

HI! MY NAME IS... AND I HAVE OCD



Wanting everything to be 'just so' is one thing, but having constant, intrusive thoughts and fears that drive you to repeat time-consuming rituals can interfere with your ability to function at home, work and socially. By **Gillian Warren-Brown**

How many times have you flippantly said you're OCD about your kitchen, desk, books or clothes? In a world full of acronyms, OCD has become code for perfectionism. But not everyone who likes things to be 'just so' has obsessive-compulsive disorder (OCD). On the contrary, OCD is a distressing and serious psychiatric illness.

Dr John Torline, a specialist psychiatrist based at Life St Vincent's at Life Vincent Pallotti Hospital in Cape Town, says the obsessions that a person with OCD experiences are 'unwanted and stressful thoughts, images or urges that continually enter their mind'. Compulsions are time-consuming behaviours or acts that they feel compelled to perform repeatedly as a result of the obsessions, even though

they recognise them as senseless. 'To resist is difficult and causes anxiety, which doesn't improve until the behaviour is completed,' says Dr Torline.

For example, an obsession might be a fear of picking up germs from sitting in certain chairs, from shaking hands, or touching door handles. The corresponding compulsion could be washing your hands countless times a day until they become red and raw after you've touched, or thought you've touched, a contaminated object.

WHO GETS OCD?

We don't know exactly how common OCD is in South Africa, but Professor Christine Lochner, co-director at the SAMRC Unit on Risk and Resilience in Mental Disorders at the University of Stellenbosch believes local rates are similar to the global figure of 2–3% of the population. She acknowledges, though, that in addition to those diagnosed with OCD, there are many people who have some symptoms, but these are not intrusive enough to interfere with their ability to function at work, home and socially.

Dr Pauline Mawson, a clinical psychologist based in Benoni and consulting for the Life Mental Health Unit at Life Glynnview says OCD can be diagnosed by a psychiatrist or psychologist via a background history and clinical observations. She adds that people who exhibit traits of OCD but don't fulfil the criteria for a full OCD diagnosis could still benefit from treatment.

Dr Torline says most people who are diagnosed with the disorder start developing symptoms in their late teens, although in boys, who are more often affected in childhood, it could be as early as the age of 10. In adulthood, the balance shifts to women, who are affected slightly more commonly than men.

WHAT CAUSES OCD?

A history of anxiety and depression may be a predisposing factor, says Dr Mawson, as well as other things such as early childhood trauma and/or abuse (especially sexual). Those who internalise their thoughts and feelings are more at risk.

Dr Torline adds that genetic factors also play a role. 'People with a parent or siblings with OCD have a higher risk of developing the disorder. It's likely that many genes are involved and that certain environmental

Typical OCD obsessions and compulsions vs behaviour easily mistaken for OCD

The information that follows is not intended to simplify OCD, which is a complex condition with a range of behaviours that intrude on an individual's ability to function. It is a condition that has to be diagnosed by a trained mental health professional.

OCD	Not OCD
A teen buries his cutlery and crockery in the garden after every meal because he worries about infecting his family with a disease.	A student washes her cup after drinking coffee and washes up after every meal.
A young woman silently and constantly repeats a prayer for fear that if she doesn't something bad will happen.	A person prays daily in accordance with his religion.
A man worries that his car will be stolen so he goes to look every five minutes and triple check that it's locked.	After locking his car, a man checks and re-checks that it is, indeed, locked.

Living with OCD

For those diagnosed with OCD, psychologist Dr Pauline Mawson suggests some ways of managing the disorder:

- Talk about it: tell your family and friends.
- Join a support group.
- Use mindfulness and techniques for relaxation.
- Learn how to cope with stressful situations (regulating your emotions, conflict management and assertiveness).
- Develop hobbies.
- Exercise – it's a helpful outlet for anxiety.

factors, such as birth complications and stressful or traumatic events, may influence the expression of these genes,' he says. The sudden onset of symptoms in children is believed to be linked to streptococcal infections, such as a strep throat.

HOW OCD IS TREATED

Medication, cognitive-behavioural therapy (CBT) or a combination of both is effective in reducing the symptoms of OCD, says Dr Torline. Medications, such as selective serotonin re-uptake inhibitors (SSRIs), usually show some effect after four to six

weeks, although eight to 12 weeks are usually needed for maximum benefit.

Dr Mawson says CBT is especially successful at helping patients to deal with intrusive thoughts and learn how to resist compulsive behaviours.

With appropriate treatment and the help of support groups, including online groups, it is possible to manage OCD. ■

MEET OUR EXPERTS



Dr John Torline is a specialist psychiatrist based at Life St Vincent's at Life Vincent Pallotti Hospital. He is trained to practise evidence-based psychiatry,

working within the biopsychosocial model. As part of providing patients with a comprehensive assessment he looks at the social and cultural context and takes physical and mental symptoms into account.



Dr Pauline Mawson is a clinical psychologist and consults at the Life Mental Health Unit at Life Glynnview, where she works with individual inpatients and runs

groups. Her interests lie in children and adolescents anxiety disorders, personality disorders, trauma and forensic evaluations (family and criminal).