

Diagnosis and Treatment of Obsessive Compulsive Disorder

By Thomas Moseley, M.D. and Ilene Scharf M.S.W., L.C.S.W.



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If you or a loved one has been diagnosed with an obsessive compulsive disorder (OCD), you may feel you are facing it all by yourself. You are not alone. In the United States, one out of 50 adults is diagnosed with OCD while one to three out of one hundred children are identified as having the condition. This amounts to about three to five children in an average-sized elementary school or twenty students in a large high school.

Diagnosis

As the name implies, obsessive compulsive disorder is characterized by obsessions and compulsions. Obsessions are recurrent or persistent thoughts, impulses or images that are experienced as intrusive and inappropriate and that cause marked anxiety or distress. Compulsions are repetitive behavior or mental acts that the person feels driven to perform aimed at reducing or preventing the anxiety caused by the obsessions. People with OCD are aware that their obsessions and compulsions are irrational or excessive, yet they have little control over them.

While the exact cause of OCD is unknown, scientific research indicates that this anxiety disorder has a neurobiological basis. Some neuro-imaging studies provide pictures of the brain based on neurological function. These reveal some parts of the brain of an individual with OCD function differently than a person without OCD. Studies have shown these areas include the pre-frontal cortex and the anterior cingulate gyrus, located in the front part of the brain. Abnormalities with the serotonin neurotransmitter system, which provides communication between the brain cells in these areas, are also involved.

Treatment

Cognitive behavior therapy (CBT) and medications, particularly in combination, have proven effective in treating the core symptoms of OCD.

Cognitive behavior therapy for OCD involves confronting the person with the feared situation and then preventing them from performing the reaction or compulsion afterward. For example, to treat a compulsive hand washer who fears germs, a therapist would gradually expose the patient to "contaminated" objects, such as door knobs or waiting room magazines, encouraging the person to stay in contact with the object for as long as possible and preventing the person from washing his hands or showering for a certain amount of time afterwards. Over time, repeated exercises like this would result in diminished fears and compulsions for the person.

The medications used to treat OCD affect the serotonin system in the brain. These include Zoloft, Celexa, Lexapro, Prozac, Paxil and Anafranil. All of these medications are serotonin reuptake inhibitors and in controlled studies have demonstrated their effectiveness for the core symptoms of OCD. Unfortunately, the medications can take up to 12 weeks of daily usage before the OCD symptoms improve.



OCD SYMPTOMS

Obsession	Compulsion
Fear of contamination or germs	washing/cleaning
Fear of harm or danger	checking
Fear of loss	hoarding
Fear of violating religious rules	praying
Body-related fixations	grooming
Need for symmetry	arranging or "evening up"
Need for perfection	seeking reassurance

RESOURCES:

Websites:

The Obsessive Compulsive Foundation
www.ocfoundation.org

Anxiety Disorders Association of America
www.adaa.org

OCD Chicago
www.ocdchicago.org

Suggested Readings

The OCD Workbook: a self-help manual by Bruce M. Hyman, Ph.D. and Cherry Pedrick, R.N.

Getting Control: Overcoming Your Obsessions and Compulsions by Lee Baer, Ph.D.

Obsessive Compulsive Disorder: New Help for the Family by Herbert L. Gravitz, Ph.D.

What to do When your Child has Obsessive-Compulsive Disorder: Strategies and Solutions by Aureen Pinto Wagner, Ph.D.

Online Support Groups

Online Support Groups Directory
www.ocdhope.com/ocd-online-support.php

The OCD and Parenting Lis
www.health.groups.yahoo.com/group/ocdandparenting

Family Support

OCD can affect the whole family. It can exhaust and frustrate other members, who feel they are helping when they participate in compulsive behaviors, such as helping check to make sure all the doors are locked. In truth, by participating in the OCD behaviors, family members are reinforcing the obsessive fears. They are also helping to decrease the motivation of the person to seek treatment.

It is very important for family members to get educated about the condition and helpful for them to be involved in the treatment. A cognitive behavioral therapist can help family members respond appropriately to the OCD symptoms by changing their behavior gradually so as not to overwhelm and stress the OCD patient. Nagging and criticizing is to be avoided.


Thomas H. Moseley, M.D., is a member of the American Academy of Child & Adolescent Psychiatry and specializes in the treatment of ADD/ADHD in children, adolescents, and adults at his office in Melbourne. For information call (321) 821-0655 or visit www.thequotienttest.com.

Ilene Scharf, M.S.W., L.C.S.W., is a licensed clinical social worker who works exclusively with children ages 2 to 18 and their parents. Scharf specializes in play therapy, cognitive behavior therapy, social skills training, parenting and communication skills. For information,

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