



# OVER AND OVER AGAIN

Suffering from an Obsessive-Compulsive Disorder involves a constant battle with irrational thoughts that may impede everyday functioning. But there's hope to break the cycle, experts say.

**I**magine this scenario: you get home and close the door behind you. Just to be sure it's secure though, you unlock and re-lock it repeatedly. This repetitive behaviour is a tedious ritual, but for Obsessive-Compulsive Disorder (OCD) sufferers, it's the only way to stem their fear of, in this case, of not closing the door properly.

In today's context, the term 'obsessive-compulsive' might be used casually to describe anyone who is superstitious, meticulous or adheres strictly to a particular ritual. For example, footballers having to step onto the pitch with their right foot before the start of a game, or arranging the apps in your iPhone by name, category and file size. Such habits aren't an indication of a disorder though.

"Usually these are not considered OCD unless they cause distress and interfere with social relationships or

everyday functioning," says Dr Lee Cheng, Senior Consultant and Chief at the Department of Community Psychiatry, Institute Of Mental Health (IMH).

Anxiety-induced obsessions are often the result of recurrent, persistent ideas, thoughts, images or impulses. Most of the time, OCD patients don't just suffer from one; up to 72 per cent of them have multiple obsessions. "Common ones include irrational fears of contamination with dirt or germs, fear of hurting someone, distressing sexual or religious thoughts, a desire to hoard or a need for symmetry and exactness," says Dr Lee.

To reduce such anxieties, sufferers develop compulsions like checking, cleaning and washing, counting, hoarding and mental ruminations. Defined as behaviours or mental acts that are repetitive and purposeful, Dr Lee says that



these are performed in response to an obsession that must be applied rigidly.

He also points out that it takes an estimated seven and a half years on average after the onset of OCD before sufferers receive treatment, often because of a lack of awareness or mistaking them for personality quirks. However, it's important to understand and identify symptoms early.

### A PATTERN DEVELOPS

According to Dr Lee, the onset of OCD occurs as early as adolescence in half of patients, with chronicity (lasting beyond three months) in adulthood being the norm. While its causes aren't fully understood, and are possibly due to a confluence of factors that varies across individuals, a number of theories have sought to explain its occurrence.

One such explanation, based on psychodynamics (the study of psychological forces that underlie human behaviour), explains it as being the result of fixations that occur at early developmental stages in life. These can involve preoccupation with anger, dirt, superstitions and ambivalence (having both negative and positive feelings towards someone or something).

Behavioural psychologists explain the disorder in terms of learning theory. Anxiety becomes paired with specific events such as learning and conditioning, and the person then engages in compulsive rituals to decrease this anxiety. When such rituals appear successful in doing so, the belief is that such compulsive behaviour is then more likely to be repeated in future.

### SERIOUS SPIN-OFFS

The accumulation of these symptoms causes marked distress in sufferers and can be time-consuming, lasting more than an hour a day. "OCD significantly interferes with normal routines, occupational functioning and usual social activities and relationships," says Dr Lee.

Depression might also develop, with a 67 per cent chance of occurrence in OCD patients. Thirty per cent of them currently suffer from depression, which manifests itself in the form of constant worries and repetitive negative thoughts, as well as persistent brooding about potentially unpleasant circumstances.

Actor Leonardo DiCaprio is no stranger to OCD, having a childhood obsession with cracks on the sidewalk. Going to school, he made sure to step on all of them, sometimes doubling back if he had missed one. While filming the 2004 movie *The Aviator*, a biopic on the famous industrialist and fellow OCD sufferer Howard Hughes, this obsession resurfaced. DiCaprio admitted that this made his trips to the studio longer than they had to be.

In more extreme cases, OCD has indirectly led to death. In February 2011, a woman in England died of dehydration and a skin infection. She lived with her parents, who described their daughter as having suffered from acute OCD, which

left her a virtual recluse with a crippling phobia of germs. Spending up to 20 hours a day in the shower, she hardly left the house in 18 years because of this fear.

### BREAKING THE HABIT

If you're not sure if you might have OCD, Dr Lee recommends seeing a general practitioner or any doctor at a polyclinic for an assessment. "If necessary, the doctor may refer the patient for specialised treatment at IMH," he says.

Currently, a combination of pharmacotherapy and behavioural therapy has been found to be effective in significantly reducing the symptoms of OCD. **PHARMACOTHERAPY** Based on many controlled studies, this popular series of drugs known as Selective Serotonin Reuptake Inhibitors (SSRI) has been effective in treating OCD. "Common side effects of these include some initial nervousness, insomnia and gastro-intestinal discomfort," says Dr Lee. "But SSRIs remain the drug of choice because of their tolerability and safety in overdose."

He estimates that 40 to 60 per cent of OCD patients may respond to SSRI therapy and if one SSRI is ineffective, another may be beneficial, as it has been shown that about 20 per cent of patients who failed to respond to a certain SSRI react favourably to an alternative one. **BEHAVIOURAL THERAPY** The patient is deliberately exposed to obsessional cues, and then prevented from engaging in the associated repetitive behaviour or compulsion. "With repeated and prolonged exposure, the response eventually diminishes," says Dr Lee. "Exposure tasks are arranged hierarchically, with treatment commencing with the least anxiety-provoking situation."

## FAST FACTS ON FIXATIONS

ACCORDING TO DR LEE CHENG, SENIOR CONSULTANT AND CHIEF, DEPARTMENT OF COMMUNITY PSYCHIATRY, INSTITUTE OF MENTAL HEALTH.

#### OCD...

- ▶ Was first described in 1838 by Jean-Étienne Dominique Esquirol, a French psychiatrist
- ▶ Was also known as obsessional neurosis before it was renamed OCD in 1980
- ▶ Has been described as the 10th most disabling of all medical conditions
- ▶ Has been found to be the fourth most prevalent psychiatric disorder
- ▶ Has a 2.5 per cent risk of affecting someone in their lifetime
- ▶ Is likely to develop in men and women equally, although men have an earlier onset

BY GENE KHOR IN CONSULTATION WITH DR LEE CHENG, SENIOR CONSULTANT AND CHIEF, DEPARTMENT OF COMMUNITY PSYCHIATRY, INSTITUTE OF MENTAL HEALTH



In addition, patients are taught ways of coping with the anxiety, anger and stress. They note down their thoughts in a notebook and discuss them with their therapist, going through the triggering factors, thoughts and the consequences. In order to help them from regressing due to stress, patients are also encouraged to set other targets in life to keep them focused within an OCD-free lifestyle.

### THE ROAD AHEAD

Unfortunately, complete recovery isn't commonly reported, although OCD patients with mild or typical symptoms have been associated with a good treatment outcome. "In general, about 20 to 30 per cent of them show significant improvement, while 40 to 50 per cent have moderate improvement," says Dr Lee. "The remaining 20 to 40 per cent either remain ill or their symptoms worsen."

## > AN UNDERLYING OBSESSION

How do you know if someone might have OCD? These symptoms might help you to identify if medical help is needed for a loved one. He or she might have:

- ▶ An unreasonable fear of dirt and germs, for example, in extreme cases of not wanting to leave the home
- ▶ Unwarranted thoughts of hurting someone; a new mother might have thoughts of strangling her baby
- ▶ Distressing sexual thoughts; a man might have a sudden urge to molest a woman
- ▶ A desire to hoard objects; sufferers feel that these may be needed one day
- ▶ A need for symmetry and exactness; everything has to be positioned in a specific manner all the time
- ▶ Constantly checking whether an appliance such as an iron has been turned off, but turning it on and off repeatedly to be sure
- ▶ Obsession with personal cleanliness; taking numerous showers and excessive washing of hands are common
- ▶ Repeated counting of things like the steps on a staircase
- ▶ Reciting silent prayers in an effort to make negative thoughts go away

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Based on a two-year prospective study on the course of OCD in patients though, it was found that the probability of full remission was 12 per cent and the probability of partial remission was 47 per cent. However, he adds: "After achieving remission from obsessive compulsive disorder, the probability of relapse was 48 per cent."

Whatever the treatment or result, the involvement of the patient's family is always encouraged, whether its emotional support or getting to know more about the disorder. "Family members are often ignorant about OCD and may even be drawn into the patient's rituals," says Dr Lee.

*For more information on OCD, contact the Institute of Mental Health at 6389 8000. +*