulsive disorder is divided into many types and subtypes and revolves around the patient’s admission of the irrationality of the obsession.

Obsessive

compulsive disorder, as mentioned, revolves around the patient’s own admission that

their compulsions and obsessions are not logical and are interfering with normal life.

Obsessive compulsive disorder can also be treated with either medication or psychological treatment, particularly cognitive behavioral therapy (CBT).

Generally,

“ OCD is characterized by recurrent obsessions or compulsions, or both, that

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cause

impairment in terms of time, distress, or interference in functioning. 50% of cases have

their onset by age 15... there is a need for sensitive but direct interviewing of the child or

adolescent about OCD symptoms” (Rapoport and Germain, 2000). In severe cases, OCD

can restrict a person’s activities to the extent that they may be at danger of not being able

to hold a job, because they are compelled to spend hours doing such things as washing

and rewashing their hair—these are examples of compulsions.

In terms of the development of compulsions, the impact of OCD on the adolescent life stage is prevalent, because it is at this life stage and earlier that the disorder most often manifests itself, or shows up for the first time in

the individual exhibiting their compulsions. “ As many as eighty percent of patients with obsessive compulsive disorder have a pediatric onset, with a male preponderance of 67% in children and 64% in adolescents. Without treatment, OCD often persists into adulthood and is associated

with long term negative outcomes” (Lack and Storch, 2006). It is important to realize the

role that parenting, outside environment, and other factors like television and peer group

association that also shape the process in the majority of the individual’s time, especially

when the individual is an adolescent and is expanding their social role in

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terms of peer

friendships and acquaintances.

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