

Patient information from the BMJ Group

Obsessive-compulsive disorder

In this section

[What is it?](#)

[What are the symptoms?](#)

[How is it diagnosed?](#)

[How common is it?](#)

[What treatments work?](#)

[What will happen?](#)

[Questions to ask](#)

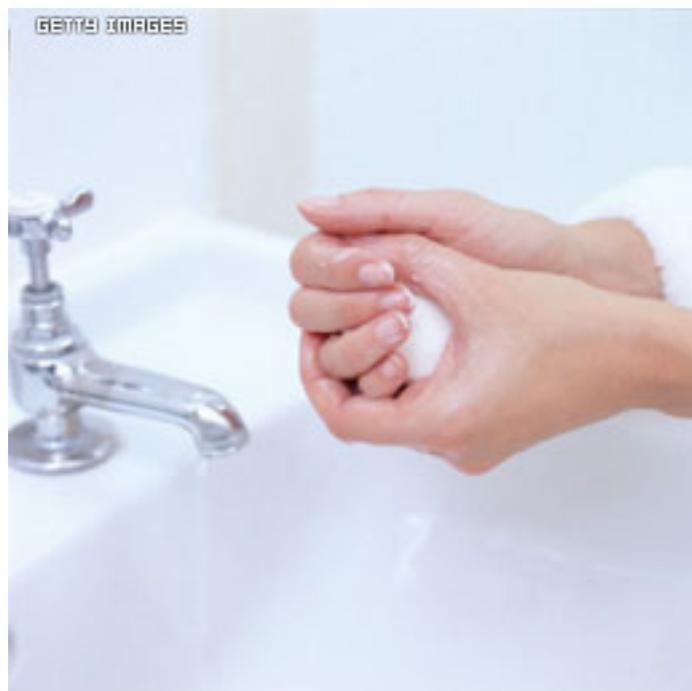
Obsessive-compulsive disorder

If you have obsessive-compulsive disorder (OCD), you often keep having worrying thoughts that you can't get out of your head. And you may have things you do over and over again to try to get rid of these thoughts. Having OCD can make you feel embarrassed, frustrated, and depressed. There's no single cure, but OCD can get better in time. And there are good treatments that can help.

We've brought together the best research about obsessive-compulsive disorder and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is obsessive-compulsive disorder?

If you have obsessive-compulsive disorder, you keep having disturbing thoughts, images, or urges that you just can't get out of your head. You also do certain things over and over again, even though you don't want to.



Obsessive-compulsive disorder

Some people with obsessive-compulsive disorder are very worried about dirt and wash their hands a lot.

Disturbing thoughts are called **obsessions**. For example, you may be very worried about dirt and germs.

Things you do over and over again are called **compulsions**. For example, you may wash your hands a lot.

Some people with obsessive-compulsive disorder get only one of these problems, but it's common to get both. ^[1]

Obsessive-compulsive disorder is often called OCD for short. It belongs to the group of conditions called anxiety disorders. ^[2]

People with anxiety disorders feel extremely fearful and worried for no reason. Other anxiety disorders include [panic attacks](#) , [post-traumatic stress disorder](#) , and phobias (where you feel very frightened of a particular thing or situation).

For most people, there's a link between the disturbing thoughts and the compulsive behaviour. ^[2] For example, if someone is worried about whether an electrical appliance is safe, they may check over and over again to make sure it's switched off. Someone who's worried about germs may wash their hands all the time.

People do these compulsive things to try to control their anxiety and make their worrying thoughts go away. But doing these things can start to take up more and more time. If you have severe OCD, your compulsions take up so much of your time that they interfere with your work, your daily routines, your social life, and your relationships. ^[3]

Some people with OCD feel embarrassed or frustrated about their condition. You may not like talking about it. And it may take time for doctors to spot the condition and recommend the right treatment. ^[4] But it is important to make the effort to see a doctor. There are treatments that can help you. You can ask your doctor to refer you to someone with experience in treating OCD.

In most countries, OCD is more common in women than men. ^[5] ^[6] But in the UK it affects slightly more men than women. ^[5]

OCD usually starts when you're a child, a teenager, or a young adult. ^[7]

At that age, it's more common for boys to have OCD than girls. ^[8] However, lots of children have habits, such as biting their nails or playing with their hair. These are normal and won't usually have anything to do with OCD.

To find out more about who is at risk of getting OCD, see [OCD: Why me?](#)

OCD: Why me?

There's no single cause of OCD. It may be caused by a mixture of things. These could be: ^[9] ^[10] ^[11] ^[12] ^[13] ^[14] ^[15]

- The **genes** you inherit from your parents
- Things that happen in your life
- The way you think about the world
- Problems with the way signals travel in your brain. This may happen because you have low amounts of a chemical in your brain called **serotonin**.

Some things may make you more likely to get OCD. These are: ^[6] ^[16]

- Having other people with OCD in your family
- Coming from a higher-income background
- Taking cocaine
- Having drink problems in the past
- Being depressed or anxious
- Having a phobia (this means you're very frightened of a particular thing or situation).

People who are single or unemployed have a higher chance of having OCD. ^[6] ^[16] But it may be that OCD makes it harder to find a partner or keep a job.

What are the symptoms of obsessive-compulsive disorder?

There are two sets of symptoms that affect people with obsessive-compulsive disorder: obsessions and compulsions.

Obsessions are unwelcome and disturbing thoughts. You may get images or urges that keep coming into your mind. They're difficult to get rid of.

Compulsions are actions that you feel you have to do to stop the obsessive thoughts. You feel you need to do them over and over again. They can be physical actions, like checking that a door is locked. Or they could happen in your mind. Some people repeat a certain phrase in their heads.

Some people with OCD either have obsessions or compulsions. But most have both. ^[17]

Here are some examples of the worrying or obsessive thoughts people have: ^[17] ^[18]

Obsessive-compulsive disorder

- Fear of dirt and germs
- Worrying that something isn't safe, such as a fire or cooker
- Thoughts and fears about harming yourself or someone else
- Wanting to have things arranged in a particular way, such as symmetrically
- Thoughts about performing particular sexual acts
- Thoughts that are forbidden by your religious beliefs.

Some common compulsions are:

- Washing and cleaning all the time, sometimes to the point where your hands get red and raw
- Checking things over and over again. For example, some people keep checking that their cooker is switched off
- Keeping useless objects (this is called hoarding)
- Repeating words or numbers in a pattern
- Ordering and arranging things
- Touching or counting things, often in a particular sequence.

Most people worry needlessly from time to time and feel they have to do something more than once.^[17] It's very common to worry that you've left the cooker on, or to check more than once that you've locked the door of your house. But for people with OCD, these obsessions and compulsions happen so often that they can take over their lives. And the effort of trying to control them and to hide them from other people can cause a lot of stress.

Your doctor is likely to diagnose OCD if:^[19]

- You have either obsessions or compulsions. But most people with OCD have both
- You know that these thoughts and actions don't make sense
- The obsessions or compulsions upset you
- They take up more than an hour a day or interfere a lot with your normal life

Obsessive-compulsive disorder

- Your obsessions or compulsions aren't part of another condition, such as an eating disorder, depression, or hypochondria (when you think you're ill but you aren't really)
- Your problems aren't caused by something else. For example, some drugs can cause similar symptoms to OCD.

If your symptoms don't interfere too much with your life, your doctor may say you have mild OCD.^[17] They may say you have severe OCD if your symptoms are very distressing and stop you getting on with your everyday life.

Researchers think that OCD often isn't recognised by doctors.^[20] This may be partly because people with obsessions and compulsions are too embarrassed or ashamed to tell their doctors, or just not aware that anything can be done to help them. Or it may be that doctors think the symptoms are caused by something else.

On average, people with OCD see three or four doctors before they get the right diagnosis.^[21] And it can sometimes take a long time to be given the correct treatment.^{[21] [22]}

There are some other mental health problems with symptoms that can be similar to OCD. Some of these are:

- Compulsive hair-pulling. This is called **trichotillomania**
- **Body dysmorphic disorder**. This is when you're very worried about your appearance
- **Tourette's syndrome**, sometimes called **Tourette's disorder**. This causes people to repeat movements, sounds, or words. These are known as **tics**.

Tics and OCD sometimes come together, especially if the OCD or the tics begin in childhood.

Depression and OCD often come together in adults but not so often in children and teenagers. To read more, see our information on [Depression in adults](#) and [Depression in children](#) .

How common is obsessive-compulsive disorder?

We can't say exactly how many people get obsessive-compulsive disorder (OCD). People who have it don't always go to their doctors for help. And doctors don't always diagnose it correctly.

But it is quite common. At any one time in the UK, between 1 in 100 and 2 in 100 adults have symptoms of OCD.^{[23] [24] [25]} In the UK in 2000, about 1 in 100 women and about 3 in 100 men had OCD.^[24]

Between 2 in 100 and 3 in 100 people get OCD at some point in their lives.^[25]

Obsessive-compulsive disorder

In most countries, more women than men have OCD. ^[25]

OCD can start in childhood, but doctors often have difficulty spotting it. ^[26] OCD is usually noticed in people between ages 20 and 30. ^[27] Most people who have OCD show symptoms by the time they're in their 30s. ^[27] ^[28] But people who have it don't always go to their doctors for help. And doctors don't always diagnose it correctly. ^[26] ^[28]

What treatments work for obsessive-compulsive disorder?

There are several treatments for obsessive-compulsive disorder (OCD), including talking treatments and antidepressant drugs. You may need to try more than one treatment before you find something that helps. Or you may need to use two treatments at the same time.

- **Cognitive behaviour therapy (CBT)** is a talking treatment that can help people with OCD. You work with a therapist to find practical ways of coping with your condition.
- Antidepressant drugs called selective serotonin re-uptake inhibitors (SSRIs) seem to help people with OCD. But these drugs can have side effects. We don't know how they compare with talking treatments, such as CBT.
- Some people have talking therapy at the same time as taking drugs. But we don't know whether having both treatments together works better than just having one treatment alone.
- If you're an adult and antidepressant drugs don't work, taking an antipsychotic drug as well will probably help.

The National Institute for Health and Care Excellence, which advises the government on healthcare, has published guidance on what sort of treatment you should expect from the NHS. (For more information, see <http://www.nice.org.uk/cg31> and <http://www.nice.org.uk/cg123> .)

We've looked at the best research and given a rating for each treatment according to how well it works.

Treatment Group 1

Treatments for obsessive-compulsive disorder

Treatments that work

- [Cognitive behaviour therapy](#)
- [Antidepressants](#)

Treatments that are likely to work

- [Antipsychotic drugs](#)

Treatments that need further study

- [Electroconvulsive therapy](#)

What will happen to me?

We can't say exactly what will happen to you. It depends on how severe your obsessive-compulsive disorder (OCD) is and how well treatment works for you.

OCD affects different people in different ways. Some people find their symptoms come and go. This is called **episodic OCD**. Other people have the symptoms all the time. This is called **chronic OCD**. Chronic is a word doctors use to describe any medical condition that lasts a long time. Just over half of people with OCD have the chronic form. ^[29]

People who have OCD tend to have it come and go for the first one to nine years. People who have OCD for longer than this tend to get the chronic type. ^[30]

Between about 40 and 50 in 100 people find their symptoms of OCD get better in time. ^[30] Getting treatment can also help improve your symptoms.

Very severe OCD can make it very difficult for you to work or have a normal life at home.

^[31] ^[32] OCD is a real illness that you can't control by an effort of will. It's not your fault you have it and it isn't caused by any kind of weakness in your personality. However, there are things you can do to try to help yourself and get the most out of treatment.

Things that may help include: ^[31] ^[32]

- Learning as much as you can about OCD
- Talking through all the treatment options with your doctor
- Asking for self-help materials, such as books that talk about how to cope with OCD
- Asking about support groups in your area
- Letting your doctor or specialist know about new or worse symptoms, side effects of treatment, or problems in your life that may make your OCD worse
- Involving family members or friends in your treatment if you feel this would be helpful.

Treatments:

Cognitive behaviour therapy

In this section

Cognitive behaviour therapy (CBT) is a combination of two types of talking treatment: cognitive therapy and behaviour therapy.

Cognitive therapy aims to look at how you think about the world. For example, your therapist may ask you to look at the fears you have and think about whether they're realistic. Behaviour therapy aims to help you find practical ways of coping with your condition. Both types of therapy can be done on their own. But most therapists now use a combination of the two.

During therapy, you may be asked to confront the thing that makes you anxious. This is called exposure. You may be asked to touch something you think of as being dirty, for example. Your therapist will then help you to cope without any compulsive behaviour, such as washing your hands. This is called response prevention. So you may hear therapy described as exposure and response prevention.

You'll probably be given homework to do between sessions. You'll be asked to put yourself in situations that make you anxious. You'll use the techniques you learned from your therapist to cope with your feelings.

You can have therapy on your own or in a group. It's important to trust your therapist. If you don't get on with the person treating you, ask to see someone else.

CBT aims to be a direct and practical treatment. If your OCD is mild, you may only need about 10 hour-long sessions.^[33] But if you have more severe OCD, you may keep having treatment for longer.

People who have CBT have fewer symptoms of OCD than those who have no treatment.^[34] Several studies have looked to see if one type of therapy works better than the others. Most of the research found that all the different types of therapy work about as well as each other.^{[35] [36] [37] [38] [39]}

There isn't enough research yet to say how CBT compares with antidepressants.^{[40] [41]} We also can't say whether taking antidepressant drugs on top of having therapy works better than having therapy on its own. Some studies have found advantages to having both treatments at the same time.^{[42] [43]} But there's not enough research to know for certain.^{[40] [44]} Both treatments are often used together for people with more severe OCD.^[33]

In the UK, doctors are advised to offer CBT that includes exposure and response prevention as the standard treatment for OCD. People with severe OCD may also be offered drug treatment.^[33]

Obsessive-compulsive disorder

Some things seem to help people get more benefit from talking therapy. In studies where people were having behaviour therapy, people did better if they: ^[45]

- Did homework between sessions
- Had a job
- Lived with their family
- Were enthusiastic about their treatment
- Had a good relationship with their therapist
- Had a relative to support them during treatment.

Confronting your worrying thoughts can be difficult. CBT makes some people very anxious. You may find doing homework difficult when there's no therapist to support you. Some people become panicky or depressed. ^[45]

Between about 5 and 10 in 100 people drop out of CBT for these reasons. ^{[38] [45]}

However, people are less likely to drop out of CBT than behaviour therapy on its own. ^{[38] [45]}

CBT and children

Cognitive behaviour therapy is usually the first treatment recommended for children with OCD. ^[33] Studies show that children who have CBT have fewer symptoms than those who don't have this treatment. ^[46]

We don't know how CBT compares with antidepressant drugs for OCD in children. One **review** of the research found that children who had either treatment saw their symptoms improve by about the same amount after 12 weeks. ^[46] But the review only looked at three small studies, so we can't be sure about its findings. We do know, however, that antidepressants often cause side effects, whereas CBT is considered quite safe.

Antidepressants

In this section

Antidepressants are drugs that are usually used to treat depression. There are several different types of antidepressant. The newer kinds are called selective serotonin re-uptake inhibitors (SSRIs). They increase the amount of a chemical called serotonin in your brain.

Serotonin is a chemical messenger. It helps signals travel between brain cells. Low levels of serotonin in the brain may help to cause OCD. ^[47]

Obsessive-compulsive disorder

Lots of good-quality research has shown that SSRIs can help people with OCD. ^[48] ^[49] ^[50] ^[51] ^[52] ^[53] ^[54] ^[55] But they can cause side effects. And they can also take several weeks or months to start working. ^[33]

These drugs are only available on prescription from your doctor. Some SSRIs, with their brand names, are:

- Citalopram (Cipramil)
- Fluoxetine (Prozac)
- Fluvoxamine (Faverin)
- Paroxetine (Seroxat)
- Sertraline (Lustral).

These drugs are called **selective** serotonin re-uptake inhibitors because they only affect serotonin. In the UK, these are the drugs doctors are recommended to prescribe for OCD. ^[33]

Another antidepressant, called clomipramine (Anafranil), can also help. It's slightly different to SSRIs. It's a **tricyclic antidepressant**. It affects other chemical messengers in your brain as well as serotonin. This means it can cause more side effects. It's sometimes used if SSRIs haven't helped. ^[33]

Most studies comparing different SSRIs and clomipramine found these drugs worked as well as each other. ^[48] ^[49] ^[56] ^[57] ^[58] ^[59]

However, the research on the SSRI sertraline is slightly more mixed in what it says. This means we're not sure for certain if it works. ^[48] ^[49] ^[55] ^[60]

There isn't enough research to say how SSRIs compare with talking treatments such as CBT. ^[41] ^[40] And we don't know whether having drugs and a talking treatment together works better than having one treatment on its own. ^[40] ^[42] ^[43] ^[44] Doctors often suggest using drugs and CBT together for people with severe OCD or people who aren't helped by just one treatment. ^[33]

All antidepressants can cause side effects. In studies of people taking them for OCD, the side effects people got included: ^[51] ^[52] ^[53] ^[54] ^[35]

- A dry mouth
- Feeling sick
- Sleeping badly

Obsessive-compulsive disorder

- Feeling tired
- Sweating
- Diarrhoea or constipation
- Loss of appetite
- Shaking
- Feeling weak
- In men, having trouble ejaculating during sex.

Clomipramine causes more side effects than SSRIs.^{[56] [57] [60]} People are more likely to stop taking clomipramine than an SSRI because of side effects.^[60]

SSRIs can also cause unpleasant withdrawal symptoms when you stop taking them. Your doctor may want to lower your dose slowly over time when you stop treatment.

Some antidepressants may not be safe if you're pregnant.^[61] Talk to your doctor if you're pregnant or planning to get pregnant.

Antidepressants can also react with other drugs. In particular, there's a risk of dangerous side effects if you take some antidepressants together with migraine drugs called triptans.^[62] Tell your doctor if you're taking drugs to treat [migraines](#) .

Antidepressants and children

Good-quality studies show that antidepressants can also help children and teenagers with OCD.^{[63] [64]} However, doctors are cautious about giving antidepressants to young people because of possible side effects. They usually recommend trying cognitive behaviour therapy (CBT) first. If CBT doesn't help, they may recommend using an antidepressant along with CBT, or on its own.^[33]

Studies have looked at using SSRIs, such as fluoxetine (brand name Prozac) and clomipramine (Anafranil), to treat OCD in children. Overall, they've found that these antidepressants improve children's symptoms more than a dummy treatment (a placebo) and about as much as CBT.^{[63] [64] [46]} Some studies also suggest that using CBT with an antidepressant works better than using an antidepressant on its own.^[46] However, these studies were quite small, so we need more research.

If a young person is taking an antidepressant, their doctor will check on them regularly. That's because children, teenagers, and young adults may be more likely to try to hurt themselves or think about suicide when taking some antidepressants.^[65]

Obsessive-compulsive disorder

Research shows that the risk of suicidal thoughts is highest if you're under 18.^[65] Among people under 18 taking an antidepressant, an extra 14 in 1,000 reported thinking about suicide.

The researchers also found that there's a risk for young adults up to the age of 24.^[65] But their risk wasn't as big as for people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 reported thinking about suicide.

Studies don't show an increased risk of suicidal thoughts or self-harm for people over the age of 24.^[65] Even so, doctors are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. These thoughts are most likely to happen in the early stages of treatment, or if the dose is changed.^[65]

Antipsychotic drugs

In this section

If you're an adult with OCD and antidepressants don't work, taking an antipsychotic drug as well may help you.^[66] ^[67] These drugs are usually used to treat serious mental health problems that cause people to lose touch with reality. They aren't usually used in children with OCD.

The drugs that helped in the studies were:

- Haloperidol (Dozic, Serenace)
- Quetiapine (Seroquel)
- Risperidone (Risperdal).

Reviews of the research have found that people had fewer symptoms of OCD when they took an antipsychotic drug as well as an antidepressant.^[66] ^[67] People in the studies had already tried antidepressants without getting any better.

Antipsychotic drugs can have side effects. Some of the people in the studies:^[68] ^[69]

- Felt very sleepy
- Felt like eating more
- Put on weight
- Got buzzing or ringing in their ears (tinnitus)
- Felt sick

Obsessive-compulsive disorder

- Felt dizzy.

But people in the studies were taking an antidepressant as well as an antipsychotic drug. This makes it hard to know which drug caused the side effects.

Some people taking antipsychotic drugs get muscle twitches or movements of their face that they can't control.^[70] These problems are more common with older antipsychotics, such as haloperidol.

One study has found that haloperidol increases the risk of dangerous heart problems.^[71] It's hard to say exactly how common this is. But the study found that, over a year, about 1 in 1,000 people in the general population died suddenly because their heart stopped beating (a cardiac arrest).^[71] Among people taking haloperidol, however, this increases to 5 in 1,000. There have also been reports of people getting dangerous blood clots in their veins while taking antipsychotic drugs.^[72] However, it's not yet clear whether the clots were caused by the drugs.

Electroconvulsive therapy

In this section

Electroconvulsive therapy (ECT) is a series of electric shocks given to your brain through electrodes placed on your scalp. The shocks cause a brief seizure. You won't be awake during treatment (you'll be given a general anaesthetic).

ECT is used very rarely. However, it is sometimes used to treat very severe depression. If you have this as well as OCD, your doctor may suggest ECT.

There hasn't been any good-quality research to say whether ECT helps people with OCD.

Further informations:

Glossary:

genes

Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment.

Obsessive-compulsive disorder

Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

electrode

A wire or disc through which electric current passes.

seizure

A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

general anaesthetic

You may have a type of medicine called a general anaesthetic when you have surgery. It is given to make you unconscious so you don't feel pain when you have surgery.

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Obsessive-compulsive disorder

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Obsessive-compulsive disorder

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Obsessive-compulsive disorder

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Obsessive-compulsive disorder

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