

An abstract painting with vibrant, textured colors including orange, blue, green, and white. The brushstrokes are visible, creating a sense of depth and movement. The colors are layered and blended, with some areas appearing more saturated than others.

**When Unwanted Thoughts Take Over:
Obsessive-Compulsive
Disorder**

National Institute of Mental Health

Obsessive-Compulsive Disorder

Anxiety Disorders

People with anxiety disorders feel extremely fearful and unsure. Most people feel anxious about something for a short time now and again, but people with anxiety disorders feel this way most of the time. Their fears and worries make it hard for them to do everyday tasks. About 18% of American adults have anxiety disorders. Children also may have them.

Treatment is available for people with anxiety disorders. Researchers are also looking for new treatments that will help relieve symptoms.

This booklet is about one kind of anxiety disorder called obsessive-compulsive disorder, or OCD. For information about other kinds of anxiety disorders, please see the end of this booklet.



Obsessive-Compulsive Disorder

Everyone double-checks things sometimes—for example, checking the stove before leaving the house, to make sure it’s turned off. But people with OCD feel the need to check things over and over, or have certain thoughts or perform routines and rituals over and over. The thoughts and rituals of OCD cause distress and get in the way of daily life.

The repeated, upsetting thoughts of OCD are called obsessions. To try to control them, people with OCD repeat rituals or behaviors, which are called compulsions. People with OCD can’t control these thoughts and rituals.

Examples of obsessions are fear of germs, of being hurt or of hurting others, and troubling religious or sexual thoughts. Examples of compulsions are repeatedly counting things, cleaning things, washing the body or parts of it, or putting things in a certain order, when these actions are not needed, and checking things over and over.

People with OCD have these thoughts and do these rituals for at least an hour on most days, often longer. The reason OCD gets in the way of their lives is that they can’t stop the thoughts or rituals, so they sometimes miss school, work, or meetings with friends, for example.

What are the symptoms of OCD?

People with OCD:

- **have repeated thoughts or images** about many different things, such as fear of germs, dirt, or intruders; violence; hurting loved ones; sexual acts; conflicts with religious beliefs; or being overly neat.
- **do the same rituals over and over** such as washing hands, locking and unlocking doors, counting, keeping unneeded items, or repeating the same steps again and again.
- **have unwanted thoughts and behaviors** they can't control.
- **don't get pleasure from the behaviors or rituals**, but get brief relief from the anxiety the thoughts cause.
- **spend at least an hour a day** on the thoughts and rituals, which cause distress and get in the way of daily life.

When does OCD start?

For many people, OCD starts during childhood or the teen years. Most people are diagnosed at about age 19. Symptoms of OCD may come and go and be better or worse at different times.


Is there help?

There is help for people with OCD. The first step is to go to a doctor or health clinic to talk about symptoms. People who think they have OCD may want to bring this booklet to the doctor, to help them talk about their symptoms. The doctor will do an exam to make sure that another physical problem isn't causing the symptoms. The doctor may make a referral to a mental health specialist.

There are different kinds of treatment for OCD. Doctors may ask people with OCD to seek psychotherapy with a psychologist, psychiatrist, or licensed social worker. A type of therapy called behavior therapy is especially useful for treating OCD. It teaches a person different ways of thinking, behaving, and reacting to situations that help them feel less anxious and fearful without having obsessive thoughts or acting compulsively.

Doctors also may prescribe medication to help treat OCD. It's important to know that some of these medicines may take several weeks to start working. The kinds of medicines used to treat OCD are antidepressants and anti-anxiety medicines. Some of these medicines are used to treat other problems, such as depression, but also are helpful for OCD. Although these medicines often have mild side effects, they are usually not a problem for most people, especially if the dose starts off low and is increased slowly over time.

Some people do better with therapy, while others do better with medicine. Still others do best with a combination of the two. Talk with your doctor about the best treatment for you.



Personal story

“I couldn’t touch any doors or countertops in public areas. I knew it didn’t make any sense, but I was terrified of getting germs that could kill me. I almost couldn’t go out in public, I was so afraid. If I thought I had touched anything, I would have to wash myself for hours. Sometimes I washed so much that my skin would get red and raw and bleed.”

“At first I was too embarrassed to get help, but a friend told me to call the doctor. I’m so glad I did. I took the medicine my doctor gave me. I also talked with a counselor, in therapy. I learned to cope with my fear of germs and to stop washing so much.”


Who pays for treatment?

Most insurance plans cover treatment for anxiety disorders. People who are going to have treatment should check with their own insurance companies to find out about coverage. For people who don't have insurance, local city or county governments may offer treatment at a clinic or health center, where the cost is based on income. Medicaid plans also may pay for OCD treatment.

Why do people get OCD?

OCD sometimes runs in families, but no one knows for sure why some people have it, while others don't. When chemicals in the brain are not at a certain level it may result in OCD. Medications can often help the brain chemicals stay at the correct levels.

To improve treatment, scientists are studying how well different medicines and therapies work. In one kind of research, people with OCD choose to take part in a clinical trial to help doctors find out what treatments work best for most people, or what works best for different symptoms. Usually, the treatment is free. Scientists are learning more about how the brain works, so that they can discover new treatments.



Personal story

“I couldn’t do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn’t. It took me longer to read because I’d count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn’t add up to a ‘bad’ number.”

“Getting dressed in the morning was tough, because I had a routine, and if I didn’t follow the routine, I’d get anxious and would have to get dressed again. I always worried that if I didn’t do

something, my parents were going to die. I’d have these terrible thoughts of harming my parents. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me.”

“I knew the rituals didn’t make sense, and I was deeply ashamed of them, but I couldn’t seem to overcome them until I had therapy.”

For More Information on Obsessive-Compulsive Disorder

Visit the National Library of Medicine's
MedlinePlus <http://medlineplus.gov>
En Español, <http://medlineplus.gov/spanish>

For Information on Clinical Trials for Obsessive-Compulsive Disorder

NIMH Clinical Trials Web page
<http://www.nimh.nih.gov/health/trials/index.shtml>

National Library of Medicine Clinical Trials Database
<http://www.clinicaltrials.gov>

Information from NIMH is available in multiple formats.
You can browse online, download documents in PDF,
and order paper brochures by mail. You can order NIMH
publications online at <http://www.nimh.nih.gov>. If you do not
have Internet access, please contact the NIMH Information
Resource Center at the numbers listed below.

For Further Information

National Institute of Mental Health

Science Writing, Press & Dissemination Branch
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or
1-866-615-NIMH (6464) toll-free
TTY: 301-443-8431 or
1-866-415-8051 toll-free
FAX: 301-443-4279
E-mail: nimhinfo@nih.gov
Web site: <http://www.nimh.nih.gov>

Reprints

This publication is in the public domain and may be reproduced or copied without permission from the National Institute of Mental Health (NIMH). NIMH encourages you to reproduce this publication and use it in your efforts to improve public health. Citation of the NIMH as a source is appreciated. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

- NIMH does not endorse or recommend any commercial products, processes, or services and this publication may not be used for advertising or endorsement purposes.
- NIMH does not provide specific medical advice or treatment recommendations or referrals; these materials may not be used in a manner that has the appearance of such information.
- NIMH requests that Non-Federal organizations not alter this publication in a way that will jeopardize the integrity and “brand” when using the publication.
- Addition of Non-Federal Government logos and Web site links may not have the appearance of NIMH endorsement of any specific commercial products or services or medical treatments or services.

If you have questions regarding these guidelines and use of NIMH publications please contact the NIMH Information Resource Center at 1-866-615-6464 or e-mail at nimhinfo@nih.gov.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
NIH Publication No. 09-4676
Reprinted 2009