Understanding obsessive compulsive disorder essay example

Health & Medicine, Nursing

Obsessive Compulsive Disorder

Introduction

An obsession is a thought that recurs despite all efforts to forget or curb it. A compulsion is an extremely strong and uncontrollable urge to perform an action. The term obsessive compulsive has often been used to describe an extremely meticulous person or a perfectionist. Such people are often fixated on certain ideas or actions. For example they may be religious fanatics or they may want their things kept in a particular order. You may find them continually arranging things on the mantel or shelf or making sure the door is closed. In fact this a psychological disorder which stems from anxiety. In this paper we discuss the causes symptoms and management of this disorder.

What is OCD

Obsessive Compulsive Disorder (OCD) is a disorder where the affected person becomes anxious and apprehensive and exhibits repetitive behaviours or compulsions for certain tasks. This compulsion stems from an underlying anxiety which a person with OCD attempts to reduce by his behaviour. Such people often appear paranoid and their behaviour causes distress as their actions are often perceived as a waste of time. They can alienate themselves from family and friends by their behaviour. The patients usually recognize their actions as irrational and this causes further anxiety resulting further more in obsessive behaviour. This disorder can affect adults and children alike. About 30 to 50% of adults with OCD report onset in childhood. This suggests that the disorder can continue through out life.

OCPD or obsessive compulsive personality disorder is a disorder on the autism spectrum and is different from OCD. That is beyond the scope of this paper. People with OCD often have high intellects and exhibit careful attention to detail, even to the extent of compromising the task at hand. OCD is associated with other conditions like ADHD, PTSD, and habit problems. (Brasic, 2012).

Signs and Symptoms

As mentioned earlier, an obsession is a recurring thought which becomes difficult to ignore such that it results in compulsive, uncontrollable behaviour traits. The signs and symptoms of OCD consist of such obsessions or compulsions. These may be as mild and harmless as continually checking for cleanliness and orderliness to religious fanaticism or socially inappropriate behaviour. In general, terms, people with OCD exhibit three types of behavioural traits – Primarily Obsessional, Compulsive, Overvalued perceptions. (Boyd, 2007)

Primarily Obsessional

In this form of OCD, the affected individual does not exhibit compulsive behaviour, but struggles with obsessive thoughts and misconceptions privately. This type of OCD – sometimes called Pure-O, is difficult to recognize and causes extreme distress not only to the patient but those around him. The individual may be aware, on an intellectual level, of his phobias and often tries to avoid situations where they come into play. Such avoidance is misinterpreted by others as irrational behaviour and the individual is criticized and chastised unnecessarily. (Boyd, 2007)

Compulsion

When OCD manifests into compulsive behaviour, it is often easily recognizable. The underlying cause for the compulsive behaviour may be an uncontrollable urge to do certain things – you simply have to – or it may be some other disorder like anxiety which the person with OCD is trying to overcome. (Boyd, 2007)

Over Valued Perception

Some OCD patients exhibit over valued perceptions. In such cases, the patient is really convinced that his obsession is rational and his fears are genuine. It is more difficult to treat such patients, as it is difficult to convince them that their behaviour is irrational hence, they may not be co-operative. In very severe cases, the diagnosis may be that of psychosis. (Boyd, 2007)

Cognition of patients with OCD

In a study conducted in 2009, 9 cognitive domains were assessed with special attention to executive functions. In 2013, a meta-analysis confirmed the findings of the earlier studies that patients with OCD have cognitive deficits, specifically with regard to spatial memory and to some extent with verbal memory, processing, and execution. The tests were conducted using standard tests and the results show delayed recall, difficulty in following auditory instructions, strategizing, and organization. (Shin et. al., 2013)

Consequences – Living with OCD

Living with a person who has OCD can be a demanding and exhaustive experience. People who have OCD not only exhibit compulsive behaviour,

they know that their behaviour is irrational and abnormal. This gives rise to a lot of frustration, as they know that they are hurting their near and dear ones with their behaviour. Yet they are unable to control the behaviour. A person with OCD may not even know that he has it and in this case, it may frustrate him even more. Having knowledge and understanding about the conditions helps both patient and family to better adjust. There are many misconceptions related to OCD, such as laziness, improper parenting and lack of will power. These misconceptions can be resolved with proper knowledge and understanding of the condition. When the family becomes aware that the person has a medical condition, they will be more sympathetic and tolerant of the behaviour. (Better health)

Associated Disorders

A person diagnosed wit OCD may have other disorders like depression, anxiety, bulimia nervosa, Aspersers Syndrome, ADHD, bipolar disorder or other condition, Studies have shown that depression and anxiety are frequently seen in patients with OCD and depression is a major cause for concern because of the possibility of suicide. Patients with OCD also have delayed sleep. Some behavioural traits like drug addiction are also seen. This is thought to be related to the underlying anxiety which the patient seeks to alleviate. Some patients with OCD exhibit Tourette’s syndrome and such a condition is often called Tourettic OCD or tic-related OCD. (Fenske, J., & Schwenk, T. , 2009)

Causes

There is a general agreement that both biological and psychological factors are causative in OCD although the degree to which they are causative may differ from one patient to another. Biologically OCD has been associated with serotonin abnormalities. Serotonin is believed to relieve anxiety. Serotonin acts as the chemical neurotransmitter, transmitting impulses from one cell to another. Patients with OCD are found to be under stimulated that is the transmission is not at a normal level. This is why selective serotonin reuptake inhibitors, which are used in treatment of depression, are also found useful in the treatment of OCD.

Psychologists now believe that the psychological cause of OCD is actually a receding belief in certain ideas, particularly in patients who are obsessed with hygiene, hoarding or religion. Such cases are believed to have a genetic origin. (BBC 2002)

Diagnosis

Obsessive Compulsive Disorder is diagnosed by a mental health practitioner like a psychologist or a licensed social worker based on the Diagnostic and Statistical Manual of Mental Disorders (DSM), which states the features that characterize OCD. According to the DSM, such obsessions and compulsions must be recurrent and intense causing great anxiety and distress. They should be irrepressible and recognizable as irrational or idiosyncratic. Any person who has these impulses will recognize them as irrational yet continue to give in despite all attempts to curb them. (Hembree et. al. 2003)

Treatment and Management

Treatment of OCD is twofold – medication and therapy. In some cases, therapy alone may suffice whereas in some severe cases, medication may be required in addition to cognitive behavioural therapy (CBT). Controlled studies show that medication in combination with therapy works best. There is not much evidence of people who do not respond to medication but respond to therapy. (Goodman et. al. 1990)

Medication

Serotonin reuptake inhibitors (SRI) like Clomipramine are used for treatment. Clomipramine is an antidepressant which has proved effective in treatment of OCD. This was one of the first drugs which were prescribed for OCD. Later fluvoxamine was used. Several studies have shown that SSRIs (selective serotonin reuptake inhibitors) are the most effective form of pharmacological treatment. Because the minimal side effects of SSRIs, they are considered standard treatment in most OCD cases. (Goodman et. al., 1990).

CBT

Cognition based therapy is used along with the medication for treatment of OCD. Studies have proved irrevocably the effectiveness of therapy on OCD. Exposure, response and prevention therapy (ERP) has also been effectively used where stimuli for OCD are presented to the patient in a controlled manner and they are restrained from giving in to their obsessions and compulsions. (Hembree, 2003). Goodman et. al., 1990)

ERP for OCD

Exposure Response Prevention therapy is a type of Cognitive Based Therapy that has been effectively used in the management of OCD. Janet Singer, in her article “ ERP Therapy: A Good Choice for Treating OCD” describes how ERP was effective in the treatment of her son Dan. ERP involves getting a person with OCD to accept his fears and then gradually refrain from the compulsive response to these fears. In the initial stages, this may seem to aggravate the condition, but gradually the patient comes to acknowledge his fears and once he has come to terms with them, the anxiety reduces. The compulsive behaviour reduces and in some cases may even completely disappear. (psychcentral)

Conclusion

Obsessive Compulsive Disorder (OCD) is a disorder involving anxiety, phobia and compulsion where the patient feels compelled to perform certain actions driven by obsessive thoughts which he is unable to control despite all attempts. Though the disorder can affect both adults as well as children, 30-5-% of the cases report onset in childhood. OCD has also been associated with Autism spectrum disorders. The disorder is diagnosed by questioning the patient and his family and comparing the responses with the Diagnostic and Statistical Manual of Mental Disorders (DSM). The onset of OCD is in childhood although cases are not presented until adolescence. Once diagnosed the mental health practitioner assesses the severity of the case – the DSM decrees that there should be a very strong compulsion to perform certain actions which cannot be controlled despite all attempts – and designs

a treatment plan in consultation with the patient and his family members. Treatment usually consists of therapy and in some cases medication. A lot of research has already been conducted on the subject and the DSM clearly outlines the process of diagnosis and treatment.

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