

How is Obsessive Compulsive Disorder Treated?

1. Behavioral Treatment for Compulsions:

One of the most effective psychological treatments is exposure plus response prevention (ERP). Very basically, ERP involves exposure to the feared situation and then preventing the compulsive behavior.

For children, this can be challenging. They often have trouble understanding why they need to cooperate with stopping the compulsive behavior. They become angry, upset, and desperate, and may even threaten to run away or hurt themselves or other people. Professionals trained in cognitive behavioral approaches (CBT) try to work with children to help them to understand that the OCD is like a monster that is running their lives and they have to fight back. If we can help them to team up with their parents to fight the OCD, everybody feels successful, and the OCD is brought under control. Sometimes children need to be brought into the hospital to do this, because it is so hard for parents to do at home.

2. Medications:

There are half a dozen medicines that work for OCD. The oldest and most effective is clomipramine (Anafranil). However, newer medicines such as fluoxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil), citalopram (Celexa) and sertraline (Zoloft) have the advantage of fewer nuisance side effects. Sometimes adding another medicine such as lithium, clonazepam (Klonopin) or pimozide (Orap) will boost the effect of the main drug.

Medicines work gradually over a period of weeks, and often things continue to get better over a few months. The drug is continued for at least 6 months, and then can be cut down slowly to make sure that symptoms don't flare up. Some people can come off the medicine, but many people need to take it for much longer.

The medicines work well, but may not completely take away the compulsive habits. The medicine may also need to be continued for a long time, as the symptoms tend to come back.

Never discontinue these medications abruptly and always consult a physician prior to decreasing them.

3. Rebuilding Confidence

Having OCD leads to problems with school, friends, and family. Kids can feel pretty badly about themselves and their lives when OCD is running the show. As they get better, they need extra help at school, and some "coaching" to get back into their usual interests and activities.

What are the Complications of OCD?

- Not going to school
- Not sleeping or eating well due to worries
- Becoming discouraged or depressed
- Becoming socially isolated
- Alcohol and drug use in teens
- Family problems

Related Problems:

These things are found more commonly in people with OCD, or in other members of their families:

- Other anxiety disorders such as panic disorder
- Clinical depression
- Eating disorders
- Tic disorder and Tourettes

Does OCD Get Better?

It does, but it takes some teamwork. The child, family, doctors and counselors need to work together to beat this.

What to do?

Start with your family doctor or local Mental Health Center for more information or to have the problem assessed. They may also suggest some books to read which can help you understand panic disorder better.

Obsessive Compulsive Disorder

Causes, Complications and Cures in Young People



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Obsessive compulsive disorder can occur in people of all ages, and often starts in childhood. It is a problem that tends to come and go over time. Often it starts gradually but sometimes it starts suddenly or quickly becomes severe.

The symptoms of OCD are obsessions (upsetting thoughts that keep coming back) or compulsions (habit patterns such as checking or washing over and over) which happen so often that they interfere with daily life.

Obsessive Compulsive Disorder (OCD) is treatable. But first it has to be recognized. In children, it may look like unreasonable anxiety, temper tantrums, stubborn habits, lack of cooperation or other behavioral problems. In teenagers, it may lead to avoiding school or friends, and fighting with parents. People with OCD are very stressed and can be irritable, angry and withdrawn. Parents may be frustrated and confused by the behaviors.

People are often very embarrassed about the kind of obsessive thoughts they have because they don't make sense or seem "crazy" to them. They try to cover up their compulsive habits, because they know they don't make sense either. They end up feeling very alone and afraid.

Obsessive Compulsive Disorder is a medical problem that gets better, usually with a combination of medicine and practicing some ways of changing the obsessive thoughts and compulsive behaviors.

Who Can Help?

Start with your family doctor. Check the local Mental Health Centre for other resources. You may be referred to a psychologist or psychiatrist for further assessment or treatment. With help, young people and their families can free themselves from the trap of OCD.

How Common is OCD?

About 2 or 3 of every 100 people have OCD in their lifetime. Most of them keep it a secret, and most do not get treatment because they either don't think help is available, or they are too embarrassed.

What are the Symptoms?

Obsessions and/or compulsions that are severe enough to interfere with school or work, family relationships or take up a lot of time (more than an hour a day).

Common Obsessions:

These thoughts occur repeatedly in spite of the child's efforts not to think them:

- Fear of germs
- Violent thoughts
- Frightening or rude mental pictures
- Fear of doing something wrong in the future
- Fear of having already done something wrong
- Constant self-doubting
- Need for things to be even/symmetrical

Common Compulsions:

- Checking things like locks
- Counting things
- Washing hands
- Doing work over to get it "perfect"
- Making things "even"
- Asking questions (getting reassurance)
- Need to confess things
- Collecting or hoarding things
- Touching things

Effects of These Symptoms:

Children or teens may be constantly upset or easily irritated because they are so busy worrying about their obsessive thoughts that they can't handle thinking about or doing anything else. They may not want to go anywhere, may not be hungry and may stay in their room a lot of the time, trying to sort out their thoughts. Children may ask for constant reassurance from parents because they are worried about illness or germs.

Washing hands, counting or checking things may take several hours a day. Sometimes children will insist that other members of the family do these things, too. For example, no one may be allowed to touch the child's plates, door or clothes because of the risk of spreading germs.

How Does This Affect Families?

Usually the whole family gets mixed up in the Obsessive Compulsive Disorder. Parents may start to do the checking for the child to try and save time. Everyone has to go out the right door, or wait until the child has flicked a light switch ten times when leaving the room. People tiptoe around this child to prevent their outbursts of rage and frustration when compulsions are not done "enough" or "just right".

What Causes OCD?

OCD is one of the best researched childhood disorders, but it still is not fully explained. We know this much:

Although OCD does run in families, what causes OCD is not known. There is likely a genetic component that makes one vulnerable to OCD but it often must be combined with events that occur in the child's life for the OCD to be fully expressed. Like many other problems, it is the combination of genetics and environment.