

Obsessive compulsive disorder: theories and treatment



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Obsessive compulsive disorder (OCD) is regarded as a neurotic disorder that causes people to have unwanted thoughts (obsessions) and to repeat certain behaviors (compulsions) over and over again. When someone is having an OCD, the person will display and complain of either obsession or compulsion or both, to a degree that affects his everyday functioning or causes him distress. He could identify some of the symptoms within him, for instance, checking things such as locks over and over again, trying on five shirts before feeling the satisfaction, and also feeling the urge to arrange things in a very particular or neat way regardless whether the things were his own belongings or others. The problem is people who suffer from OCD often feel embarrassed by their thoughts and behaviors, which can contribute to delays in seeking treatment, being diagnosed, and receiving treatment. People with OCD often go several years without treatment. What is the solution to treat OCD so that the patients can be cured?

Background Study

OCD is an anxiety disorder characterized by disturbing thoughts, impulses, or images (obsessions); repetitive or ritualistic behaviors (compulsions); or the presence of both. Many may think that it is an uncommon disease, however in America; it affects approximately 2.2 million of adults each year. OCD may have varying effect on different individuals, with some barely bothered by it and some having very serious consequences such as being left behind in studies or destroying the ability to work.

As the name suggests, there are two parts to this disorder, namely, obsessions and compulsions. Many may wonder, what is the difference between obsessions and compulsions?

Obsessions are unwanted, intrusive, recurrent, and persistent thoughts, images or impulses. However, obsessions in the form of thoughts are much more common than those in the form of impulses or images. These irrational thoughts frequently pop up in a person's mind and the brain keeps repeating it involuntarily, things being arranged perfectly in a certain way according to his/her way and often results in anxiety. An individual suffering from OCD will normally have obsessions about coming across unlucky numbers or words and having bad thoughts.

The most frequent obsession is the fear of being contaminated - a 2006 comprehensive prospective study of people with OCD found 57.7% experienced this fear. Also common in the study were pathological doubt (56.0%), the need to arrange things in a symmetrical way (47.8%), and aggressive thoughts (45.4%). The study showed that the most common compulsions were checking (68.9%), cleaning (60.1%), and repeated actions (56.3%).

Pinto A, et al. The Brown Longitudinal Obsessive Compulsive Study: clinical features and symptoms of the sample at intake. *Journal of Clinical Psychiatry*. 2006; 67: 703-11.

Compulsions are repetitive and seemingly purposeful behaviours that are performed according to certain rules or in a stereotyped fashion. For example, checking things such as stove and doors time and again and asking <https://assignbuster.com/obsessive-compulsive-disorder-theories-and-treatment/>

the same question repetitively. These actions may give the person with OCD some relief from anxiety, but it is only a temporary feeling and they will feel the urge to repeat the same activity after a while.

OCD is known to run in families but no one knows for sure exactly how they are related.

Science Daily (Nov. 26, 2007) - Cambridge researchers have discovered that individuals with obsessive compulsive disorder (OCD) and their close family members have distinctive patterns in their brain structure.

Personally, I think that OCD is also a matter of lifestyle and environment the person is exposed to. While the mother washes compulsively, the children will grow up thinking that it is a normal thing or a necessary thing to do thus the connection. Research hints that OCD involves problems in communication between the front part of the brain (the orbital cortex) and the basal ganglia where both structures use the chemical messenger serotonin. It is believed that the low levels of certain chemicals in the brain such as serotonin are factors contributing to OCD. getimage

This part of the brain is believed to be the area of impulse control.

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OCD is known to run in families. However, the complex set of genes underlying this heritability and exactly how genes contribute to the illness are unknown.

Treatment of OCD

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Behavioural Therapy

Behaviour therapy called “behaviour modification’ refers to the use of learning theory in the treatment of psychological disorders. The most common therapy used to treat OCD patients is cognitive-behavioural therapy (CBT). CBT for obsessive-compulsive disorder involves two components:

- Exposure and response prevention
- Cognitive therapy

i) Exposure and Response Prevention(ERP)

ERP therapy is used to lessen fears and anxieties and works particularly well for OCD. It works by first identifying your fears and ranking them from mildest to most severe. Then the therapist helps you gradually face each fear, starting with the mildest. Patients are asked to create a hierarchy of anxiety-inducing situations.

The exposure part of the therapy involves actually confronting the source of the anxiety. The patient deliberately confronts the feared object with assistance of a skilled therapist. For example shown above, touching own waste bin with rubber gloves on is the exposure part of the therapy.

Meanwhile, the response therapy involves breaking the cycle of carrying out the compulsive act or thought following the exposure like washing hands.

The patient is to face the feared situations without performing the compulsive ritual. With repeated sessions, the discomfort diminishes until the contaminated item no longer produces anxiety or discomfort.

Upon success, the behavior therapist then helps the patient work through the graded hierarchy upwards, tackling the least feared challenges first. In <https://assignbuster.com/obsessive-compulsive-disorder-theories-and-treatment/>

my opinion, the concept of ERP is based on the theory of habituation, where anxiety reduces naturally after prolonged exposure to the stimulus.

ii) Cognitive Therapy

The cognitive therapy component for OCD focuses treatment on the elicitation of the patient's cognitions that are relevant to his problem and helping him modify them. Basically, cognitive therapists teach patients healthy and effective ways of responding to obsessive thoughts, without resorting to compulsive behaviour. The role of the cognitive therapy is to prepare the ground for the implementation of the behaviour therapy and to help prevent a return of the problem once treatment is over.

Four Steps for Conquering Obsessive Thoughts and Compulsive Urges

Psychiatrist Jeffrey Schwartz, author of Brain Lock: Free Yourself from Obsessive-Compulsive Behavior, offers the following four steps for dealing with OCD:

Effectiveness of Cognitive -Behavioural Therapy

CBT can be very effective and appropriate in helping the patients with OCD because it teaches the patients on how to cope with their compulsive behaviours. They feel relief from the OCD symptoms. Their quality of lives improved.

A recent compilation of outcome studies showed that of more than 300 OCD patients who were treated by exposure and response prevention, an average

of 76 percent still showed clinically significant relief from 3 months to 6 years after treatment.

Another study indicated that incorporating relapse-prevention components in the treatment program, including follow-up sessions after the intensive therapy, contributes to the maintenance of improvement.

There is another evidence that support the above statement. From the case study provided in the Centre for Addiction and Mental Health, the patients feel motivated to get well and loosen the grip OCD has had on their lives when they undergo the therapy.

Economic Implication

Economically, the cost for CBT for OCD is extremely expensive. After comparing data from different sources, I found that it cost approximately \$8.4m in the United States each year.

“ The total costs of OCD (direct plus indirect costs) were estimated to be \$8.4 billion in 1990, which is 5.7% of the estimated \$147.8 billion cost of all mental illnesses. No OCD medications have been shown to affect the cost burden of OCD.”

Due to its high cost, I feel that innovations like computerised CBT, facilitated self help and providing treatment over telephone should be promoted to help the poorer patients.

Social Implication

Many people think that they are fit and healthy. They do not know they have OCD. OCD can be misunderstood by the public due to the information given by the media. In addition, it can be confused with other psychiatric diseases. Thus, lack of awareness on the OCD symptoms and take-it-easy attitude among people cause them to avoid screening.

There are OCD myths that confuse the people and made them confuse. For examples, there is a myth that real OCD is very rare. However, according to National Institute of Mental Health, in America, OCD is a common psychiatric disorder, affecting approximately 2.2 million adults each year.

According to a case study given in OCDCenter.org, the patient always had high self esteem and she think that OCD does not have anything to do with that. She is a twin with a non-OCD sister. According to her, they share the same childhood and the same experiences, however she is the only one with the disease.

Risks and Benefits of Behavioural Therapy

According to the studies that had been found, CBT is proved to be an effective treatment for the majority of patients that completed it. In order to let the treatment to be successful, the therapists need to be well trained. Besides, the patients need to be highly motivated to get well and follow the therapists' instructions.

The positive effects of behaviour therapy endure once treatment has ended. The quality of the patients' lives increases as some of their OCD symptoms

had been relieved. They do not feel totally different from other people around them. They feel normal and not isolated from the crowd.

However, some patients may benefit less from the therapy as they do not exhibit overt compulsions and have moderate-to-severe depression. Thus, I would think it is best that these patients are treated after their depression has been successfully been treated by other means.

Furthermore, some patients may think that the demand of the treatment to be prohibitive. They may either refuse to follow up the treatment or give less cooperation to their therapists. A patient with low motivation to change is unlikely to benefit from this treatment as such patients are less likely to comply to the instructions of the treatment.

The weekly homework was particularly difficult for me like being a list maker and a checker, it afforded me plenty of practice learning to alleviate the anxiety that it caused.

Alternative Solutions

i) Pharmacotherapy

Many psychiatrists believe that pharmacological treatment is of considerable value in OCD. Medications can give relief from the feelings of anxiety or tensions. Antidepressant drugs are often prescribed and varying degrees of success have been reported. Antidepressants are thought to help balance neurotransmitters in your brain. Antidepressants help by increasing the level of serotonin in the brain and thus regulating the communication between

different parts of the brain and subsequently reducing compulsive behaviours.

Antidepressants (“selective serotonin reuptake inhibitors”, SSRIs) such as fluoxetine (for example, Prozac), fluvoxamine (Luvox), and sertraline (Zoloft) are commonly prescribed to treat OCD. The tricyclic antidepressant clomipramine (Anafranil) is one of the first of the SSRIs that were approved. Its efficacy has been demonstrated with remarkable consistency.

Existing research indicates that clomipramine may be slightly more effective than the SSRIs, with about 80% of people who take it reporting a reduction in symptoms of OCD.

Medications can be said to be very effective in reducing the symptoms of OCD with minimal adverse side effects. Clomipramine has a more complicated set of side-effects than the newer SSRIs. Thus, more doctors advise people with OCD to try the newer SSRIs first. Side effects include weight gain, dry mouth, sweating, constipation, drowsiness, tremor and sexual side-effects.

Drug success rates statistics show that 70% of OCD patients will respond to prescription antidepressants. However, the major drawback of medication is that most patients will have to take drugs indefinitely.

“Around 85% are expected to relapse inside 30 to 60 days after they stop taking the drugs.”

‘Drug Treatment’ quoted from Obsessive - Compulsive Disorder - The Facts (1992, 1998) by Padmal de Silva and S. J. Rachman
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ii) Deep Brain Stimulation

Deep brain stimulation involves the surgical implantation of 2 electrical stimulators, one on each side of the brain, in areas that are involved in OCD symptoms which are subsequently connected to pacemaker-like devices. Electrical stimulations are delivered through these devices to control the individual's anxiety. The benefits of deep brain stimulation are that it is reversible, adjustable and not risky. Therefore, the devices can be completely removed if the stimulation does not work for a patient.

“ According to research published in the Cleveland Clinic Journal of Medicine, stimulation of the portion of the brain called the ventral striatum resulted in improvement in the symptoms of obsessive-compulsive disorder.”

“ There's another ongoing study looking at deep brain stimulation for obsessive-compulsive disorder at Brown University. So far, the results have been positive with anywhere from 25% to 50% of OCD patients who underwent deep brain stimulation showing improvement.”

Evaluation of Sources

This “ Obsessive Compulsive Disorder – The Facts” provides up-to-date information about the nature, symptoms, causes and theories of obsessive-compulsive disorder. The book also discusses the treatments that are available, and provides valuable practical advice to those who may need help. It was written by Padmal de Silva and Stanley Rachman. Padmal de Silva is a Senior Lecturer in Psychology at the Institute of Psychiatry, University of London, and Consultant Clinical Psychologist for the South London and Maudsley National Health Service Trust. Stanley Rachman is a <https://assignbuster.com/obsessive-compulsive-disorder-theories-and-treatment/>

recognized leader in the research and treatment of OCD and other anxiety disorders and remains highly active in both the research and treatment of OCD. Thus, information from this book should be precise and reliable.

The Obsessive Compulsive Foundation (OC Foundation) website offered detailed information about the non-psychological treatment of OCD, namely, drug treatment. The information is reliable as the authors consisted mainly of professionals. Though the answers in this website are the opinions of the author, but they are backed up by solid clinical studies. Furthermore, this website is frequently updated by the authors so it is up-to-date.