



GOT OCD



Obsessive Compulsive Foundation
of Metropolitan Chicago

*You're in
good company!*



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And you're not crazy.

If you have Obsessive Compulsive Disorder (OCD), you aren't "crazy." You have a real illness that needs to be treated. Just like your friends who have diabetes, allergies, or other health problems, you have a medical condition that is not your fault.

You may feel like your OCD is just in your head. Well, it is, but not in the way you may think. OCD is an anxiety disorder caused by a chemical imbalance in your brain. So, it's in your head, *and* it's very real.

Living with OCD can be hard. It can get in the way of having fun, doing your schoolwork, and enjoying relationships with your family and friends. While there is no cure yet, the good news is that there are treatments that can help most people reduce—or even get rid of—their symptoms.

You didn't choose to have OCD, but you can choose how you deal with it. You can learn all about it and get the right kind of treatment.

The Scoop on OCD

Even though movies and TV sometimes treat OCD as a joke, it's not funny to the people who have to live with it every day.

Obsessive Compulsive Disorder:

- Affects about 5 million to 6 million people in the United States (2% to 3% of the population)
- Strikes about 1 in 100 school-aged kids and 1 in 50 adults
- Is the fourth most common psychiatric diagnosis (after phobias, substance abuse and major depression)
- Ranks among the 10 leading causes of disability worldwide

Jacob

age 13

He's a great soccer player, has lots of friends, and the teachers all like him. What no one knows is that Jacob is keeping a secret. He's afraid of germs—terrified, actually—and the fear is starting to take over his life.

Jacob takes a shower before school, after school, and before he goes to bed. He washes his hands so often that his skin is red and cracked. He carries bars of soap around in his backpack, "just in case." And he stopped going to his favorite video arcade because he feels like all the games are covered with other kids' germs.

He also worries that chemicals may poison him. Jacob won't eat fruits or vegetables because he thinks they're covered with pesticides. He holds his breath when he walks to school so he doesn't breathe any car exhaust. And he won't go near his dad's workshop because of all the paint stored there.

It's almost impossible for Jacob to have fun doing anything any more.

Treatment could change his life for the better.



What is it?

People with OCD have unwanted thoughts that keep entering their minds (obsessions) and behaviors or mental acts that they are driven to perform over and over (compulsions). They experience the disorder as being stuck in an unending cycle of worry.

When people with OCD experience an obsession, they perform a compulsion to make themselves feel better. But it's only a matter of time before the same obsession, or a different one, strikes them.

No one wants to have obsessions or compulsions. One of the worst parts of having OCD is that most people who have it know their obsessions and compulsions are irrational, yet they cannot control them.

Common Obsessions

Related Compulsions

<i>Fear of contamination/germs</i>	<i>Washing/cleaning</i>
<i>Fear of harm or danger</i>	<i>Checking</i>
<i>Fear of loss</i>	<i>Hoarding</i>
<i>Fear of violating religious rules</i>	<i>Praying</i>
<i>Morbid thoughts of sex or harm</i>	<i>Avoidance</i>
<i>Body-related obsessions</i>	<i>Grooming</i>
<i>Need for symmetry</i>	<i>Arranging</i>
<i>Perfectionist obsessions</i>	<i>Need for reassurance</i>

Symptoms can start anytime—in childhood, adolescence, or adulthood—and they can appear either suddenly or gradually. For most people, their OCD varies in intensity over time, and for some it continues to worsen.

What causes it?

No one knows exactly what causes OCD, but many research studies indicate that it's a neurobiological condition that involves an imbalance in the brain chemical called serotonin. This chemical carries messages between brain cells. Low levels of serotonin may cause obsessions and compulsions.

Some studies also suggest that certain types of infections (like strep throat) may trigger OCD in young people whose biological make-up puts them at risk for the disorder. In the vast majority of cases, though, infections do *not* lead to OCD.

Genetics may play a role in OCD. Some research shows that about 25% of OCD sufferers have an immediate family member with the disorder.

One thing is certain—stress does not cause OCD. That said, a stressful event like the death of a loved one, parents' divorce, or other upsetting events can trigger the start of symptoms.

Sometimes people with OCD also suffer from depression, eating disorders, substance abuse disorder, attention deficit disorder, or another of the anxiety disorders (like panic disorder or generalized anxiety disorder). Having other disorders can make OCD more difficult to diagnose and treat.

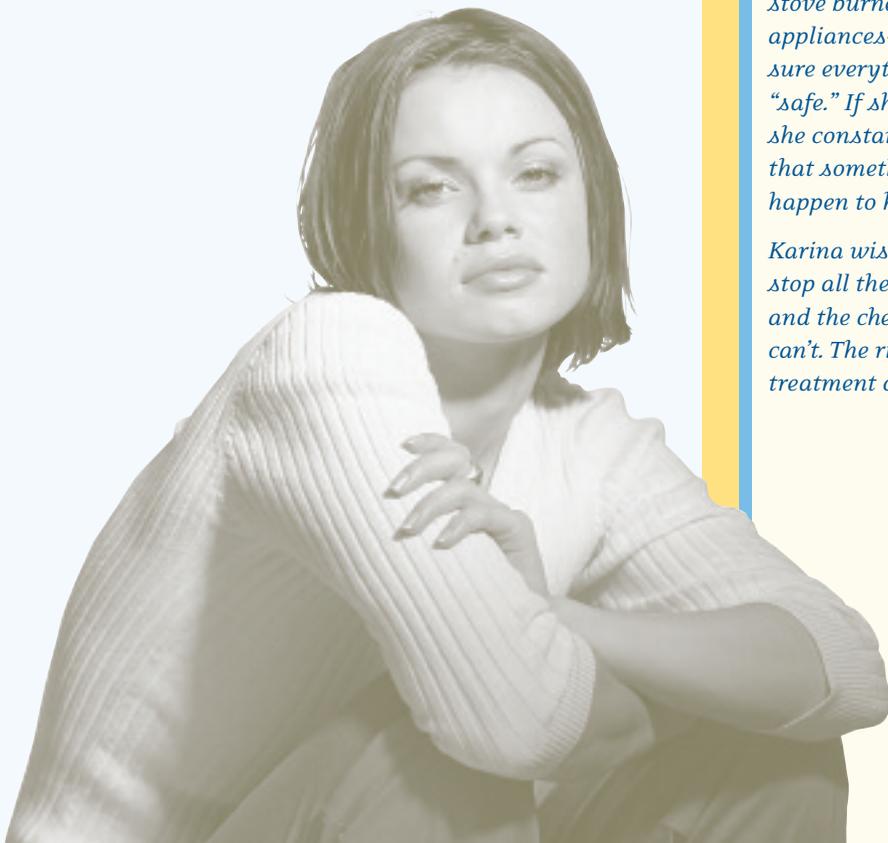
Karina age 18

Everyone knows that Karina's a top student. She's proud of that. But lately her grades have been slipping because she has trouble getting her schoolwork done—both in-class assignments and homework.

In class, if Karina writes a word that doesn't look "right" to her, she has to erase it and rewrite it over and over until she thinks it looks the way it should. Sometimes she erases so much she tears holes in the paper. Sometimes she has to start all over on a new piece of paper. It all takes so much time.

At night, she has the same problem with homework. Plus, she spends a lot of time checking things around her house—door locks, stove burners, kitchen appliances—to make sure everything is "safe." If she doesn't, she constantly worries that something bad will happen to her parents.

Karina wishes she could stop all the rewriting and the checking, but she can't. The right kind of treatment could help.



How is it treated?

No medical test can tell if you have OCD. A mental health professional who is knowledgeable about OCD can conduct a specific type of interview with you to determine if you have the disorder. Not every professional is familiar with OCD, so it's best to talk with someone who is.

Unfortunately, there is no cure for OCD yet. And wishing won't make it go away. But there is good news—two types of treatment help most people feel much better:

Medication

A variety of medications are available to treat OCD, and most of them work by helping to adjust the serotonin in your brain. Your doctor can help decide which medication may help you most.

Behavior Therapy

A specific type of therapy called exposure and response prevention (ERP) teaches people with OCD to confront their obsessions and reduce their anxiety without performing their compulsions. Eventually, the obsessions actually decrease. The behavior therapist you work with should have experience in using ERP with teens who have OCD.

Experts generally agree that most people can learn to manage their OCD symptoms by combining these treatments.

Using positron emission tomography (PET) scans, scientists have shown that functioning in some areas of the brain is different between people who have OCD and those who don't. These scans also show that medication and behavior therapy independently lead to similar changes in the brain activity related to OCD symptoms. Don't worry, though—you don't have to have this kind of scan. It's used for research, not treatment.

Talking About It

If you've already been diagnosed with OCD, you may wonder if you should talk to your friends about it. There is no right answer—each person is different. Talking about it may help you, or you may consider it private. You can decide what's most comfortable for you. And what's best for you can change over time.

If you think you might have OCD, talk to your parents or to a school counselor. They can help you find the right professional who can diagnose if you have OCD and determine the right kind of treatment.

You deserve to get relief from your OCD and feel healthy. You'd want your friend with diabetes to take his insulin and your other friend who had a bike accident to keep doing her physical therapy, right? There's no good reason for you not to get treatment for your OCD.

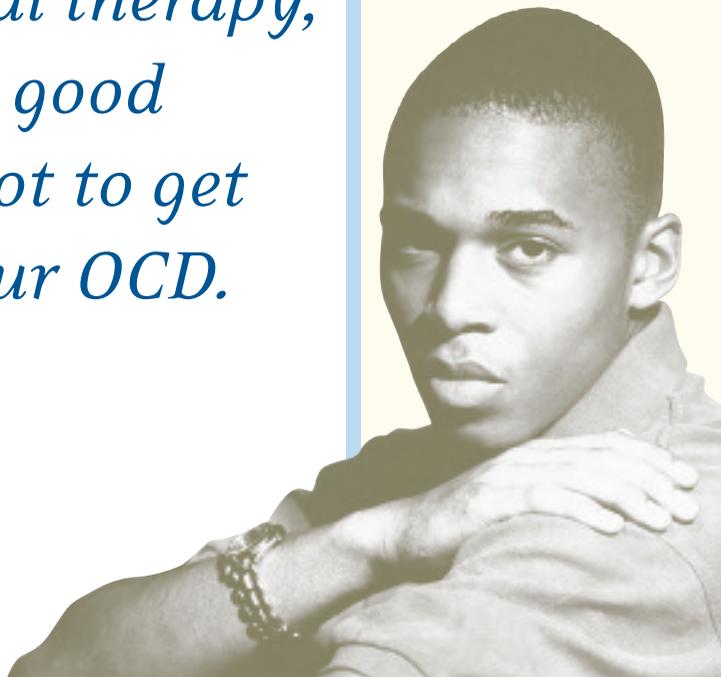
Gabriel
age 15

Gabriel is a talented artist. He can draw anything and plays a number of musical instruments.

He can't really explain why, but Gabriel has to arrange and rearrange things over and over. Everything in his room is organized "perfectly," which means the books are flawlessly aligned on the shelf, the hangers in his closet are exactly two inches apart, and his music collection is ordered by color and alphabetically.

Gabriel also feels like he has to do things in fours. He eats everything four at a time—four bites of hamburger, then four fries, then four sips of soda. He taps each doorway he passes through four times. And he buttons and unbuttons his shirt four times every morning.

He knows that his behavior is senseless, but he can't stop himself. Treatment could make all the difference.



Get Smart About OCD

Ten years ago it was hard to find information about OCD. Now it's easy—you can learn a lot on the Internet and find quite a few books on the topic in the library. Here are a few web sites to check out:

Obsessive Compulsive Foundation of Metropolitan Chicago: www.ocfchicago.org

Obsessive Compulsive Information Center: www.miminc.org/aboutocic.html

Obsessive Compulsive Foundation: www.ocfoundation.org

Anxiety Disorders Association of America: www.adaa.org

National Institute of Mental Health: www.nimh.nih.gov/publicat/ocd.cfm

Surgeon General: www.surgeongeneral.gov/library/mentalhealth/home.html

Remember, you're not crazy. You have OCD. And this biological disorder is only one small part of who you are as a person. With the right treatment, you can do anything you want in life—OCD does not have to get in your way.



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This publication was made possible by a grant from the William Blair Foundation.