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A World of Obsession

My uncle suffers from a somewhat serious form of Obsessive-Compulsive Disorder (OCD), an anxiety disorder where a person has recurrent and unwanted ideas or impulses (known as obsessions) as well as an urge or compulsion to do something to relieve the discomfort caused by the obsession. For years, he has been in and out of various hospitals and clinics, attempting to treat his condition. Although the disorder does not control his life, it affects his judgment and actions to the point where he has difficulty interacting with people. His patterns range from constantly organizing items within his apartment, to asking questions that he knows he has asked already, and even superstitious beliefs like lucky numbers and walking in certain paths. He suffers from one unique symptom in which he times himself for random tasks, and refuses to complete the task if he violates a set time limit. In order to attempt to understand these compulsions, I wanted to research OCD and discover what causes this strange disorder

The neurotic thoughts may range from the idea of losing control, to themes surrounding religion or keeping things or parts of one's body clean at all times. Compulsions are behaviors that help reduce the anxiety surrounding the obsessions. Ninety percent of people who have OCD display both obsessions and compulsions. The thoughts and behaviors a person with OCD has are senseless, repetitive, distressing, and sometimes harmful, but they are also incredibly difficult to overcome. OCD is more common than schizophrenia, bipolar disorder, and panic disorder, according to the National Institute of Mental Health. Yet, it is still commonly overlooked by mental health professionals and advocacy groups, and people who have the problem themselves. Many people carry the misperception that they somehow caused themselves to have these compulsive behaviors and obsessive thoughts. Nothing could be further from the truth. OCD is likely the cause of a number of intertwined and complex factors which include genetics, biology, personality development, and how a person learns to react to the environment around them. Modern scientists know that it is not a sign of a character flaw

or a personal weakness. OCD is a serious mental disorder, but it is more treatable than ever. Without the appropriate therapy and medication, it affects a person's ability to function in everyday activities, work, family, and social life.

Clinical trials in recent years have shown that drugs which affect the neurotransmitter serotonin can significantly decrease the symptoms of OCD. The first of these Serotonin Reuptake Inhibitors (SRIs) specifically approved for the use in the treatment of OCD was the tricyclic antidepressant clomipramine (Anafranil). It was followed by other SRIs that are called "Selective Serotonin Reuptake Inhibitors" (SSRIs). Those that have been approved by the Food and Drug Administration for the treatment of OCD are flouxetine (Prozac), fluvoxamine (Luvox), and paroxetine (Paxil). Another that has been studied in controlled clinical trials, one of which my uncle participated in, is sertraline (Zoloft). Large studies have shown that more than three-quarters of patients are helped by these medications to some degree. In more than half of patients, medications relieve symptoms of OCD by diminishing the frequency and intensity of their obsessions and compulsions. Improvement usually takes at least three weeks or longer. If a patient does not respond well to one of these drugs, or has unacceptable side effects, another SRI may give a better response. For patients who are only partially responsive to these medications, research is being conducted on the use of an SRI as the primary drug and one of a variety of medications as an additional drug (an augmenter). Medications are of help in controlling the symptoms of OCD, but often, if the drug is discontinued, relapse will follow. Indeed, even after symptoms have subsided, most people will need to continue with medication indefinitely, perhaps with a lowered dosage.

Traditional psychotherapy, aimed at developing the patient’s insight into his or her problem, is generally not helpful for OCD. However, a specific behavior therapy approach called "exposure and response prevention" is effective for many people with the disorder. In this approach, the patient deliberately and voluntarily confronts the feared object or idea, either directly or by imagination. At the same time the patient is strongly encouraged to refrain from ritualizing, with support and structure provided by the therapist, and possibly by others whom the patient recruits for assistance. For example, a compulsive hand washer may be encouraged to touch an object believed to be contaminated, and then urged to avoid washing for several hours until the anxiety

provoked has greatly decreased. Treatment then proceeds on a step-by-step basis, guided by the patient's ability to tolerate the sickness and control the rituals. As treatment progresses, most patients gradually experience less anxiety from the obsessive thoughts and are able to resist these compulsive urges. Studies of behavior therapy for OCD have found it to be a successful treatment for the majority of patients who complete it. For the treatment to be successful, it is important that the therapist be fully trained to provide this specific form of therapy. It is also helpful for the patient to be highly motivated and have a positive, determined attitude.

The positive effects of behavior therapy endure once treatment has ended. A recent compilation of outcome studies indicated that, of more than 300 OCD patients who were treated by exposure and response prevention, an average of seventy-six percent still showed clinically significant relief from three months to six years after treatment (Foa & Kozak, 1996). Another study has found that incorporating relapse-prevention components in the treatment program, including follow-up sessions after the intensive therapy, contributes to the maintenance of improvement (Hiss, Foa, and Kozak, 1994). One study provides new evidence that cognitive-behavioral therapy may also prove effective for OCD. This variant of behavior therapy emphasizes changing the OCD sufferer's beliefs and thinking patterns. Additional studies are required before the promise of cognitive-behavioral therapy can be adequately evaluated. The ongoing search for causes, together with research on treatment, promises to yield even more hope for my uncle, as well as other people suffering from Obsessive-Compulsive Disorder and their families.

BIBLIOGRAPHY

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