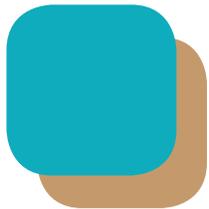


## Where To Get Help

If your child has not yet seen a doctor and you suspect that your child is showing signs of OCD, you may raise your concerns with your child's school counsellors. School counsellors are connected to our community mental health service, **REACH** (Response, Early intervention, Assessment in Community mental Health), which can provide further advice and assistance.

If your child is seeking help at our clinic, please raise your concerns with your child's doctor, nurse, or allied health professional.



### Department of Child & Adolescent Psychiatry

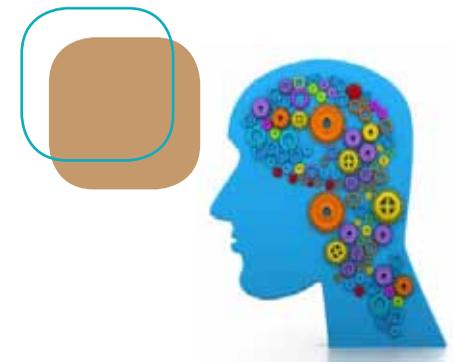
Institute of Mental Health  
Buangkok Green Medical Park  
10 Buangkok View  
Singapore 539747  
General Enquiries: 6389 2000  
Appointment Line: 6389 2200  
Mental Health Helpline: 6389 2222

[www.imh.com.sg](http://www.imh.com.sg)

Apr 2014



## OBSESSIVE- COMPULSIVE DISORDER



# WHAT IS OBSESSIVE-COMPULSIVE DISORDER (OCD)?

*Obsessive-Compulsive Disorder (OCD) is characterised by frequent and uncontrollable thoughts (obsessions) that will not go away and are often unpleasant in nature. Common themes of obsessions include:*

- *cleanliness and contamination*
- *the need for sameness and order*
- *numbers and counting*

*A person may adopt specific actions, rituals or routines (compulsions) in an attempt to prevent or get rid of the obsessive thoughts. Although the compulsions often bring temporary relief, the person feels forced to repeat them endlessly. Common compulsions include:*

- *having to stay clean, e.g. handwashing*
- *repeatedly checking whether something has been done, e.g. checking several times whether a door or window has been locked*
- *counting items in a specific way or order*
- *not being able to throw away used items, e.g. hoarding used tickets*
- *having to arrange items in a specific order*

Other signs of OCD include:

- avoidance of situations related to obsessions, e.g. a person worried about contamination may avoid public restrooms
- insisting that family or friends cooperate to help with OCD-related behaviours
- repeatedly seeking assurance from family members, friends or significant others
- having an extreme sense of responsibility or guilt
- disrupted sleep patterns and fatigue, poor concentration, increase in anxiety, anger or irritability and withdrawal from social activities

OCD is also associated with emotional problems such as anxiety or depression. For example, someone who obsesses about cleanliness may feel anxious or uncomfortable unless his or her hands are washed several times a day. Treatment may be required if the obsessions or compulsions are time-consuming and interfere with normal routines, school performance or interaction with family and peers.

## What causes OCD?

Many factors, biological and psychological, as well as social and environmental, are thought to contribute to the development of OCD, including:

- a family history of OCD, which may increase the likelihood of your child having symptoms of OCD
- chemical imbalances in the brain
- perfectionistic thinking
- an extreme sense of responsibility for what happens to other people
- thinking in worst-case-scenario terms
- stressful life events or developments, e.g. contamination fears and excessive handwashing may be triggered by news reports about infection or epidemics

In addition, OCD may be self-perpetuating. Obsessions and compulsions are learnt responses to anxiety, and habitual avoidance of the feared object or situation actually reinforces the intensity of the learnt responses and the level of anxiety.



## MANAGEMENT OF OCD

Treatment of children or adolescents with OCD involves a combination of methods and ways:

**PSYCHOLOGICAL THERAPY.** One type of psychotherapy helps a person learn and adopt new ways of thinking and doing things to deal with symptoms of OCD. Typically, this also involves exposing the person to feared objects or situations and preventing OCD rituals from being carried out.

**SOCIAL SUPPORT.** Helping a child or adolescent who is battling OCD can be challenging. Useful tips for family members or caregivers include:

- keeping a daily logbook or diary of your child's rituals (number of times, number of hours spent on rituals), which will be helpful when addressing these issues with a professional
- refraining from blaming your child for OCD
- encouraging your child to make his or her own decisions, which helps build confidence and reduces his or her need to seek reassurance

**USE OF MEDICATION.** Depending on the severity of the condition, medication may be prescribed to help reduce symptoms of OCD. Talk to your child's doctor if you have any queries or concerns about medication.

You can also help your child by being patient, understanding and supportive. Be encouraging and empathise with his or her challenges. Celebrate all small successes and be positive.

