CONDITION

Obsessive-compulsive disorder

Obsessive-compulsive disorder causes unwanted recurring thoughts and repetitive actions that can disrupt daily life.

WHAT IT IS
Mental health condition involving obsessions and compulsions

BODY SYSTEM
Brain and mental health

MAIN SYMPTOMS
Intrusive thoughts, repeated rituals, anxiety, avoidance

WHAT CAUSES IT
Genetic, brain, and environmental factors

HOW IT IS DIAGNOSED
Clinical interview and symptom assessment; no confirming laboratory test

MAIN TREATMENT
Cognitive behavioural therapy and antidepressant medication

CAN IT BE CURED?
No - treatment can greatly reduce symptoms

IS IT AN EMERGENCY?
Sometimes - immediate danger or inability to care for yourself

LONG-TERM OUTLOOK
Often manageable, though symptoms can return during stress

Overview

Obsessive-compulsive disorder, usually called OCD, is a mental health condition involving obsessions, compulsions, or both.

Obsessions are recurring thoughts, images, feelings, or urges that are unwanted and distressing. Compulsions are actions or mental rituals you feel driven to repeat. They may be used to reduce anxiety or prevent something feared from happening.

For example, a fear of contamination may lead to repeated washing. A fear of causing harm may lead to checking appliances, reviewing past events, or repeatedly asking for reassurance. The relief from a compulsion is usually temporary, so the cycle begins again.

OCD is not the same as enjoying order, being careful, or having particular habits. The

symptoms take up time, cause distress, or interfere with everyday life. They may affect work, education, relationships, sleep, finances, and physical health.

Some people know their fears are unlikely or that their rituals are excessive. Others are less certain, especially when anxiety is intense. This is called the level of insight, and it can change over time.

Symptoms

OCD symptoms can involve almost any subject. Having an intrusive thought does not mean you agree with it, want it, or will act on it. Intrusive thoughts are often upsetting precisely because they conflict with your values.

Common obsessions include fears about:

Common compulsions include repeated washing, cleaning, checking, arranging, counting, or touching. Some compulsions are hidden. These can include repeating words silently, praying in a fixed way, mentally reviewing events, replacing a "bad" thought with a "good" one, or trying to achieve complete certainty.

Avoidance is also common. You may avoid people, places, objects, news stories, or responsibilities that trigger an obsession. Family or friends may become involved by answering repeated questions, checking on your behalf, or following special household rules.

Symptoms often become worse during stress. The subject of an obsession can also change. A person may move from contamination fears to checking or moral concerns while the underlying OCD cycle remains.

OCD can occur alongside depression, anxiety conditions, eating disorders, attention-deficit hyperactivity disorder, autism, or tic conditions. Tics are sudden movements or sounds that are difficult to control.

- Germs, illness, bodily fluids, chemicals, or contamination
- Accidentally harming someone or being responsible for a disaster
- Losing control and doing something violent, sexual, or offensive
- Religious or moral wrongdoing
- Things being uneven, incomplete, or not "just right"
- Making a mistake or losing something important

Causes and risk factors

There is no single known cause of OCD. Research suggests that inherited traits, brain circuits involved in habits and threat detection, and life experiences all contribute.

OCD can run in families, but having a relative with OCD does not mean you will develop it. There is no single "OCD gene," and genetic risk is only part of the picture.

Brain chemical messengers, including serotonin, appear to be involved. However, OCD cannot be explained simply as a chemical shortage or imbalance.

Symptoms often begin during childhood, the teenage years, or early adulthood, but they can start at any age. Stressful events may trigger symptoms or make existing symptoms more noticeable. Stress itself is not proof of the cause.

Pregnancy and the period after birth can bring on or worsen OCD symptoms in some people. These may include distressing thoughts about accidental or intentional harm to the baby. Such thoughts need sensitive assessment, but unwanted thoughts alone do not mean someone wants to act on them.

Diagnosis

There is no blood test, brain scan, or physical examination that confirms OCD. Diagnosis is based on a detailed clinical assessment of your experiences and how they affect your life.

A mental health professional or other qualified healthcare professional may ask about the content of your thoughts, what rituals you perform, how much time they take, and what happens if you resist them. They may also ask about avoidance, reassurance-seeking, mood, sleep, substance use, and personal safety.

OCD is generally identified when obsessions or compulsions cause significant distress, take substantial time-often more than an hour a day-or interfere with daily functioning. Symptoms can still deserve attention even if they take less time but cause serious disruption.

Structured questionnaires, such as the Yale-Brown Obsessive Compulsive Scale, may be used to measure symptom severity and track progress. A questionnaire does not establish the diagnosis by itself.

The assessment also considers other possible explanations. General anxiety may involve realistic worries rather than rituals linked to intrusive obsessions. Depression can cause repetitive negative thinking. Psychosis may involve fixed beliefs that feel unquestionably true. Repetitive behaviour related to autism may be comforting rather than performed to neutralise an obsession.

OCD is also different from obsessive-compulsive personality disorder. That condition involves a long-term pattern of perfectionism, control, and rigid standards, without necessarily involving intrusive obsessions or rituals.

Treatment and management

OCD can be treated, even when it has been present for years. Treatment is chosen according to symptom severity, age, other health conditions, previous treatment, and personal preferences.

The main psychological treatment is cognitive behavioural therapy, or CBT, with exposure and response prevention, known as ERP. Exposure means gradually facing a thought, object, or situation that triggers OCD. Response prevention means choosing not to perform the usual compulsion.

ERP is planned and repeated in manageable steps. The aim is not to prove that nothing bad could ever happen. It is to help you tolerate uncertainty and learn that anxiety can fall without using a ritual. Treatment should not involve sudden, unsupported exposure to your greatest fear.

Therapy may also address unhelpful beliefs about responsibility, danger, perfection, and the meaning of thoughts. For children and teenagers, parents or caregivers are often included so they can support treatment without becoming part of the rituals.

Medication may be offered alone or with therapy. Selective serotonin reuptake inhibitors like sertraline or fluoxetine , or SSRIs, are antidepressants that can also reduce OCD symptoms. An older antidepressant called clomipramine may be considered in some cases. Benefits can take several weeks to become clear, and side effects should be reviewed with the prescriber.

Do not stop psychiatric medication suddenly without medical advice. Stopping can cause withdrawal symptoms or allow OCD symptoms to return. Treatment during pregnancy or breastfeeding requires an individual discussion of possible benefits and risks.

If standard treatment has not helped enough, a specialist service may review whether ERP was delivered fully, whether medication was taken for an adequate period, and whether another condition is affecting progress. Some people may be offered more intensive CBT, a medication change, or an additional medicine.

Deep brain stimulation is rarely considered for adults with severe, disabling OCD that has not responded to several established treatments. It involves surgery and specialist follow-up and is not a routine treatment.

Practical support can help alongside formal treatment. Regular sleep, activity, and social

contact may make it easier to cope with anxiety, although they do not replace OCD-specific care.

Medicines commonly used for this include sertraline . Which one suits you, if any, is a decision for you and your doctor.

Complications

Untreated or severe OCD can take up many hours and restrict everyday life. Washing may damage the skin. Avoidance may limit eating, leaving home, using bathrooms, travelling, working, attending school, or caring for children.

Repeated checking or slow rituals can cause lateness and exhaustion. Relationships may become strained when other people are drawn into reassurance or rituals.

Depression can develop, particularly when OCD causes isolation or hopelessness. Some people use alcohol or other substances to manage distress. OCD is also associated with suicidal thoughts and behaviour, so concerns about safety should always be taken seriously.

Prevention

There is no proven way to prevent OCD because its causes involve factors that cannot be fully controlled, including inherited risk.

You are not responsible for causing OCD through ordinary thoughts, parenting, stress, or a lack of willpower. Trying to suppress every unwanted thought can make it feel more important and persistent.

Early recognition and treatment may reduce disruption and help prevent rituals from becoming more established. If symptoms have improved, continuing agreed treatment and having a plan for early warning signs may help limit future relapses.

Living with it and what to expect

OCD often has a long-term course, but its severity can rise and fall. Symptoms may become stronger during illness, major change, lack of sleep, or emotional stress. A return of symptoms does not mean treatment has failed.

Many people improve substantially with suitable therapy, medication, or both. Improvement may mean spending less time on rituals, avoiding fewer situations, and being better able to

continue daily activities even when an intrusive thought appears. Complete absence of unwanted thoughts is not required for recovery.

Progress with ERP is rarely perfectly steady. Anxiety may rise at first, and some exercises may need to be repeated many times. Over months, the goal is to rely less on compulsions and regain parts of life that OCD has limited.

Family members can learn to respond with warmth without repeatedly providing certainty or taking part in rituals. Reducing this involvement is usually best done gradually and as part of a treatment plan.

Some people have long periods with few symptoms. Others need ongoing care or further treatment when symptoms return. With appropriate support, many people with OCD study, work, build relationships, and take part in family and community life.

When to get medical help

Arrange a routine appointment if unwanted thoughts or repeated behaviours are causing distress, taking up significant time, or affecting sleep, work, school, relationships, or physical health. It is also reasonable to seek help if you are unsure whether your experiences are OCD.

Seek prompt medical help if symptoms are rapidly worsening, you are becoming unable to eat or drink, washing has caused significant skin damage, or rituals prevent you from carrying out essential daily tasks.

Get urgent mental health support if you have thoughts of suicide, self-harm, or harming someone and are worried you may act on them. Unwanted intrusive harm thoughts are common in OCD and do not by themselves mean you are dangerous. The urgent concern is intent, a plan, loss of control, or an inability to stay safe.

Call your local emergency number or go to an emergency department if there is immediate danger, an overdose or serious injury has occurred, or you cannot keep yourself or someone else safe.

Common questions

Is OCD just being neat and organised?

No. Some people with OCD have symmetry or ordering compulsions, but many do not. OCD is defined by unwanted obsessions, compulsions, distress, and disruption-not by cleanliness or personality.

Do intrusive thoughts mean I secretly want to act on them?

Usually not. OCD thoughts are often unwanted and upsetting because they conflict with what matters to you. A thought is not an intention. If you do feel you may act on a harmful thought, seek urgent help.

Can OCD go away on its own?

Symptoms can sometimes lessen, but OCD often continues or returns without effective treatment. CBT with ERP and medication can produce major improvement. Seeking care is reasonable rather than waiting for symptoms to disappear.

Can I treat OCD without medication?

Some people are treated successfully with CBT and ERP alone. Others benefit from medication or combined treatment. The most suitable approach is influenced by symptom severity, access to therapy, previous response, and your preferences.

What is the difference between OCD and obsessive-compulsive personality disorder?

OCD involves intrusive obsessions and rituals performed to reduce distress or uncertainty. Obsessive-compulsive personality disorder involves a broader pattern of perfectionism, control, and rigid standards that may feel reasonable to the person.

Why does reassurance make OCD come back?

Reassurance can reduce anxiety briefly, but it may act like a compulsion. The brain learns to ask for certainty again the next time doubt appears. ERP helps you practise living with reasonable uncertainty without repeatedly checking.

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