



Obsessive Compulsive Disorder

What is it?

As the name suggests, Obsessive Compulsive Disorder is characterised by people experiencing obsessions, which are unwanted thoughts or images that cause significant distress, and compulsions, which are actions or mental rituals to somehow cancel out the intrusive thought or prevent bad things from happening. Because compulsions are attempts to manage the distress associated with the obsessions, people usually experience both types of symptoms.

Although compulsions usually develop as a strategy to cope with the obsessions, they often become a secondary source of distress, particularly if the compulsions are time-consuming or embarrassing. It is common for people to experience increased anxiety if they are prevented from carrying out their compulsions and as such become highly dependent on them.

Common obsessions and associated compulsions include:

- obsessions about contracting an illness and excessive hand washing or cleaning to eliminate germs.
- obsessions about harm to one's possessions through break-ins or fires and excessive checking of locks and stoves to ensure everything is secure.
- experiencing unwanted and distressing violent, sexual or religious thoughts or images, and trying to avoid or neutralise these in some way.
- obsessions about symmetry and exactness with excessive ordering and arranging until it "feels right".

Unwanted thoughts are actually quite common in the general population and most people do not dwell on these when they occur. However, for some people unwanted thoughts cause much distress and become concerned about the meaning of having these thoughts.

As a result of the attention given to the intrusions, they become more salient which tends to increase the frequency of these thoughts. Compulsions performed in response to the intrusion further maintain the fear triggered by the intrusion.

How common is it?

According to the 2007 Australian National Survey of Mental Health, it is estimated that 1 in 53 Australians experienced OCD in the 12 months before the survey.

The majority of people with OCD also experience symptoms of an anxiety disorder, such as generalised anxiety, social anxiety, panic or specific phobia; as well as depressive or bipolar disorder.

Other less common co morbid conditions include obsessive-compulsive personality disorder, tic disorders, and ADHD in children. Other obsessive-compulsive and related disorders, like trichotillomania, have also been linked to OCD.

What can I do about it?

If you are concerned about your symptoms, particularly if they are affecting your quality of life, we recommend making an appointment to discuss your concerns with a qualified mental health professional, like a psychiatrist or clinical psychologist.

In some cases, a combined approach of seeing a psychiatrist and clinical psychologist has been found to be most helpful.

Professional Help

The most common psychological therapy for OCD is exposure / response prevention. This involves a variety of strategies to decrease the anxiety when confronted with the obsessional triggers and to test fear predictions that drive the compulsive behaviours.

Many people with OCD are concerned about what might happen if they do not perform the compulsive behaviour. This is a normal concern clinical psychologist will usually explore this with the patient, which may involve some experiments to test out these concerns, before gradually reducing or eliminating compulsive behaviours.

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