

Obsessive Compulsive Disorder

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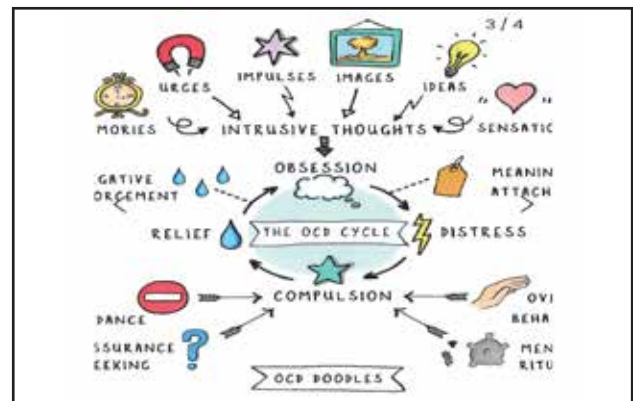
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Key points

- Definition
- Symptoms
- Causes
- Treatment

Repetitive obtrusive thoughts, ideas or perception and periodic actions or habits that source serious discomfort and weakening or damage of mental health, are the specifications of obsessive-compulsive disorder. 95% people of a population suffer from intrusive thoughts and less than 2% of the respective population are diagnosed and are treated properly. Old theories and researches have listed anxiety a main cause of OCD, however, recent researches propose that individuals counteract shame, with violent, sexual and unholy sacrilege obsessions and inducing considerable symptoms-based shame than other obsession types. Various studies have revealed that people show more shame and concerns about the treatment because they have suffered from severe psychopathology experienced through sexual or violent obsessions. And chances are that they have defective treatment as compared to individuals who experience other types of obsessions. It has also been proposed that patients of OCD do not disclose their symptoms due to shame and resultantly stopping their therapy.¹

As shown in Figure 1, we find that OCD Cycle is initiated by Obsessive thoughts or images, followed by distress and consequently leading to compulsion. The Negative attitudes that others have about mental illness (public stigma), have notable effects on people with OCD. Such patients experience different aspects of public stigma. Public stigma aspects e.g., social distance or in a state in which a person become likely to do harm either to himself or to others, are related to obsessions (aggression, contamination, sexual, attentiveness) and compulsions (washing, cleaning) presented through brief evocative description. Harm/aggression and sexual OCD were mostly linked with the aspiration of social distance, compared to other OCD symptom types. In contrast to symmetry just right OCD, perceived dangerousness are the states in which harm and aggression are associated. There are no conclusions that public stigma attributes are associated with other subtypes or disorders. The results of this research shows that harm/aggression and sexual OCD



<https://www.nzdoctor.co.nz/article/improving-outcomes-people-obsessive-compulsive-disorder>.

symptom subtypes may take advantage from contact-based stigma-reduction programs.²

Symptoms

- A person having OCD frequently experiences obsessive thoughts and compulsive behaviors. It causes unwanted and unpleasant thoughts, images and urges that repeatedly enters your mind which causes a feeling of uneasiness disgust or anxiety.
- Compulsion can be said as a repetitive behavior or mental action that you feel and is needed by you to temporarily relieve the unpleasant feelings because of the obsessive thought. Example; when Covid-19 pandemic appeared around the world, people felt obsessive fear of being burgled. And as a result they were might feeling the need to check the windows and doors are locked properly many times before leaving the house.³
- Women can experience OCD during pregnancy or after delivery. Obsessions in this case may include worrying about hammering the baby or that the sterilizing feeding bottles are not cleaned properly. It can also include things such as repeatedly checking that the baby is breathing.

Causes

People having OCD, sometimes, show unusual high activity in the brain or low levels of serotonin. OCD has been more commonly observed in people who have been neglected, abused or bullied in childhood. OCD can sometime, start when an important life event happens such as childbirth or bereavement. People who are generally quit anxious or people with high personal standards are more likely to develop OCD. A person is more likely to develop OCD if there is any kind of family history.⁴

Treatment

Cognitive Behavioral Therapy: This therapy helps the person to face their fears and obsessive thoughts without “putting them right” through compulsions. Moreover, Brain malformations and related behaviors are challenged by CBT and eventually it improves emotional regulation.⁵
Selective serotonin reuptake inhibitors: (SSRIs) It is a type of antidepressant medicine which can help by altering the balance the chemicals in your brain.⁶

Considering these two treatments, the effect of CBT is quite effective and quick. On the other hand, it can take several months to notice the effect of treatment with SSRIs but people eventually do get benefit from it.

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