



What you need to know about OCD: a primer

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Objectives

- To define and characterize OCD
- To discuss its prevalence
- To describe the (probable) causes of OCD
- To outline the recommended treatment options



What is OCD?

OCD is a brain-based disorder

There are two parts:

- Obsessions
- Compulsions



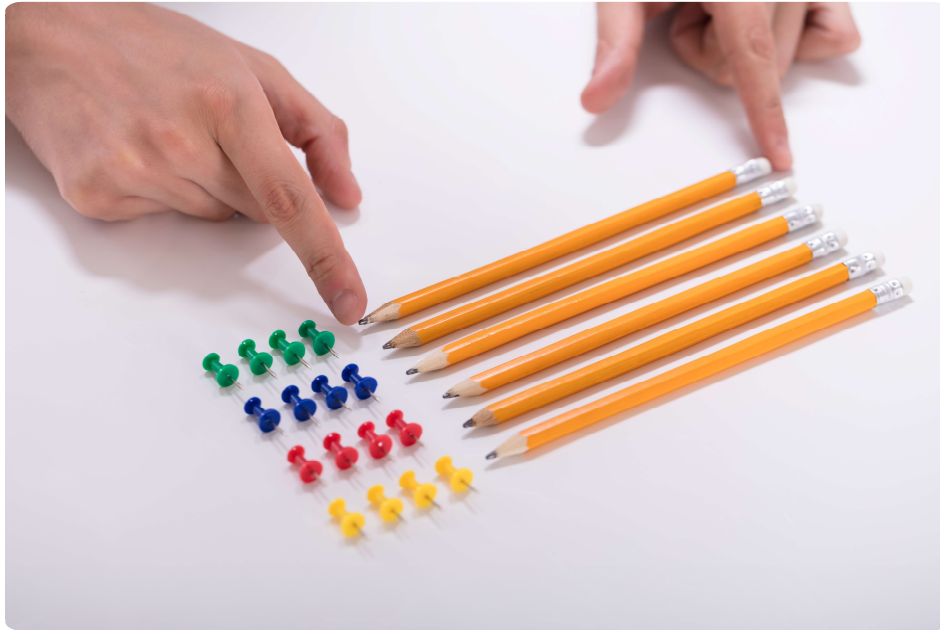
Obsessions

- They are repetitive thoughts and images a person cannot control and does not want
- These thoughts and intrusive images are accompanied by fears and feelings of disgust
- Time consuming
- These thoughts and intrusive emotions are NOT excessive worries about real life



Common Obsessions

- Losing control
- Obsessions related to perfectionism
- Contamination
- Harm
- Health



Compulsions

- Compulsions are behaviours that the person performs in response to the obsessions.
- They are a way - via thoughts and actions - of neutralizing the obsessions, a means of coping
- The compulsion is a temporary escape
- Time consuming



Common Compulsions

- Hand washing/cleaning
 - Excessive checking
 - Ordering
 - Repetition
-
- Praying
 - Counting
 - Repeating words



The relationship between obsessions, distress and compulsions



Trigger

A thought, memory or emotion

Obsession

Repetitive and intrusive images, thought or impulses

Distress

Obsession cause marked anxiety, shame, fear

Compulsion

Compulsive thoughts images & actions designed to reduce the distress

Distress Reduction

Reduction in distress reinforces compulsion

Compulsion

Therefore, compulsion more likely to repeat in an effort to reduce stress





The 'just right' aim

- There does not have to be a clear thought that has been driven by an obsession
- Things can be "just right", so a mental act - counting - or a repetitive behaviour - washing hands - are done until the person feels it has been done "just right"



With and without OCD

- Everyone has thoughts they do not like, or find disturbing
- What distinguishes people with and without OCD is the importance they place on their thoughts



Everyone has obsessive thoughts

- In the population there is a variation of symptoms that are obsessive compulsive
- We may have excessive checking rituals -
 - doors are locked at night
 - stove is turned off before leaving house





A diagnosis of clinical OCD

In terms of who gets the diagnosis of OCD, it is 2-3% of the population that is clinically important

OC thoughts must cross the threshold to distress

Time consuming

Result in functional impairment




OCD: lived experience

"At first OCD promises you that it will protect you and your loved ones. It sneaks into your life, beginning to control every part of you until there is barely any of you left. It controls each decision you make. Living with OCD is incredibly traumatic."

A person with lived experience.



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- In Canada, the estimated prevalence of OCD is around 500,000 people
 - The World Health Organization states OCD is one of the highest causes of disability.



**Prevalence
of OCD**



How common is OCD in children?

- OCD is relatively very common
- 1-2% lifetime prevalence
- In a school population of 400 children, 6-8 are likely to have OCD




Human nature: why OCD is so common

The purpose of fears - respond
to threats and dangers

Survival

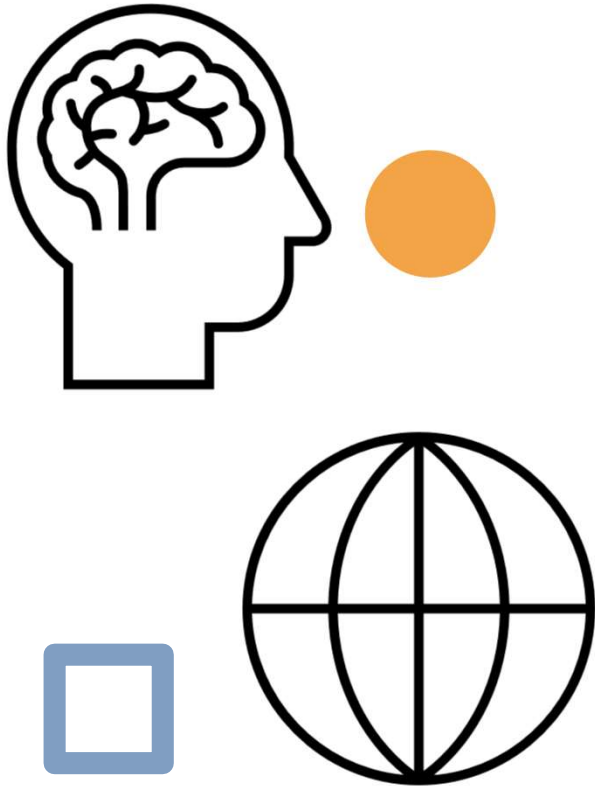
OCD - closing down the false
alarm

OCD symptoms make sense in
appropriate situation - COVID-19





**What are the causes
of OCD?**



Causes of OCD

Biological – it is a neurobehavioral disorder

Environment is important


Changes in brain circuits



Other OCD cause factors

Genetics



- Some studies have shown a person with OCD is 4 times more likely to have another family member with OCD than a person who does not have the disorder
 - Often there is a strong history of OCD in family members of children with OCD. This is an active area of research ie to find genes that put people at risk for OCD
- 



The natural course of OCD

- Childhood/early onset - male bias - highly genetic
 - Associated more tic disorders and ADHD
- Adult onset - more equal male-female ratio
 - Associated more with anxiety and depression



Comorbidity disorders associated with OCD

- OCD often co-occurs with other conditions/disorders
- Diagnosis is a complex task – more than 50% of people with OCD are diagnosed with more than one condition
- Implications for how all the comorbid conditions are treated





Common co-morbid conditions

ADHD

Anxiety disorders

Tic disorders

Mood disorders -
depression

Oppositional
defiant disorder -
anger, irritability



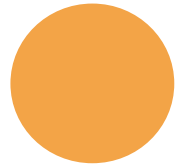
Obsessive compulsive disorders

- OCD
- Hoarding disorder
- Hair Pulling Disorder
- Body Dysmorphic Disorder
- Skin Picking Disorder



Predicting course of OCD - prognosis

- OCD can be well-managed with effective treatment
- The future for people with OCD is hopeful and optimistic
- Studies show 40% have no symptoms at all
- 60% are recovered - they get better



Predicting persistence



- OCD seems to persist more when:
 - Severity of OCD is high
 - Person has hoarding disorder
- OCD + tics – OCD symptoms less likely to persist

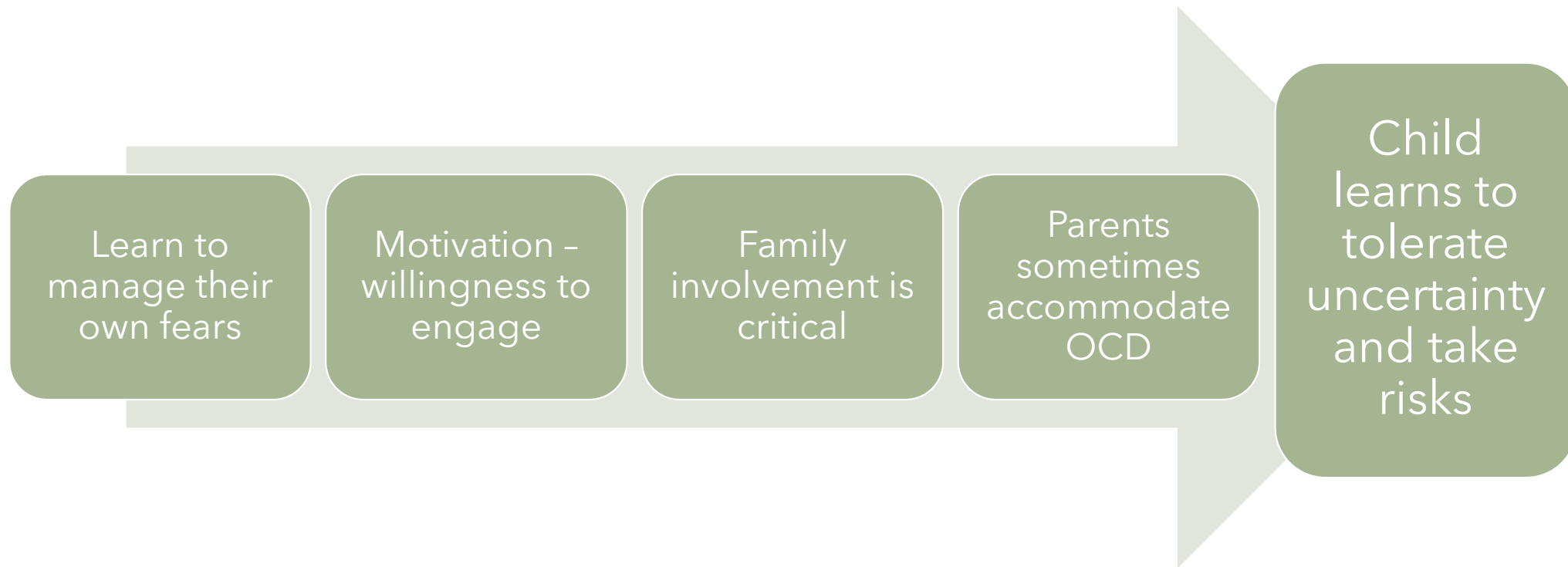
First-line treatments for OCD

The two primary treatment for OCD are:

- Cognitive Behavioral Therapy
- Medications
- Combination of both



Cognitive Behavioural Therapy





What is CBT for OCD?

Cognitive therapy

- teaches the person to respond differently to the obsessions

Behaviour therapy

- changes the actions used to decrease anxiety



ERP – Exposure and Response Prevention treatment

- Deliberate exposure to distressing thought
- Reduction of discomfort leads to habituation




Pharmacotherapy for OCD

- Medication has success for moderate to severe OCD
- Medication works well with CBT
- Medications need time – don't work immediately
- The response is 50% have a reduction in OCD severity

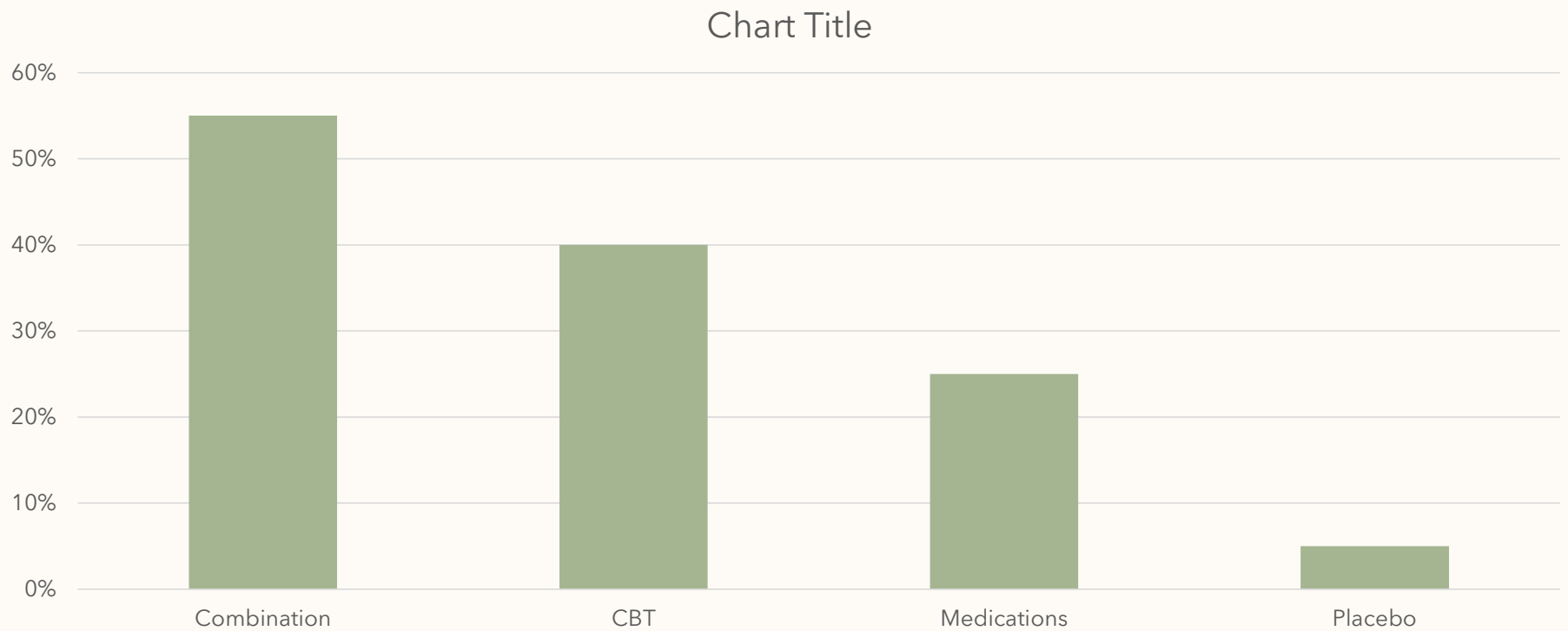


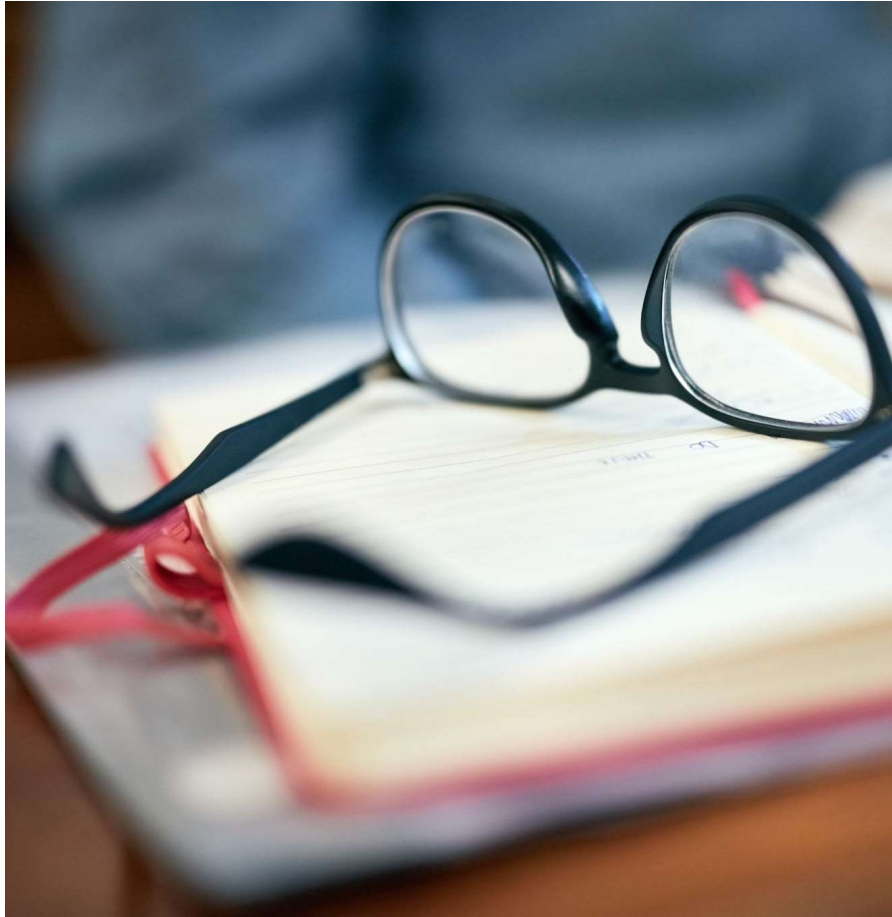


A treatment study for OCD

- Do patients get better? Yes, they do.
 - A group of patient were treated with:
 - Medications
 - Cognitive Behavioral Therapy
 - Placebo - nothing
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A graph of the study remission rates

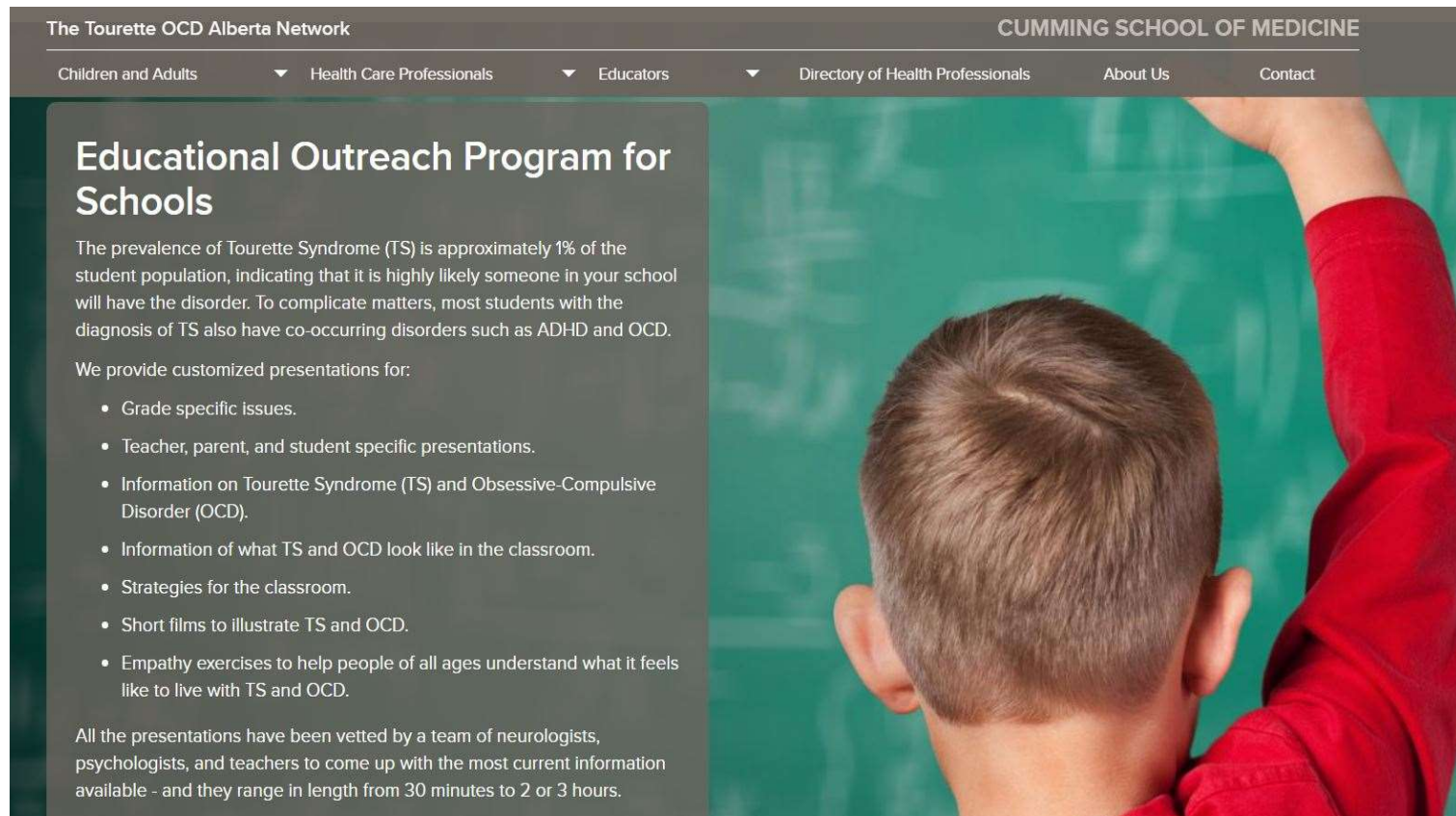




Psychoeducation: in the classroom

- Psychoeducation about OCD with fellow students results in positive attitudes towards students with OCD
- Knowing how much does OCD “get in the way” in the classroom?
- Psychoeducation about OCD with teachers improves knowledge, making classroom more inclusive for a person with OCD and associated conditions

Psychoeducation: Educational Outreach



The screenshot displays the website for The Tourette OCD Alberta Network, part of the Cumming School of Medicine. The header includes the organization's name and a navigation menu with links for Children and Adults, Health Care Professionals, Educators, Directory of Health Professionals, About Us, and Contact. The main content area features a section titled "Educational Outreach Program for Schools" with a background image of a child pointing at a chalkboard. The text explains the prevalence of Tourette Syndrome (TS) and provides a list of customized presentations.

The Tourette OCD Alberta Network CUMMING SCHOOL OF MEDICINE

Children and Adults ▼ Health Care Professionals ▼ Educators ▼ Directory of Health Professionals About Us Contact

Educational Outreach Program for Schools

The prevalence of Tourette Syndrome (TS) is approximately 1% of the student population, indicating that it is highly likely someone in your school will have the disorder. To complicate matters, most students with the diagnosis of TS also have co-occurring disorders such as ADHD and OCD.


We provide customized presentations for:

- Grade specific issues.
- Teacher, parent, and student specific presentations.
- Information on Tourette Syndrome (TS) and Obsessive-Compulsive Disorder (OCD).
- Information of what TS and OCD look like in the classroom.
- Strategies for the classroom.
- Short films to illustrate TS and OCD.
- Empathy exercises to help people of all ages understand what it feels like to live with TS and OCD.

All the presentations have been vetted by a team of neurologists, psychologists, and teachers to come up with the most current information available - and they range in length from 30 minutes to 2 or 3 hours.

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Psychoeducation

- This webinar and Tourette OCD Alberta Network are examples of psychoeducation
 - touretteocdalbertanetwork.ca
 - Psychoeducation provides resources and encourages families to accept and cope with challenging conditions
 - Psychoeducation promotes family well-being – normalizes the difficulties families experience
 - Improves quality of life
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- A series of four yellow curved lines in the bottom right corner, arranged to suggest a stylized arrow pointing upwards and to the right.

Summary

- OCD is a very common condition
- Clinically significant when it “gets in the way”
- Treatment is essential to improve quality of life
- Combination of CBT and pharmacotherapy have great success
- There is hope – OCD does get better





Contact: Tourette OCD Alberta Network

- <https://cumming.ucalgary.ca/resource/tourette-ocd/home>
- Julian Fletcher – program coordinator
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