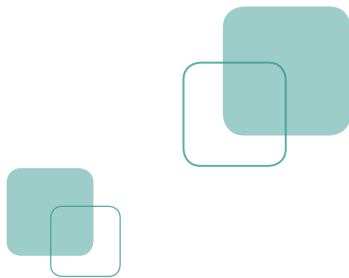


Where to get help

You can contact your General Practitioner who may start you on medication and/or refer you for CBT. If your condition is deemed to be moderate to severe in nature, the GP will refer you to specialists for further assessment and treatment.



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OBSESSIVE COMPULSIVE DISORDER



WHAT IS OBSESSIVE COMPULSIVE DISORDER (OCD)?

Obsessive Compulsive Disorder (OCD) is a common yet poorly understood mental health condition. According to the Singapore Mental Health Study conducted in 2016 by the Institute of Mental Health, the condition affects around 3.6% of the local population in their lifetime. It affects people of all ages and walks of life, and involves the affected person getting caught in a cycle of obsessions and compulsions. Obsessions refers to intrusive thoughts, images or urges that are difficult to resist and increase a person's anxiety, while compulsions are rituals that a person needs to do to reduce the anxiety linked to the obsession. While OCD can present in various ways, people with OCD generally have obsessions of the following themes:

- Irrational worry about contamination from dirt or germs
- Worry about causing harm to oneself and/or other people
- Distressing sexual or religious taboo thoughts
- Excessive concern with order, symmetry and exactness
- Need for perfection or completeness

Compulsions or rituals, which are actions or thoughts performed or repeated over and over to negate or neutralise the obsessions and commonly include:

- Checking
- Cleaning and washing hands
- Counting
- Mental reviewing or analysing
- Arranging things
- Seeking reassurance, and avoiding particular situations

Sufferers of OCD are unable to control the unwanted recurring thoughts and feel compelled to perform repetitive compulsions. Although they get temporary relief from the distress that the obsessive thoughts cause through compulsive rituals, they do not find performing those rituals pleasurable.

The obsessive thoughts and rituals occupy a significant amount of time on a daily basis and interfere with the important areas of functioning such as studying, working, hanging out with friends or spending time with family members or significant others.



Causes of Obsessive Compulsive Disorder

A number of factors can contribute to the risk of developing OCD:

- **Genetics:** There is evidence that OCD has a genetic component and it often runs in families.
- **Brain circuitry:** Brain imaging studies in individuals with OCD have shown increased activity and blood flow in specific parts of the brain.
- **Brain chemistry:** Serotonin is a chemical found in our brain cells that helps to transmit information from one brain cell to another. Studies have shown that there is an imbalance of serotonin in the brains of people with OCD.
- **Stress/Life events:** Important life events such as bereavement or stress may trigger OCD symptoms in people who may be susceptible to develop the condition. Other triggers, including positive life events such as the birth of a child, are also potential contributors to the eruption of the underlying condition.
- **Infection:** Some rare cases of OCD in children and young people have started after severe streptococcal or other infections. These infections may trigger OCD symptoms in children and young people who have a genetic predisposition to develop the condition.

Management of Obsessive Compulsive Disorder

OCD can be treated successfully with the right medication and psychological therapies.

- **Medication:** Medications with selective serotonin re-uptake inhibitors (SSRIs) have proven to be effective in the treatment of OCD. They can be given to individuals either together with psychological treatment, or alone, depending on the severity of the OCD.
- **Cognitive Behavioural Therapy (CBT):** The mainstay of psychological treatment is Exposure and Response Prevention (ERP), which is a form of CBT specifically tailored for OCD. The individual is encouraged to deliberately expose themselves to the obsessional cues, and to refrain from engaging in the associated compulsion or ritual. Extinction of the distress is achieved after consistently learning to approach the triggers ("Exposure") without avoiding or performing rituals ("Response Prevention"). At the same time, the individual is encouraged to set other goals in life so as to develop a healthier and functional lifestyle.

In some cases, the combination of CBT and medication increases treatment efficacy. When appropriate, it may be helpful to involve the family in the management of individuals with OCD. Family members are often unaware of the nature of the disorder and may reluctantly take part in the patient's compulsions or give in to them.