



Obsessive compulsive disorders: A Review in present scenario

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Summary: *This short review highlights the situation of OCD in present scenario, how covid-19 pandemic influence the rise in OCD cases among the people and what can be done to control the cases of OCD by available treatment.*

Obsessive-compulsive disorder (OCD) is an anxiety disorder which is categorised by an individual experiencing obsessive thought (obsessions). These obsessions are usually recurring and can be intrusive thoughts, ideas, or sensations. Because of these obsessions, this can drive an individual to perform certain actions, often repetitively to alleviate the anxiety that the obsessions have caused (compulsions).

OCD for many people could centre around certain themes such as fear of contamination, so they may excessively clean and hand wash. A lot of people may experience obsessive and intrusive thoughts, however for OCD, these thoughts are persistent, and the behaviours displayed are rigid. If the obsessive thoughts are ignored or the behaviours cannot be performed, this can result in increased anxiety and distress.

Therefore, OCD can significantly interfere with daily activities, normal functioning, and social interactions if left untreated. Often, the person with OCD may recognise that their obsessive thoughts aren't true but will still have trouble disengaging from these thoughts or stopping the compulsive behaviours.

OCD is thought to affect approximately 2-3% of the United States population and appears to be more common in women than men. The average age of the onset of OCD is 19 years old, but with 25% of the cases being recognised by the age of 14. (Olivia, 2022)

Signs and Symptoms- People with OCD may have symptoms of obsessions, compulsions, or both. These symptoms can interfere with all aspects of life, such as work, school, and personal relationships. Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common symptoms include:

- * Fear of germs or contamination
- * Unwanted forbidden or taboo thoughts involving sex, religion, or harm
- " Aggressive thoughts towards others or self
- * Having things symmetrical or in a perfect order

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include-

- * Excessive cleaning and/or handwashing
- * Ordering and arranging things in a particular, precise way
- * Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- * Compulsive counting

Not all rituals or habits are compulsions. Everyone double checks things sometimes. But a person with OCD generally:

- * Can't control his or her thoughts or behaviors, even when those thoughts or behaviors are recognized as excessive
- * Spends at least 1 hour a day on these thoughts or behaviors
- * Doesn't get pleasure when performing the behaviors or rituals, but may feel brief relief from the anxiety the thoughts cause
- * Experiences significant problems in their daily life due to these thoughts or behaviors



Some individuals with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds.

Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves. Although most adults with OCD recognize that what they are doing doesn't make sense, some adults and most children may not realize that their behaviour is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children.

Dimensions or Types of OCDs:

Type 1: Contaminations (excess cleaning and washing)

Contamination OCD is what most people think of when they hear the phrase "OCD." Driven by an underlying fear of contamination or germs, people will go to great lengths to avoid situations seen as "risky" for exposure to contaminants. Some of the more common protective rituals include:

- * Disinfecting and sterilizing, excessive cleaning
- * Excessive handwashing
- * Throwing away objects believed to be contaminated or sources of contamination
- * Frequent clothing changes
- * Creating "safe" or "clean" zones

These rituals provide temporary relief from the perceived risk of exposure to contaminants and germs.

Type 2: Perfection (Symmetry, ordering and exactness)- People whose symptoms fall in this dimension have an overwhelming preoccupation with order and getting something "just right."

They will spend inordinate amounts of time moving, counting, and arranging things to alleviate or prevent distress. They may also have specific superstitions about numbers, patterns, and symmetry. These rituals are sometimes attached to magical thinking (i.e., the belief that something bad will happen if something is not "just right.")

Some of the commonly seen behaviors include-

- * A need for items to be arranged in a specific way
- * An extreme need for symmetry or organization
- * A need for symmetry in actions (if you touch your right elbow, you must also touch your left elbow)
- * Arranging items until they feel "just right"
- * Counting rituals
- * Magical thinking, or believing something bad will happen if things aren't "just right"
- * Organization rituals or superstitions about the arrangement of objects
- * Excessive attachment to and hoarding of certain items

The endless quest for perfection can be physically and mentally exhausting. The person may avoid social contact at home to prevent the symmetry and order being disrupted. This can have devastating effects on relationships (MedCircle, 2020)

Type 3: Doubt and Harm (Checking and re-checking)-

This is the dimension of checking and re-checking.

People with obsessions in this dimension tend to experience intrusive thoughts, images or urges related to the fear of unintentionally harming themselves or someone else due to carelessness or negligence. A common example is that of leaving the gas stove on before leaving home possibly causing a house fire. Along with their fear of accidental harm is also often an overwhelming feeling of self-doubt or dread and being responsible for what may happen.



Some of the common behaviors you might see are-

- * Checking and re-checking things like door locks, stoves, windows, light switches, etc.
- * Checking may include a symmetrical component of checking a specific number of times
- * Repeatedly reviewing daily activities or retracing steps (mentally or physically) to make sure no one was harmed

Type 4: Forbidden thoughts (Sometimes refer to as taboo thinking)- This symptom dimension is characterized by unwanted, intrusive thoughts.

These thoughts are often of a violent, religious or sexual nature that significantly violates the person's morals or values.

This dimension is particularly difficult to recognize and was once considered to be purely obsessional (thought-based).

In fact, people with this type of OCD do engage in behavioral rituals to manage these unwanted thoughts. These rituals tend to be covert and consist of mental compulsions and seeking reassurance.

Some of the common themes and rituals associated with this dimension include-

- * Persistent intrusive thoughts that are often sexual, religious or violent in nature
- * Persistent worry about acting on intrusive thoughts or that having them makes one a bad person
- * Obsessions about religious ideas that feel blasphemous or wrong
- * Engaging in mental rituals to dispel or cancel out the bothersome thoughts. Some of these rituals might include:
 - * Neutralizing thoughts through mentally canceling out negative thoughts with positive ones or excessive praying
 - * Excessive reviewing behavior or the seeking of reassurance
 - * Avoidance of situations perceived as thought triggers

It should be noted that, despite the nature of their thoughts, people with this type of OCD usually have no history of violence, nor do they act on their thoughts or urges.

They do, however, often believe their thoughts are dangerous and will devote enormous time and mental effort to suppress them (MedCircle, 2020)

Treatments and Therapies- OCD is typically treated with medication, psychotherapy, or a combination of the two. Although most patients with OCD respond to treatment, some patients continue to experience symptoms.

Sometimes people with OCD also have other mental disorders, such as anxiety, depression, and body dysmorphic disorder, a disorder in which someone mistakenly believes that a part of their body is abnormal. It is important to consider these other disorders when making decisions about treatment (NIHM)

Medication- Serotonin reuptake inhibitors (SRIs), which include selective serotonin reuptake inhibitors (SSRIs) are used to help reduce OCD symptoms.

SRIs often require higher daily doses in the treatment of OCD than of depression and may take 8 to 12 weeks to start working, but some patients experience more rapid improvement.

If symptoms do not improve with these types of medications, research shows that some patients may respond well to an antipsychotic medication. Although research shows that an antipsychotic medication may help manage symptoms for people who have both OCD and a tic disorder, research on the effectiveness of antipsychotics to treat OCD is mixed.

Other medications have been used to treat OCD, but more research is needed to show the benefit of these options (NIHM).

Psychotherapy- Psychotherapy can be an effective treatment for adults and children with OCD. Research shows that certain types of psychotherapy, including cognitive behavior therapy (CBT) and other



related therapies (e.g., habit reversal training) can be as effective as medication for many individuals. Research also shows that a type of CBT called Exposure and Response Prevention (EX/RP) - spending time in the very situation that triggers compulsions (e.g. touching dirty objects) but then being prevented from undertaking the usual resulting compulsion (e.g. handwashing) - is effective in reducing compulsive behaviors in OCD, even in people who did not respond well to SRI medication.

As with most mental disorders, treatment is usually personalized and might begin with either medication or psychotherapy, or with a combination of both. For many patients, EX/RP is the add-on treatment of choice when SRIs or SSRIs medication does not effectively treat OCD symptoms or vice versa for individuals who begin treatment with psychotherapy (NIHM).

Other Treatment Options- In 2018, the FDA approved Transcranial Magnetic Stimulation (TMS) as an adjunct in the treatment of OCD in adults.

NIMH is supporting research into other new treatment approaches for people whose OCD does not respond well to the usual therapies. These new approaches include combination and add-on (augmentation) treatments, as well as novel techniques such as deep brain stimulation (NIHM).

Conclusion- In present time, as we are all recovering from covid-19 pandemic OCD in lot of people has been increased based on the situations and environmental factors. People were afraid of getting covid hence lot of people were taking precautions which were necessary, but it simulate the OCD risk factors among the people. Lot of people are now used to wash hands or even taking bath frequently without realising that they are showing the symptoms of OCD. It is believed to be a good practise if the person takes care of the hygiene but everything in extreme is also not good. After covid, lot of people prefer excess cleaning and washing inside their homes which is totally not required and subconsciously they are suffering through OCD. Hence, it is safe to say that after covid lot of people who never had a problem of OCD are now going through obsessive compulsive disorder. These people who are suffering from OCD must seek professional help.

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