

How is OCD Diagnosed?

OCD can only be diagnosed by a licensed mental health professional (or “therapist”), such as a psychologist, social worker, counselor, or psychiatrist.

To diagnose someone with OCD, a mental health professional is looking for three things:

1. The person has **obsessions**.
2. The person does **compulsions**.
3. The **obsessions** and **compulsions** take a lot of time and get in the way of important activities the person values, like going to work or school, spending time with their family, etc.

OCD by the Numbers

- Approximately 1 in 100 adults and 1 in 200 kids and teens have OCD. This means that over 3 million adults and half a million kids and teens currently have OCD.
- OCD can start at any age, though there are generally two age ranges when OCD first appears. The first is between ages 10 – 12 years, and the second is between the late teens and early adulthood.
- OCD equally affects men, women, and children of all races, ethnicities, and backgrounds.
- It takes an average of 14 – 17 years from the time OCD first appears for people to receive appropriate treatment.
- Once connected to appropriate treatment, the majority of people with OCD (around 70%) will benefit from therapy, medicine, or a combination of the two.

Resources

For more information and to find help:

www.iocdf.org

For more information for kids and teens:

www.OCDinKids.org

For more information for families:

www.iocdf.org/families

For more information about OCD-related disorders:

- Hoarding Disorder: www.HelpForHoarding.org
- Body Dysmorphic Disorder (BDD): www.HelpForBDD.org
- The TLC Foundation for Body-Focused Repetitive Behaviors: www.bfrb.org
- Tourette Association of America: www.tourette.org



International
OCD
Foundation

RESOURCES. RESEARCH. RESPECT.

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What is OCD?

Facts About Obsessive
Compulsive Disorder



Obsessive Compulsive Disorder (OCD) is a mental health disorder that affects people of all ages and walks of life, and occurs when a person gets caught in a cycle of **obsessions** and **compulsions**.

Most people have obsessive thoughts and/or compulsive behaviors at some point in their lives, but that does not mean that we all have “some OCD.” In order for a diagnosis of obsessive compulsive disorder to be made, this cycle of obsessions and compulsions becomes so extreme that it consumes a lot of time and gets in the way of important activities that the person values.

Obsessions are unwanted thoughts, images, or urges that may be extreme or disturbing. The obsessions are accompanied by uncomfortable feelings, such as fear, disgust, doubt, or a feeling that things have to be “just right.” These obsessions occur over and over again and feel outside of the person’s control.

Common obsessions can include:

- Contamination
- Losing control
- Perfectionism
- Harm coming to others due to negligence
- Unwanted sexual or violent thoughts
- Religious obsessions (also referred to as “scrupulosity”)

Compulsions are excessive, repetitive behaviors or “mental acts” (e.g., thought suppression, counting, praying, etc.) that a person uses to try to neutralize or make their obsessions or distress go away. People with OCD usually recognize that using compulsions is only a temporary solution, but without any other way to cope, they rely on compulsions as a brief escape.

Common compulsions can include:

- Frequent, excessive washing and/or cleaning.
- Frequent, excessive checking (e.g. that the door is locked, that the oven is off, etc.).
- Repeating.
- Mental compulsions (e.g. counting, praying, and reviewing).
- Frequent, excessive reassurance seeking (e.g. asking “Are you sure I’m going to be OK?”).
- Avoiding situations that may trigger their obsessions.

How is OCD Treated?

The most effective treatments for OCD are Cognitive Behavior Therapy (CBT) and/or medication. More specifically, the most effective and evidence-based treatments are a type of CBT called Exposure and Response Prevention (ERP) and/or a class of medications called serotonin reuptake inhibitors, or SRIs.

ERP therapy involves working with a licensed mental health professional (such as a psychologist, social worker, or mental health counselor) to face your fears through “*exposure*” without doing your compulsions — the “*response prevention*”. ERP is typically done in an outpatient setting, which means you visit your therapist’s office at a scheduled time weekly or a few times a week. In collaboration with your therapist, you will use structured exercises and tasks, as well as homework assignments to help you along the way.

Medication may also be used, either by itself or along with ERP treatment. Most of the SRI medicines that help OCD are known as antidepressants. Several drugs are considered to work well for people with OCD:

- Fluvoxamine (Luvox ®)
- Fluoxetine (Prozac ®)
- Sertraline (Zoloft ®)
- Paroxetine (Paxil ®)
- Citalopram (Celexa ®)
- Clomipramine (Anafranil ®)
- Escitalopram (Lexapro ®)
- Venlafaxine (Effexor ®)

Only a licensed medical professional (such as a psychiatrist or physician) can prescribe medication, and they would ideally work together with the therapist to develop a treatment plan.

OCD treatment can be difficult, and requires a lot of courage and determination. Having a support network to talk to during treatment can make all the difference. Support groups (whether in-person or online) can be great additions to your individual treatment, connecting you to other people who understand what you are going through.

OCD Affects More than the Individual: Addressing the Needs of the Family

Being a family member of a person with OCD is full of challenges and unique opportunities. It can be hard to watch a family member live at the mercy of their OCD, but there are things you can do to help.

Learn about OCD

Education is the first step. By understanding what a loved one is going through, family members and friends will be better able to support them in their recovery. For example:

- Read books about OCD — for a list of suggested titles, visit iocdf.org/books.
- Attend support groups with other family members of people with OCD. Learn more at iocdf.org/supportgroups.
- Become a member of the International OCD Foundation. Learn more at iocdf.org/membership.

Learn to recognize and reduce Family Accommodation Behaviors

Families are constantly affected by the demands of OCD, and “Family Accommodation Behaviors” are things families do that unintentionally encourage OCD symptoms (i.e., enabling). These can include participating in or assisting with compulsions (e.g. buying cleaning products, providing reassurance), changing the family routine, or taking on extra responsibility that normally would go to the person with OCD.

Family accommodation behaviors only help to fuel OCD further. There are other, more effective strategies that families can use, such as learning to say no to the OCD and encouraging their family member to stick with their treatment plan. The more that family members can learn about their responses to OCD and the impact they have on the person with OCD, the more the family becomes empowered to make a difference!

