

Obsessive-Compulsive Disorder (OCD)

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Definition

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by unreasonable thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions). With obsessive-compulsive disorder, you may realize that your obsessions aren't reasonable, and you may try to ignore them or stop them. But that only increases your distress and anxiety. Ultimately, you feel driven to perform compulsive acts in an effort to ease your stressful feelings.

Obsessive-compulsive disorder often centers around themes, such as a fear of getting contaminated by germs. To ease your contamination fears, you may compulsively wash your hands until they're sore and chapped. Despite your efforts, thoughts of obsessive-compulsive behavior keep coming back. This leads to more ritualistic behavior — and a vicious cycle that's characteristic of obsessive-compulsive disorder.

Symptoms

Obsessive-compulsive disorder symptoms include both obsessions and compulsions.

Obsession symptoms

OCD obsessions are repeated, persistent and unwanted ideas, thoughts, images or impulses that you have involuntarily and that seem to make no sense. These obsessions typically intrude when you're trying to think of or do other things.

Obsessions often have themes to them, such as:

1. Fear of contamination or dirt
2. Having things orderly and symmetrical
3. Aggressive or horrific impulses
4. Sexual images or thoughts

Obsession symptoms and signs may include:

1. Fear of being contaminated by shaking hands or by touching objects others have touched
2. Doubts that you've locked the door or turned off the stove
3. Thoughts that you've hurt someone in a traffic accident
4. Intense stress when objects aren't orderly or facing the right way
5. Images of hurting your child
6. Impulses to shout obscenities in inappropriate situations
7. Avoidance of situations that can trigger obsessions, such as shaking hands
8. Replaying pornographic images in your mind
9. Dermatitis because of frequent hand washing
10. Skin lesions because of picking at your skin
11. Hair loss or bald spots because of hair pulling

Compulsion symptoms

OCD compulsions are repetitive behaviors that you feel driven to perform. These repetitive behaviors are meant to prevent or reduce anxiety related to your obsessions. For instance, if you believe you hit someone with your car, you may return to the apparent scene over and over because you just can't shake your doubts. You may also make up rules or rituals to follow that help control the anxiety you feel when having obsessive thoughts.

As with **obsessions**, compulsions typically have themes, such as:

- Washing and cleaning
- Counting
- Checking
- Demanding reassurances
- Performing the same action repeatedly
- Orderliness

Compulsion symptoms and signs may include:

1. Hand washing until your skin becomes raw
2. Checking doors repeatedly to make sure they're locked
3. Checking the stove repeatedly to make sure it's off
4. Counting in certain patterns
5. Arranging your canned goods to face the same way

Symptoms usually begin gradually and tend to vary in severity throughout your life. Symptoms generally worsen during times when you're experiencing more stress. OCD is considered a lifelong illness.

When to see a doctor

There's a difference between being a perfectionist and having obsessive-compulsive disorder. Perhaps you keep the floors in your house so clean that you could eat off them. Or you like your knickknacks arranged just so. That doesn't necessarily mean that you have obsessive-compulsive disorder.

Obsessive-compulsive disorder can be so severe and time-consuming that it literally becomes disabling. You may be able to do little else but spend time on your obsessions and compulsions — washing your hands for hours each day, for instance. With OCD, you may have a low quality of life because the condition rules most of your days. You may be very distressed, but you seem powerless to stop your urges. Most adults can recognize that their obsessions

and compulsions don't make sense. Children, however, may not understand what's wrong.

If your obsessions and compulsions are affecting your life, see your doctor or mental health provider. People with OCD may be ashamed and embarrassed about the condition. But even if your rituals are deeply ingrained, treatment can help.

Causes

The cause of obsessive-compulsive disorder isn't fully understood. Main theories include:

Biology. OCD may be a result of changes in your body's own natural chemistry or brain functions. OCD also may have a genetic component, but specific genes have yet to be identified.

Environment. OCD may stem from behavior-related habits that you learned over time.

Insufficient serotonin. An insufficient level of serotonin, one of your brain's chemical messengers, may contribute to obsessive-compulsive disorder. In addition, people with obsessive-compulsive disorder who take medications that improve the action of serotonin often have fewer OCD symptoms.

Risk factors

Factors that may increase the risk of developing or triggering obsessive-compulsive disorder include:

Family history. Having parents or other family members with the disorder can increase your risk of developing OCD.

Stressful life events. If you tend to react strongly to stress, your risk may increase. This reaction may, for some reason, trigger the intrusive thoughts, rituals and emotional distress characteristic of obsessive-compulsive disorder.

Complications

Complications that obsessive-compulsive disorder may cause or be associated with include:

- Suicidal thoughts and behavior
- Alcohol or substance abuse
- Other anxiety disorders
- Depression
- Eating disorders
- Contact dermatitis from frequent hand washing
- Inability to attend work or school
- Troubled relationships
- Overall poor quality of life

Preparing for your appointment

In some cases, a health care provider or other professional may ask you about your mood, thoughts or behavior. Your doctor may bring it up during a routine medical appointment, especially if you seem to be agitated or distressed. Or you may decide to schedule an appointment with your family doctor to talk about your concerns. In either case, because obsessive-compulsive disorder often requires specialized care, you may be referred to a mental health provider, such as a psychiatrist or psychologist, for evaluation and treatment. In other cases, you may seek out a mental health provider on your own first.

What you can do

Being an active participant in your care can help your efforts to manage your OCD. One way to do this is by preparing for your appointment. Think about your needs and goals for treatment. Also, write down a list of questions to ask. These may include:

1. **Write down any symptoms you've noticed**, including any that may seem unrelated to the reason for which you've scheduled the appointment. Try to have specific examples ready.
2. **Write down key personal information**, including any major stresses or recent life changes.
3. **Take a list of all medications**, as well as any vitamins or supplements.
4. **Make a list of questions you'd like to ask.**

Write down any questions you might have, which may include:

- Why do you think I have obsessive-compulsive disorder?
- How do you treat obsessive-compulsive disorder?
- How can treatment help me?
- Are there medications that might help?
- Will psychotherapy help?
- How long will treatment take?
- What can I do to help myself?
- Are there any brochures or other printed material that I can take home with me? Or can you recommend reliable websites to visit?

In addition to the questions that you've prepared to ask your doctor, don't hesitate to ask questions whenever you don't understand something being discussed.

What to expect from your doctor

Your doctor is likely to ask you a number of questions. Being ready to answer them may reserve time to go over any points you want to spend more time on.

Your doctor may ask:

1. Do certain thoughts go through your mind over and over despite your attempts to ignore them?
2. Do you have to have things arranged in a certain way?
3. Do you have to wash your hands, count things or check things over and over?
4. When did your symptoms start?
5. Have symptoms been continuous or occasional?
6. What, if anything, seems to improve the symptoms?
7. What, if anything, appears to worsen the symptoms?
8. How do the symptoms affect your daily life?
9. Have any relatives had a mental illness?
10. Have you experienced any trauma or stress?

Tests and diagnosis

If your doctor or mental health provider believes you may have obsessive-compulsive disorder, he or she typically runs a series of medical and psychological tests and exams. These can help pinpoint a diagnosis, rule out other problems that could be causing your symptoms and check for any related complications.

These exams and tests generally include:

Physical exam. This may include measuring height and weight; checking vital signs, such as heart rate, blood pressure and temperature; listening to your heart and lungs; and examining your abdomen.

Laboratory tests. These may include a complete blood count (CBC), screening for alcohol and drugs, and a check of your thyroid function.

Psychological evaluation. A doctor or mental health provider will talk to you about your thoughts, feelings and behavior patterns. He or she will ask about your symptoms, including when they started, how severe they are, how they affect your daily life and whether you've had similar episodes in the past. You'll also discuss any thoughts you may have of suicide, self-harm or harming others. Your doctor may also want to talk to your family or friends, if possible.

Diagnostic criteria for obsessive-compulsive disorder

To be diagnosed with obsessive-compulsive disorder, you must meet the criteria spelled out in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). This manual is published by the American Psychiatric Association and is used by mental health professionals to diagnose mental illnesses.

For OCD to be diagnosed, you must first meet these general criteria:

1. You must have either obsessions or compulsions.

2. You must realize that your obsessions and compulsions are excessive or unreasonable.
3. Obsessions and compulsions significantly interfere with your daily routine.

Your **obsessions** must meet these specific criteria:

1. Recurrent and persistent thoughts, impulses or images are intrusive and cause distress.
2. The thoughts aren't simply excessive worries about real problems in your life.
3. You try to ignore or suppress these thoughts, images or impulses.
4. You know that these thoughts, images and impulses are a product of your own mind.

Compulsions must meet these specific criteria:

1. Repetitive behavior that you feel driven to perform, such as hand washing, or repetitive mental acts, such as counting silently.
2. These behaviors or mental acts are meant to prevent or reduce distress about unrealistic obsessions.

Diagnostic challenges

It is sometimes difficult to diagnose obsessive-compulsive disorder because symptoms can be similar to those of generalized anxiety disorder, depression, schizophrenia or other mental illnesses. Be sure to stick with it, though, so that you can get appropriate treatment.

Treatments and drugs

Obsessive-compulsive disorder treatment can be difficult, and treatment may not result in a cure. You may need treatment for the rest of your life. However, OCD treatment can help you bring symptoms under control so that they don't rule your daily life.

Main obsessive-compulsive disorder treatments

The two main treatments for obsessive-compulsive disorder are:

1. Psychotherapy
2. Medications

Which option is best for you will depend on your personal situation and preferences. Often, treatment is most effective with a combination of medications and psychotherapy.

Psychotherapy for obsessive-compulsive disorder

A type of therapy called cognitive behavioral therapy (CBT) can be effective. Cognitive behavioral therapy involves retraining your thought patterns and routines so that compulsive behaviors are no longer necessary.

One CBT approach in particular is called exposure and response prevention. This therapy involves gradually exposing you to a feared object or obsession, such as dirt, and teaching you healthy ways to cope with your anxiety. Learning the techniques and new thought patterns takes effort and practice. But you may enjoy a better quality of life once you learn to manage your obsessions and compulsions.

Therapy may take place in individual, family or group sessions.

Medications for obsessive-compulsive disorder

Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first. Antidepressants may be helpful for OCD because they may help increase levels of serotonin, which may be lacking when you have OCD.

Antidepressants that have been specifically approved by the Food and Drug Administration (FDA) to treat OCD include:

- Clomipramine (Anafranil)
- Fluvoxamine (Luvox)
- Fluoxetine (Prozac)
- Paroxetine (Paxil, Pexeva)
- Sertraline (Zoloft)

However, many other antidepressants and other psychiatric medications on the market also may be used to treat OCD off-label. Off-label use is a common and legal practice of using a medication to treat a condition not specifically listed on its prescribing label as an FDA-approved use.

Choosing a medication

In general, the goal of OCD treatment with medications is to effectively control signs and symptoms at the lowest possible dosage. Which medication is best for you depends on your own individual situation. It can take weeks to months after starting a medication to notice an improvement in your symptoms.

With obsessive-compulsive disorder, it's not unusual to have to try several medications before finding one that works well to control your symptoms. Your doctor also might recommend combining medications, such as antidepressants and antipsychotic medications, to make them more effective in controlling your symptoms.

Don't stop taking your medication without talking to your doctor, even if you're feeling better. You may have a relapse of OCD symptoms if you stop taking your medication. Also, some medication needs to be tapered off, rather than stopped abruptly, to avoid withdrawal symptoms.

Medication may be continued for one to two years before your doctor will try to gradually taper your dosage. If your symptoms return on a lower dose, you may need to take medication indefinitely.

Medication side effects and risks

All psychiatric medications have side effects, such as stomach upset, sleep disturbance, sweating and reduced interest in sexual activity. Be sure to talk to your doctor about all of the possible side effects and about any health monitoring that's necessary while taking psychiatric medications, especially antipsychotic medications. And, be sure to let your doctor know if your medication is causing troubling side effects.

Some medications can have dangerous interactions with other medications, foods or other substances. Tell your doctors about all medications and over-the-counter substances you take, including vitamins, minerals and herbal supplements.

Other treatment options

Sometimes, medications and psychotherapy aren't effective enough in controlling your OCD symptoms. In rare cases, other treatment options may include:

- Psychiatric hospitalization
- Residential treatment
- Electroconvulsive therapy (ECT)
- Transcranial magnetic stimulation
- Deep brain stimulation

Because these treatments haven't been thoroughly tested for use in obsessive-compulsive disorder, make sure you understand all the pros and cons and possible health risks.

Lifestyle and home remedies

Obsessive-compulsive disorder is a chronic condition, which means it may always be part of your life. While you can't treat OCD on your own, you can do some things for yourself that will build on your treatment plan:

1. **Take your medications as directed.** Even if you're feeling well, resist any temptation to skip your medications. If you stop, OCD symptoms are likely to return.
2. **Pay attention to warning signs.** You and your doctors may have identified things that may trigger your OCD symptoms. Make a plan so that you know what to do if symptoms return. Contact your doctor or therapist if you notice any changes in symptoms or how you feel.
3. **Avoid drugs and alcohol.** Alcohol and illegal drug abuse are common in people with OCD. Get appropriate treatment if you have an alcohol or substance abuse problem.
4. **Check first before taking other medications.** Contact the doctor who's treating you for OCD before you take medications prescribed by another doctor or before taking any over-the-counter medications, vitamins, minerals or supplements. These may interact with your OCD medications.

Coping and support

Coping with obsessive-compulsive disorder can be challenging. Medications can have unwanted side effects, and you might feel angry or resentful about having a condition that can require long-term treatment. Here are some ways to help cope with OCD:

1. **Learn about obsessive-compulsive disorder.** Education about your condition can empower you and motivate you to stick to your treatment plan.
2. **Join a support group.** Support groups for people with OCD can help you reach out to others facing similar challenges.
3. **Stay focused on your goals.** Recovery from OCD is an ongoing process. Stay motivated by keeping your recovery goals in mind. Remind yourself that you're responsible for managing your illness and working toward your goals.
4. **Find healthy outlets.** Explore healthy ways to channel your energy, such as hobbies, exercise and recreational activities.
5. **Learn relaxation and stress management.** Try such stress management techniques as meditation, muscle relaxation, deep breathing, yoga or tai chi.
6. **Structure your time.** Plan your day and activities. Try to stay organized. You may find it helpful to make a list of daily tasks.

Prevention

There's no sure way to prevent obsessive-compulsive disorder. However, getting treatment as soon as possible may help prevent OCD from worsening.